

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 12/01/2022 and ending 11/30/2023	
A	This return/report is for: <div><input type="checkbox"/> a multiemployer plan</div> <div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div><input checked="" type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div>
B	This return/report is: <div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>
E	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 THE AVON COMPANY PERSONAL RETIREMENT ACCOUNT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 03/01/2016
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE AVON COMPANY 165 BROADWAY NEW YORK, NY 10006-1401
2b	Employer Identification Number (EIN) 81-1144649
2c	Plan Sponsor's telephone number 212-282-5000
2d	Business code (see instructions) 339900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/12/2024	YOUNG HOON YOO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4226
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="text-align: center;"> 6a(1) 378 6a(2) 201 6b 1381 6c 2335 6d 3917 6e 92 6f 4009 6g 6h 0 </div>
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3H 3J b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 12/01/2022 and ending 11/30/2023

▶ **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.

A Name of plan <u>THE AVON COMPANY PERSONAL RETIREMENT ACCOUNT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE AVON COMPANY</u>	D Employer Identification Number (EIN) <u>81-1144649</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value.....	2a <u>289117451</u>
b Actuarial value	2b <u>289117451</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>1519</u> <u>139273347</u> <u>139273347</u>
b For terminated vested participants.....	<u>2329</u> <u>123017549</u> <u>123017549</u>
c For active participants.....	<u>378</u> <u>21504673</u> <u>22108815</u>
d Total	<u>4226</u> <u>283795569</u> <u>284399711</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate.....	5 <u>5.51</u> %
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>1200000</u>
c Total (line 6a + line 6b)	6c <u>1200000</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.

SIGN HERE		<u>09/04/2024</u>
	Signature of actuary	Date
<u>CINDY L. MCDONALD</u>	Type or print name of actuary	<u>23-06793</u>
		Most recent enrollment number
<u>AON CONSULTING, INC.</u>	Firm name	<u>212-479-4076</u>
		Telephone number (including area code)
<u>MSC 17837, P.O. BOX 6718</u> <u>SOMERSET, NJ 08875</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 ☐

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

Schedule SB (Form 5500) 2022
v. 220413

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	73178131
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)		73178131
10 Interest on line 9 using prior year's actual return of <u>-17.28</u> %		-12645181
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %.....		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance.....		
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	60532950

Part III Funding Percentages		
14 Funding target attainment percentage	14	80.37 %
15 Adjusted funding target attainment percentage	15	101.65 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	103.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 61
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1200000	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	55815210	5264128	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	6464128	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		6464128	6464128
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40		

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 12/01/2022 and ending 11/30/2023	
A Name of plan THE AVON COMPANY PERSONAL RETIREMENT ACCOUNT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE AVON COMPANY	D Employer Identification Number (EIN) 81-1144649

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERCER HR OUTSOURCING

20-1932099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	INVESTMENT MANAGEMENT	506615	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LIFEWORKS

52-1883918

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	PENSION RECORDKEEPER	436139	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	245070	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 21	INVESTMENT MGT TRUSTEE	114271	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COHNREZNICK LLP

22-1478099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITORS	36235	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET RESEARCH

13-3142135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	INVESTMENT MANAGEMENT	9691	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	PAUL RANGE CROFT	b EIN:	22-2232264
c Position:	ENROLLED ACTUARY		
d Address:	498 PALMERS FARM DRIVE YARDLEY, PA 19067	e Telephone:	609-240-4890

Explanation: DUE TO THE TERMINATION FROM AON OF THE ENROLLED ACTUARY, EFFECTIVE WITH THE DECEMBER 1, 2022 PLAN YEAR, THE ENROLLED ACTUARY HAS CHANGED.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div> This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 12/01/2022 and ending 11/30/2023		
A Name of plan THE AVON COMPANY PERSONAL RETIREMENT ACCOUNT PLAN	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE AVON COMPANY	D Employer Identification Number (EIN) 81-1144649	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER NON-US CORE EQUITY CT			
b Name of sponsor of entity listed in (a): MERCER COLLECTIVE TRUST			
c EIN-PN 03-0566617-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8605021	
a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE INTER CR FIXED INCOME			
b Name of sponsor of entity listed in (a): MERCER COLLECTIVE TRUST			
c EIN-PN 03-0566615-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68822891	
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INT'L INDEX NL SF CLASS A FD			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS			
c EIN-PN 90-0337987-157	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5245424	
a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ULTRA LONG DURATION PORTFOLI			
b Name of sponsor of entity listed in (a): MERCER COLLECTIVE TRUST			
c EIN-PN 83-2461327-047	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24091312	
a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US LARGE CAP PASSIVE EQUITY			
b Name of sponsor of entity listed in (a): MERCER COLLECTIVE TRUST			
c EIN-PN 03-0566613-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8700238	
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX NL SF			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS			
c EIN-PN 04-0025081-096	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4868733	
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US INTERM GOVT CREDIT BOND IND			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS			
c EIN-PN 90-0337987-184	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36877555	

