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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <div>Form 5500-SF</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Short Form Annual Return/Report of Small Employee<br/>Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement<br/>Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal<br/>Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to<br/>Public Inspection</div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                  |
| For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 10/31/2023 |                                                                                                                                                                                                                                                                                           |
| A                                                                                          | This return/report is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |
| B                                                                                          | This return/report is <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                  |
| C                                                                                          | Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)                                                                |
| D                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/>                                                                                                                                                                         |

|         |                                                                                                                                                                                                                                                                                                                             |                                                    |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                      |                                                    |
| 1a      | Name of plan<br>DIVERSEY TASKI, INC. UAW LOCAL 12 RETIREMENT PLAN                                                                                                                                                                                                                                                           | 1b Three-digit plan number (PN) ▶ 001              |
|         |                                                                                                                                                                                                                                                                                                                             | 1c Effective date of plan 11/01/1964               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>DIVERSEY TASKI, INC.<br><br>3115 FRENCHMENS ROAD<br>TOLEDO, OH 43607 | 2b Employer Identification Number (EIN) 92-1799472 |
|         |                                                                                                                                                                                                                                                                                                                             | 2c Sponsor's telephone number 419-531-2121         |
|         |                                                                                                                                                                                                                                                                                                                             | 2d Business code (see instructions) 335900         |
| 3a      | Plan administrator's name and address <input checked="" type="checkbox"/> 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.<br>a Sponsor's name<br>c Plan Name                                                             | 4b EIN                                             |
|         |                                                                                                                                                                                                                                                                                                                             | 4d PN                                              |
| 5a      | Total number of participants at the beginning of the plan year.....                                                                                                                                                                                                                                                         | 5a 82                                              |
| b       | Total number of participants at the end of the plan year .....                                                                                                                                                                                                                                                              | 5b 80                                              |
| c       | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                      | 5c                                                 |
| d(1)    | Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                 | 5d(1) 16                                           |
| d(2)    | Total number of active participants at the end of the plan year.....                                                                                                                                                                                                                                                        | 5d(2) 11                                           |
| e       | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                            | 5e 0                                               |

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. | 08/08/2024 | ADAM SCHOESLER                                               |
|           | 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 |

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 500513. (See instructions.)

**Part III Financial Information**

| <b>7</b> Plan Assets and Liabilities                                                                |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|-----------------------------------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>a</b> Total plan assets.....                                                                     | <b>7a</b>    | 4455016                      | 4243844                |
| <b>b</b> Total plan liabilities.....                                                                | <b>7b</b>    | 0                            |                        |
| <b>c</b> Net plan assets (subtract line 7b from line 7a).....                                       | <b>7c</b>    | 4455016                      | 4243844                |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year                                         |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:                                                 |              |                              |                        |
| <b>(1)</b> Employers.....                                                                           | <b>8a(1)</b> |                              |                        |
| <b>(2)</b> Participants.....                                                                        | <b>8a(2)</b> |                              |                        |
| <b>(3)</b> Others (including rollovers).....                                                        | <b>8a(3)</b> |                              |                        |
| <b>b</b> Other income (loss).....                                                                   | <b>8b</b>    | 236051                       |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....                                  | <b>8c</b>    |                              | 236051                 |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | <b>8d</b>    | 386175                       |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions).....                     | <b>8e</b>    |                              |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions).....                        | <b>8f</b>    | 61048                        |                        |
| <b>g</b> Other expenses.....                                                                        | <b>8g</b>    |                              |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....                                         | <b>8h</b>    |                              | 447223                 |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c).....                                     | <b>8i</b>    |                              | -211172                |
| <b>j</b> Transfers to (from) the plan (see instructions).....                                       | <b>8j</b>    |                              |                        |

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1B 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

| <b>10</b> During the plan year:                                                                                                                                                                                                          |            | <b>Yes</b> | <b>No</b> | <b>Amount</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-----------|---------------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).....                       | <b>10a</b> |            | X         |               |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....                                                                                                      | <b>10b</b> |            | X         |               |
| <b>c</b> Was the plan covered by a fidelity bond?.....                                                                                                                                                                                   | <b>10c</b> | X          |           | 500000        |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....                                                                                                   | <b>10d</b> |            | X         |               |
| <b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)..... | <b>10e</b> |            | X         |               |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                                        | <b>10f</b> |            | X         |               |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....                                                                                                                                          | <b>10g</b> |            | X         |               |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                              | <b>10h</b> |            |           |               |
| <b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....                                                       | <b>10i</b> |            |           |               |

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☒ Yes ☐ No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40. **11a** 0

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

**a** 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 letter ruling granting the waiver. Month Day Year

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

**c** 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.)

| 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|-------------------------|---------------|--------------|
|                         |               |              |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 10/31/2023

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DIVERSEY TASKI, INC. UAW LOCAL 12 RETIREMENT PLAN</u>                                                         | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>DIVERSEY TASKI, INC.</u>                                   | <b>D</b> Employer Identification Number (EIN)<br><u>92-1799472</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                              |
| <b>1</b> Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2022</u>                                                                                                                               |                                                                                                                       |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                                                       |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> <u>4455016</u>                                                                                              |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>4900517</u>                                                                                              |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                                                                       |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants <u>56</u> (2) Vested Funding Target <u>3718216</u> (3) Total Funding Target <u>3718216</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>10</u> <u>288096</u> <u>288096</u>                                                                                 |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>16</u> <u>1002878</u> <u>1210069</u>                                                                               |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>82</u> <u>5009190</u> <u>5216381</u>                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                                                                       |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                                                             |
| <b>b</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 ..... | <b>4b</b>                                                                                                             |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> <u>5.33 %</u>                                                                                                |
| <b>6</b> Target normal cost .....                                                                                                                                                                               |                                                                                                                       |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> <u>369</u>                                                                                                  |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>79932</u>                                                                                                |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> <u>80301</u>                                                                                                |

**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.

|                                                                                |  |                                        |
|--------------------------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                                               |  | <u>07/29/2024</u>                      |
| Signature of actuary                                                           |  | Date                                   |
| <u>DEBBIE P. SICHKO</u>                                                        |  | <u>23-07411</u>                        |
| Type or print name of actuary                                                  |  | Most recent enrollment number          |
| <u>USI CONSULTING GROUP</u>                                                    |  | <u>216-875-1900</u>                    |
| Firm name                                                                      |  | Telephone number (including area code) |
| <u>1001 LAKESIDE AVENUE</u><br><u>SUITE 1200</u><br><u>CLEVELAND, OH 44114</u> |  |                                        |
| Address of the firm                                                            |  |                                        |

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

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                         |                       |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 382565                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 93980                  |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 288585                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-16.55</u> % .....                                                                              | 0                     | -47761                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>5.50</u> %..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 240824                 |

| Part III Funding Percentages                                                                                                                                              |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 89.32 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 89.32 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 91.86 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %       |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 0                               |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                             |            |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                                                                                         | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                                                                                          | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....                                                                     | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                               |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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 |
| 0                                                                                                                                                                                           | 0          | 0       |
|                                                                                                                                                                                             |            | (4) 4th |
|                                                                                                                                                                                             |            | 0       |

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.18 % | 3rd segment:<br>5.92 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |  |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   |  | <b>27</b>                                                           |

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

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           |                   | <b>31a</b>          | 80301         |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 556688              | 56586         |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> 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 ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           |                   | <b>34</b>           | 136887        |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                 | 136887              | 136887        |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                   | <b>36</b>           | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                   | <b>37</b>           | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |                   | <b>38a</b>          | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   |                   | <b>40</b>           | 0             |

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

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Schedule SB, Line 26 - Schedule of Active Participant Data

November 1, 2022 Valuation  
Diversey Taski, Inc. UAW Local 12 Retirement Plan  
(EIN: 92-1799472; PN: 001)

| Attained<br>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 & up |
| Under 25        | -                         | -      | -      | -        | -        | -        | -        | -        | -        | -       |
| 25 to 29        | -                         | -      | -      | -        | -        | -        | -        | -        | -        | -       |
| 30 to 34        | -                         | -      | -      | -        | -        | -        | -        | -        | -        | -       |
| 35 to 39        | -                         | -      | -      | -        | -        | -        | -        | -        | -        | -       |
| 40 to 44        | -                         | -      | -      | -        | -        | -        | -        | -        | -        | -       |
| 45 to 49        | -                         | -      | -      | 1<br>(*) | -        | -        | -        | -        | -        | -       |
| 50 to 54        | -                         | -      | -      | -        | -        | -        | -        | -        | -        | -       |
| 55 to 59        | -                         | -      | -      | -        | 2<br>(*) | -        | -        | -        | -        | -       |
| 60 to 64        | -                         | -      | -      | 2<br>(*) | 3<br>(*) | 4<br>(*) | 3<br>(*) | -        | -        | -       |
| 65 to 69        | -                         | -      | -      | 1<br>(*) | -        | -        | -        | -        | -        | -       |
| 70 & up         | -                         | -      | -      | -        | -        | -        | -        | -        | -        | -       |