a Name of MTIA, CCT, PSA, or 103-12 IE: MGI ACTIVE LONG CORP INV PORTFOLIO

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

c EIN-PN 45-6178743-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111509737
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 12/01/2022 and ending 11/30/2023		
A Name of plan THE AVON COMPANY PERSONAL RETIREMENT ACCOUNT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE AVON COMPANY	D Employer Identification Number (EIN) 81-1144649	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	2669	3619
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	223198	597740
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	289237031	268720911
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	289462898	269322270

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	345447	423334
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	345447	423334

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	289117451	268898936
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6622974
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6622974
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25122001	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		25122001
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	281305	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	630576	
(4) Other	2i(4)	807607	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1719488
j Total expenses. Add all expense amounts in column (b) and enter total	2j		26841489
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-20218515
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: COHNREZNICK LLP

(2) EIN: 22-1478099

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 511703.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 12/01/2022 and ending 11/30/2023		
A Name of plan THE AVON COMPANY PERSONAL RETIREMENT ACCOUNT PLAN		B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE AVON COMPANY		D Employer Identification Number (EIN) 81-1144649
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 45-6138589		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 118
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment <input type="checkbox"/>		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment <input type="checkbox"/>
19	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: <u>60.0</u> % Investment-Grade Debt: <u>40.0</u> % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %</p> <p>b Provide the average duration of the combined investment-grade and high-yield debt: <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input checked="" type="checkbox"/> 21 years or more</p> <p>c What duration measure was used to calculate line 19(b)? <input checked="" type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>
20	<p>PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p>

The Avon Company Personal Retirement Account Plan

**Financial Statements
(With Supplementary Information)
and Independent Auditor's Report**

November 30, 2023

The Avon Company Personal Retirement Account Plan

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Independent Auditor's Report

To the Administrative Committee
The Avon Company Personal Retirement Account Plan

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

We have performed audits of the financial statements of The Avon Company Personal Retirement Account Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C)"). The financial statements comprise the statements of net assets available for benefits as of November 30, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended November 30, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of November 30, 2023 and 2022, and for the year ended November 30, 2023, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) and Schedule of Reportable Transactions (Schedule H, Line 4j) as of and for the year ended November 30, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Parsippany, New Jersey
September 13, 2024

The Avon Company Personal Retirement Account Plan

**Statements of Net Assets Available for Benefits
November 30, 2023 and 2022**

	<u>2023</u>	<u>2022</u>
Assets		
Investments, at fair value	<u>\$ 269,318,651</u>	<u>\$ 289,460,229</u>
Total investments	<u>269,318,651</u>	<u>289,460,229</u>
Receivables		
Interest and dividends receivable	<u>3,619</u>	<u>2,669</u>
Total receivables	<u>3,619</u>	<u>2,669</u>
Total assets	<u>269,322,270</u>	<u>289,462,898</u>
Liabilities		
Accrued expenses	<u>423,334</u>	<u>345,447</u>
Total liabilities	<u>423,334</u>	<u>345,447</u>
Net assets available for benefits	<u><u>\$ 268,898,936</u></u>	<u><u>\$ 289,117,451</u></u>

See Notes to Financial Statements.

The Avon Company Personal Retirement Account Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended November 30, 2023

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 6,622,974
	<u>6,622,974</u>
Total investment income	<u>6,622,974</u>
Total additions	<u>6,622,974</u>
Deductions	
Benefits paid to participants	25,122,001
Administrative expenses	<u>1,719,488</u>
Total deductions	<u>26,841,489</u>
Net decrease in net assets available for benefits	(20,218,515)
Net assets available for benefits	
Beginning	<u>289,117,451</u>
End	<u><u>\$ 268,898,936</u></u>

See Notes to Financial Statements.

The Avon Company Personal Retirement Account Plan

Notes to Financial Statements November 30, 2023

Note 1 - Description of Plan

The following description of The Avon Company Personal Retirement Account Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established by The Avon Company ("Avon" or the "Company") on March 1, 2016 as a noncontributory defined benefit pension plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan provides defined benefit pension benefits to eligible vested participants upon termination of employment or retirement. Only participants under the Avon Products Inc. Personal Retirement Account Plan ("Previous Plan") who transferred employment to Avon in conjunction with the separation of the Avon Products Inc. ("Previous Employer") North America business as of March 1, 2016 are participants under the Plan. No person whose initial employment commencement date with the Company was on or after March 1, 2016 is a participant. Certain employees of the Company, by virtue of their job titles as set forth in the Plan document, form a committee which acts as Plan administrator.