\* Average compensation is not shown since there are fewer than 1,000 active participants in this plan



## Appendix B

### Statement of Actuarial Assumptions and Methods

**Minimum Funding Annual Interest Rates** 24-month segment rates averaged through the end of June 2022 and published in July 2022 (as prescribed by IRC 430) and adjusted to reflect ARPA:

- Segment 1 (0 – 5 years) 4.75%
- Segment 2 (5 to 20 years) 5.18%
- Segment 3 (more than 20 years) 5.92%
- Effective Interest Rate 5.33%

**Maximum Deductible Annual Interest Rates** 24-month segment rates averaged through the end of June 2022 and published in July 2022 (as prescribed by IRC 430) as follows:

- Segment 1 (0 – 5 years) 1.14%
- Segment 2 (5 to 20 years) 2.89%
- Segment 3 (more than 20 years) 3.44%
- Effective Interest Rate 2.95%

**Annual Expected Return on Assets** Interest Rate for developing Actuarial Value of Assets;  
Before being limited to third segment rate 7.50%

Rationale: As selected by the Plan Sponsor.

**PBGC Annual Interest Rates** Spot segment rates for June 2022 and published in July 2022 using the Standard Method (as prescribed by IRC 430) as follows:

- Segment 1 (0 – 5 years) 5.10%
- Segment 2 (5 to 20 years) 5.83%
- Segment 3 (more than 20 years) 5.68%
- Effective Interest Rate 5.72%

**Salary Scale** Not applicable

**Mortality** Mortality as provided in Notice 2020-85 male and female, optional combined for small plans (as prescribed by IRC 430).

**Rates of Turnover** Based on age and sex as follows:

| <u>Age</u> | <u>Males</u> | <u>Females</u> |
|------------|--------------|----------------|
| 25         | .099         | .149           |
| 30         | .069         | .099           |
| 35         | .049         | .069           |
| 40         | .028         | .049           |
| 45         | .017         | .028           |
| 50         | .004         | .017           |
| 55         | .000         | .004           |

## Appendix B (Continued)

### Rates of Retirement

| <u>Age(s)</u> | Rate for<br>Employees with<br>Less than 20<br><u>Years of Service</u> | Rate for<br>Employees with<br>20 or more<br><u>Years of Service</u> |
|---------------|-----------------------------------------------------------------------|---------------------------------------------------------------------|
| 60            | 5%                                                                    | 5%                                                                  |
| 61            | 2                                                                     | 2                                                                   |
| 62            | 5                                                                     | 40                                                                  |
| 63            | 2                                                                     | 30                                                                  |
| 64            | 2                                                                     | 25                                                                  |
| 65            | 70                                                                    | 70                                                                  |
| 66-69         | 50                                                                    | 50                                                                  |
| 70            | 100                                                                   | 100                                                                 |

Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Terminated vested participants are assumed to begin at Normal Retirement Date.

### Rates of Disability

None

### Assumptions Made In Valuing Spouse's Benefit

Eighty percent of the male and seventy percent of the female employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

### Optional Form Selection

All employees are assumed to elect the life annuity form of benefit.

### Provision for Expenses

The non-investment related expenses expected to be paid from plan assets for the upcoming year, which were assumed to be equal to actual expenses during the prior year, were included in the Target Normal Cost for Minimum Required Contribution purposes.

### Standing Elections

The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.

## Appendix B (Continued)

### Asset Method

Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.

### Funding Method

Pure Unit Credit

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

### Employees Valued

Only participants as of the valuation date were valued.

### Changes in Assumptions and Methods since the Last Actuarial Valuation

The interest rates used for determining the funding target were 4.75%, 5.36%, and 6.11%. These rates were updated to the rates required for the current plan year.

The mortality table for the funding target was changed as required under PPA '06.

The PBGC Annual Interest Rates were determined using the Alternative Method.

### Justification for Changes in Actuarial Assumptions

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 10/31/2023

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>Diversey Taski, Inc. UAW Local 12 Retirement Plan</u>                                                         | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>Diversey Taski, Inc.</u>                                   | <b>D</b> Employer Identification Number (EIN)<br><u>92-1799472</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                                  |
| <b>1</b> Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2022</u>                                                                                                                               |                                                                                                                           |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                                                           |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>4,455,016</u>                                                                                                |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>4,900,517</u>                                                                                                |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                                                                           |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants <u>56</u> (2) Vested Funding Target <u>3,718,216</u> (3) Total Funding Target <u>3,718,216</u> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>10</u> <u>288,096</u> <u>288,096</u>                                                                                   |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>16</u> <u>1,002,878</u> <u>1,210,069</u>                                                                               |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>82</u> <u>5,009,190</u> <u>5,216,381</u>                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                                                                           |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                                                                 |
| <b>b</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 ..... | <b>4b</b>                                                                                                                 |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>5.33%</u>                                                                                                     |
| <b>6</b> Target normal cost .....                                                                                                                                                                               |                                                                                                                           |
| <b>a</b> Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b> <u>369</u>                                                                                                      |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>79,932</u>                                                                                                   |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> <u>80,301</u>                                                                                                   |

**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.

|                                                                                                      |                                                         |                                                               |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                     | <u>Debbie Sichko</u> <i>DPS</i><br>Signature of actuary | <u>7/29/2024</u><br>Date                                      |
| <u>Debbie P. Sichko</u><br>Type or print name of actuary                                             |                                                         | <u>2307411</u><br>Most recent enrollment number               |
| <u>USI Consulting Group</u><br>Firm name                                                             |                                                         | <u>216-875-1900</u><br>Telephone number (including area code) |
| <u>1001 Lakeside Avenue</u><br><u>Suite 1200</u><br><u>Cleveland OH 44114</u><br>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) 2022**  
**v. 220413**

| <b>Part II</b> |                                                                                                                                                                      | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                                                                      | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                                                          | 382,565                |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                                                          | 93,980                 |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                                                          | 288,585                |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>-16.55</u> % .....                                                                                         | 0                                                          | -47,761                |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                                                            |                        |
|                | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                                                            | 0                      |
|                | <b>b(1)</b> 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>5.50</u> % ..... |                                                            | 0                      |
|                | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                            | 0                      |
|                | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                                                            | 0                      |
|                | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                                                            | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                                                          | 240,824                |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding Percentages</b> |         |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 89.32 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 89.32 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 91.86 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %       |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and Liquidity Shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
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|                                                                                          |                                   |                                               |                          |                                   |                                 |
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|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                               | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|                                                                                          |                                   |                                               |                          | 0                                 | 0                               |

|                                                                                                                                                                                             |            |         |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |         |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                                        | <b>19a</b> | 0       |         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                          | <b>19b</b> | 0       |         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                     | <b>19c</b> | 0       |         |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |         |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |         |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |         |         |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                             |            |         |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                                  |            |         |         |
| (1) 1st                                                                                                                                                                                     | (2) 2nd    | (3) 3rd | (4) 4th |
| 0                                                                                                                                                                                           | 0          | 0       | 0       |

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

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                                                                                                                       | 2nd segment:<br>5.18 % | 3rd segment:<br>5.92 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                         |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                                                           |

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

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 80,301             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 556,688             | 56,586             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 136,887            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 136,887            | 136,887       |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Schedule SB, Line 22 – Weighted Average Retirement Age  
Diversey Taski, Inc. UAW Local 12 Retirement Plan  
November 1, 2022 Valuation  
EIN/PN: 92-1799472/ 001

#### Rates of Retirement

| <u>Age(s)</u> | Rate for<br>Employees with<br>Less than 20<br><u>Years of Service</u> | Rate for<br>Employees with<br>20 or more<br><u>Years of Service</u> |
|---------------|-----------------------------------------------------------------------|---------------------------------------------------------------------|
| 60            | 5%                                                                    | 5%                                                                  |
| 61            | 2                                                                     | 2                                                                   |
| 62            | 5                                                                     | 40                                                                  |
| 63            | 2                                                                     | 30                                                                  |
| 64            | 2                                                                     | 25                                                                  |
| 65            | 70                                                                    | 70                                                                  |
| 66-69         | 50                                                                    | 50                                                                  |
| 70            | 100                                                                   | 100                                                                 |

Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Terminated vested participants are assumed to begin at Normal Retirement Date.