The Plan was frozen on December 31, 2016. No pay credits will be granted after this date.

Funding policy

The minimum required contributions to the Plan are made by the Company based on the annual funding amounts actuarially determined by the consulting actuary, Aon Consulting Inc., using the standard unit credit method.

The Company's funding policy is to contribute funds to the trust for the Plan as necessary to provide for current service and for any unfunded projected benefit obligation over a reasonable period. To the extent that these requirements are fully covered by assets in the trust, the Company may elect not to make any contribution in a particular year. The Plan met the minimum funding requirements for 2023 and the Company elected to not make a contribution for the year ended November 30, 2023.

Vesting

Each participant's vesting service under the Previous Plan prior to March 1, 2016 shall be recognized under this plan. Under the Previous Plan, effective January 1, 2008, full vesting of benefits occurred after a participant completed three years of vesting service with the Previous Employer as long as at least one hour of service was completed on or after January 1, 2008.

Pension benefits

The Previous Employer used a cash balance formula whereby a hypothetical account was established in the Previous Plan for each eligible participant whereby the opening balance was equal to the present value of the accrued age 65 benefit on June 30, 1998. Participants received a hypothetical monthly contribution into the cash balance account consisting of pay-based credits and interest credits. Pay-based credits consist of a percentage of eligible pension earnings based on age and years of vesting service. At the end of each month, a participant's cash balance account is credited with interest credits, which are based on their cash balance benefit at the end of the prior month. For basic credits received prior to January 1, 2015, the interest crediting rate for each calendar year is the greater of: (1) the yield of the U.S. Government issued 30-year Treasury bill rate for November of the preceding year; or (2) 5%. For basic credits received on or after January 1, 2015: (1) the yield of the U.S. Government issued 30-year Treasury bill rate for November of the preceding year; or (2) 1.6%. The Company currently uses the cash balance formula outlined above for participants in the Plan.

The Avon Company Personal Retirement Account Plan

Notes to Financial Statements November 30, 2023

The normal form of benefits payable under the accrual formula under the Plan is a single life annuity for single participants and a joint and survivor annuity for married participants. Actuarial reductions apply to the final average pay formula if the benefit is payable prior to age 65, unless the participants qualify for certain subsidies (early retirement, hardship retirement or Rule of 85 retirement). Generally, the Company continues to offer various Plan payment options including a selection of monthly annuity options, split lump-sum/monthly annuity options or a 100% full lump-sum payment.

Death benefits

Under the cash balance formula, if an active participant dies, a death benefit equal to the value of the participant's Plan account is paid to the participant's beneficiary. Participants must designate a beneficiary to receive survivor benefits. If the participant should name a beneficiary other than his or her spouse, spousal consent will be required for this alternate designation.

Note 2 - Summary of accounting policies

Basis of accounting

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

Use of estimates

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

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance companies. See Note 3 for discussion of fair value measurements.

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

Payment of benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent events

The Plan has evaluated subsequent events through September 13, 2024, the date the financial statements were available to be issued.

The Avon Company Personal Retirement Account Plan

Notes to Financial Statements November 30, 2023

Note 3 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under Financial Accounting Standards Board issued Accounting Standards Codification ("ASC") 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2023 and 2022.

Interest-bearing cash: Valued at amortized costs, which approximates fair value.

Common/collective trusts: Valued at the net asset value ("NAV") of units of a bank collective trust. The NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The Avon Company Personal Retirement Account Plan

Notes to Financial Statements November 30, 2023

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2023 and 2022. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	2023			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ -	\$ 597,740	\$ -	\$ 597,740
Total assets in the fair value hierarchy	-	597,740	-	597,740
Investments measured at NAV (a)	-	-	-	268,720,911
Total investments at fair value	<u>\$ -</u>	<u>\$ 597,740</u>	<u>\$ -</u>	<u>\$ 269,318,651</u>

	2022			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ -	\$ 223,198	\$ -	\$ 223,198
Total assets in the fair value hierarchy	-	223,198	-	223,198
Investments measured at NAV (a)	-	-	-	289,237,031
Total investments at fair value	<u>\$ -</u>	<u>\$ 223,198</u>	<u>\$ -</u>	<u>\$ 289,460,229</u>

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

For the year ended November 30, 2023, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Fair value of investments in entities that use NAV

The following tables summarize investments for which fair value is measured using NAV per share practical expedient as of November 30, 2023 and 2022. There are no significant participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	November 30, 2023			
	Fair value	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
Common/collective trusts				
CF MGI Non-US Core Equity CT	\$ 8,605,021	N/A	Daily	1 day
CF SSGA Intl. Index NL SF Class A (ZAVAO1) FD	5,245,424	N/A	Daily	1 day
CF Mercer Long Duration Passive Fixed Inc CT	24,091,312	N/A	Daily	1 day
CF Mercer US Large Cap Passive Equity Portfolio Fund	8,700,238	N/A	Daily	1 day
CF SSGA Russell Small Cap (R) Index NL SF CL A (CMM2) FD	4,868,733	N/A	Daily	1 day
CF SSGA US Interim Government Bond Index NL SF CL-A	36,877,555	N/A	Daily	1 day
CF Mercer Active Inter CR Fixed Income Port	68,822,891	N/A	Daily	2 days
CF MGI Active Long Corp Inv Portfolio Fund	<u>111,509,737</u>	N/A	Daily	1 day
Total common/collective trusts	<u>\$ 268,720,911</u>			

The Avon Company Personal Retirement Account Plan

Notes to Financial Statements November 30, 2023

	November 30, 2022			
	Fair value	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
Common/collective trusts				
CF MGI Non-US Core Equity CT	\$ 9,382,584	N/A	Daily	1 day
CF SSGA Intl. Index NL SF Class A (ZAVAO1) FD	5,838,034	N/A	Daily	1 day
CF Mercer Ultra Long Duration Portfolio	13,826,327	N/A	Daily	2 days
CF Mercer US Large Cap Passive Equity Portfolio Fund	9,150,474	N/A	Daily	1 day
CF SSGA Russell Small Cap (R) Index NL SF CL A (CMM2) FD	5,515,836	N/A	Daily	1 day
CF SSGA US Interim Government Bond Index NL SF CL-A	78,469,115	N/A	Daily	1 day
CF Mercer Active Inter CR Fixed Income Port	70,338,855	N/A	Daily	2 days
CF MGI Active Long Corp Inv Portfolio Fund	96,715,806	N/A	Daily	1 day
Total common/collective trusts	<u>\$ 289,237,031</u>			

Note 4 - Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits are allocated to employee accounts on a monthly basis as determined by formula, providing a percentage of the participant's current eligible compensation. This percentage is determined based on the employee's age, years of service and earnings.

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

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

The significant actuarial assumptions used in the valuation as of November 30, 2023 and 2022 were:

Mortality table	Pri-2012 mortality table with scale MP-2021 for 2023 and 2022
Discount rate	5.26% for 2023 and 4.89% for 2022
Average retirement age	61 for 2023 and 2022

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to be terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of December 1, 2023 and 2022. Had the valuation been performed as of November 30, 2023 and 2022, there would be no material differences.

The Avon Company Personal Retirement Account Plan

Notes to Financial Statements November 30, 2023

The following is a summary of the actuarial present value of accumulated plan benefits as determined on the valuation date of November 30, 2023 and 2022:

	November 30,	
	2023	2022
Vested benefits		
Participants currently receiving benefits	\$ 135,868,535	\$ 144,982,844
Participants with deferred benefits	127,570,226	127,184,421
Other participants	<u>13,411,085</u>	<u>22,242,213</u>
Total	276,849,846	294,409,478
Nonvested benefits	<u>91,294</u>	<u>618,589</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 276,941,140</u></u>	<u><u>\$ 295,028,067</u></u>

For the Year Ended November 30, 2023

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 295,028,067</u>
(Decrease) increase during period attributable to	
Interest	13,819,970
Benefits paid	(25,122,001)
Assumption change	(5,736,852)
Other changes	<u>(1,048,044)</u>
Total	<u>(18,086,927)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 276,941,140</u></u>

Note 5 - Related party transactions and party-in-interest transactions

Certain Plan investments were invested in funds managed by the Northern Trust Company. Northern Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note 6 - Plan termination

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

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

The Avon Company Personal Retirement Account Plan

Notes to Financial Statements November 30, 2023

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC") (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

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

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

Note 7 - Tax status

The Internal Revenue Service (the "IRS") has determined and informed the Company by a letter dated September 8, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions. There are currently no audits for any tax periods in progress.

Note 8 - Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

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

The Avon Company Personal Retirement Account Plan

Notes to Financial Statements November 30, 2023

Note 9 - Certified investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at November 30, 2023 and 2022, and investment income for the year ended November 30, 2023, that are disclosed in the accompanying financial statements and supplemental schedules, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Northern Trust Company, the trustee of the Plan.