## Appendix A

### Summary of Principal Plan Provisions

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Sponsor     | Diversey Taski, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| EIN/PN           | 92-1799472/001                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Effective Date   | November 1, 1964; restated November 1, 2014 and last amended February 21, 2023.                                                                                                                                                                                                                                                                                                                                                                                                             |
| Plan Year        | The 12-month period beginning each November 1.                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Eligibility      | Any Employee represented by Local 12 of the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW). Eligibility was frozen effective December 31, 2008.                                                                                                                                                                                                                                                                                      |
| Service          | One Year of Service is earned for each calendar year in which 1,000 hours are worked.                                                                                                                                                                                                                                                                                                                                                                                                       |
| Credited Service | One Year of Credited Service is earned for each calendar year in which 1,700 or more hours are worked. In the event fewer than 1,700 hours are worked, credited shall be determined by dividing hours by 1,700, adjusted to the nearest 1/10 <sup>th</sup> . Credited Service was frozen as of December 31, 2008 for benefit accrual purpose. Credited Service continues to accrue for eligibility for the normal and early retirement as well as the \$300 temporary supplemental benefit. |
| Accrued Benefit  | A monthly life annuity starting at age 65 equal to the benefit rate at termination multiplied by the number of Years of Credited Service. The benefit accrual is frozen effective December 31, 2008.                                                                                                                                                                                                                                                                                        |

| <u>Termination Date</u> | <u>Benefit Rate</u> |
|-------------------------|---------------------|
| 8/1/2000 – 7/31/2001    | \$22.00             |
| 8/1/2001 – 7/31/2002    | 24.00               |
| 8/1/2002 – 7/31/2003    | 25.00               |
| 8/1/2003 – 12/31/2008   | 26.00               |

#### Normal Retirement Benefit

##### Eligibility:

Age 65 or, if later, fifth anniversary of joining the Plan.

##### Monthly Benefit:

The Accrued Benefit.

## Appendix A (Continued)

### Early Retirement Benefit

Eligibility:

Age 60 and 10 Years of Credited Service.

Monthly Benefit:

The Accrued Benefit at early retirement reduced by 0.5% for each month retirement precedes age 65. No reduction will apply if retirement is at or after age 62 with 20 or more Years of Credited Service.

### Temporary Supplemental Benefit

Eligibility:

Retirement under Early or Disabled Retirement at age 62 with 20 or more years of Credited Service.

Monthly Benefit:

Early retirees shall receive an additional \$300 per month payable as a life annuity from age 62 to 65.

### Supplemental Benefit

Eligibility:

All retirees under Normal, Early, Disabled or Vested Termination.

Monthly Benefit:

Normal or early retirees shall receive an additional \$100 per month for life upon attaining age 65.

### Disability Retirement Benefit

Eligibility:

At any age with 10 Years of Credited Service.

Monthly Benefit:

The Accrued Benefit.

### Termination Benefit

Eligibility:

Upon termination of employment prior to Normal or Early Retirement after completion of at least five Years of Service.

Monthly Benefit:

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

## Appendix A (Continued)

### Pre-Retirement Death Benefit

#### Eligibility:

100% vested.

#### Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

### Benefits Payable as Lump Sums

The Plan pays elective lump sums under \$5,000. No lump sums are payable in excess of \$5,000.

The conversion factors used to calculate lump sums are based on the applicable mortality and applicable interest rates per IRC Section 417(e).

### Optional Forms of Payment

Life Annuity  
50% Joint & Survivor  
75% Joint & Survivor  
Lump Sum (only if under \$5,000)

The annuity conversion factors are based on the UP 1984 Mortality Table and 6.5% interest rate.

### Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

### Changes in Plan Provisions

NSS Enterprises, Inc. was acquired by Diversey Taski, Inc. effective February 21, 2023.

The automatic changes, if any, in the maximum benefit limit were recognized as amendments for funding purposes.

Schedule SB, Line 32 – Schedule of Amortization Bases  
Diversey Taski, Inc. UAW Local 12 Retirement Plan  
November 1, 2022 Valuation  
EIN/PN: 92-1799472/ 001

## Schedule of Amortization Bases

### Shortfall Amortization Bases<sup>1</sup>

| Date<br>Established | Present Value<br>of Payments | Remaining<br>Years | Amortization<br>Installment |
|---------------------|------------------------------|--------------------|-----------------------------|
| 11/1/2022           | \$ 145,315                   | 15                 | \$ 13,429                   |
| 11/1/2021           | (238,423)                    | 14                 | (23,085)                    |
| 11/1/2020           | <u>649,796</u>               | 13                 | <u>66,242</u>               |
| Total               | \$ 556,688                   |                    | \$ 56,586                   |

### Waiver Amortization Bases

| Date<br>Established | Present Value<br>of Payments | Remaining<br>Years | Amortization<br>Installment |
|---------------------|------------------------------|--------------------|-----------------------------|
| 11/1/2022           | <u>\$ 0</u>                  | N/A                | <u>\$ 0</u>                 |
| Total               | \$ 0                         |                    | \$ 0                        |

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<sup>1</sup> 15-year amortization was adopted effective with the 2020 plan year per the terms of ARPA.