Supplementary Information

The Avon Company Personal Retirement Account Plan
EIN 81-1144649
Plan #002

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
November 30, 2023

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description	(d) Cost	(e) Current value
*	NT COLTV Short-Term Investment Fund	Interest-bearing cash	\$ 597,740	\$ 597,740
	Total interest-bearing cash		<u>597,740</u>	<u>597,740</u>
*	CF MGI Non-US Core Equity CT	Common/collective trust	5,809,812	8,605,021
*	CF Mercer Active Inter CR Fixed Income Port	Common/collective trust	71,679,338	68,822,891
	CF SSGA Intl. Index NL SF Class A (ZAVAO1) FD	Common/collective trust	3,965,670	5,245,424
*	CF Mercer Long Duration Passive Fixed Inc CT	Common/collective trust	24,806,502	24,091,312
*	CF Mercer US Large Cap Passive Equity Portfolio Fund	Common/collective trust	4,471,317	8,700,238
	CF SSGA Russell Small Cap (R) Index NL SF CL A (CMM2) FD	Common/collective trust	3,564,439	4,868,733
	CF SSGA US Interim Government Bond Index NL SF CL-A	Common/collective trust	39,906,432	36,877,555
*	CF MGI Active Long Corp Inv Portfolio Fund	Common/collective trust	118,645,932	111,509,737
	Total common/collective trusts		<u>272,849,442</u>	<u>268,720,911</u>
	Total		<u>\$ 273,447,182</u>	<u>\$ 269,318,651</u>
*	Party-in-interest.			

See Independent Auditor's Report.

The Avon Company Personal Retirement Account Plan
EIN 81-1144649
Plan #002

Schedule of Reportable Transactions (Schedule H, Line 4j)
Year Ended November 30, 2023

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) - Single transaction that amounts to more than 5% of the beginning value of total Plan assets								
CF SSGA INTERMEDIATE US GOVT BOND INDX N L SF CL A (CMEW1) CUSIP: 3D1999I77	Common/collective trust Sale	\$ -	\$ 39,925,671	\$ -	\$ -	\$ 43,660,797	\$ 39,925,671	\$ (3,735,125)
CF MGI ACTIVE LONG CORP INV PORTFOLIO FD CUSIP: 112993217	Common/collective trust Purchase	22,973,838	-	-	-	22,973,838	22,973,838	-
MERCER LONG DURATION PASSIVE FIXED INC C T CUSIP: 9U8999R35	Common/collective trust Purchase	24,851,956	-	-	-	24,851,956	24,851,956	-
(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5% of the beginning value of total Plan assets								
CF MGI ACTIVE LONG CORP INV PORTFOLIO FD CUSIP: 112993217	Purchases -2	\$ 23,895,178	\$ -	\$ -	\$ -	\$ 23,895,178	\$ 23,895,178	\$ -
	Sales - 11	-	10,782,327	-	-	11,579,527	10,782,327	(797,200)
CF SSGA US INTERM U.S. GOV'T BOND - MIM ALC CUSIP: 3D1999I77	Sales - 9	-	42,628,916	-	-	46,634,160	42,628,916	(4,005,244)
MERCER LONG DURATION PASSIVE FIXED INC C T CUSIP: 9U8999R35	Purchases - 1	24,851,956	-	-	-	24,851,956	24,851,956	-
	Sales - 1	-	45,211	-	-	45,454	45,211	(243)
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Purchases - 44	23,529,483	-	-	-	23,529,483	23,529,483	-
	Sales - 48	-	23,154,942	-	-	23,154,942	23,154,942	-

See Independent Auditor's Report.



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Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	March 1, 2016. The plan was mirrored from the Avon Products, Inc. PRA Plan ("API PRA Plan") which was effective January 1, 1944. The plan was most recently amended and restated effective December 1, 2019.
Covered Employees	<p>All nonunion (except as negotiated) employees employed by the company or any affiliate which has adopted the Plan. Sales representatives, leased employees, or those deemed to be employees under IRC section 414(o) and certain employees of Avon Spa Salon and Spa Kiosk operations or Avon Express Center are excluded. Caguas employees whose first employment commencement date is after December 31, 2012 are excluded.</p> <p>All employees whose first employment commencement date is after December 31, 2014 are excluded. In addition, an inactive participant who is reemployed by a plan sponsor after January 1, 2015 may become an active participant, if the new employment commencement date is prior to the last day of the month that contains the first anniversary of the prior termination date.</p> <p>On March 1, 2016, active employees aligned to the North America business were transferred to New Avon LLC. These actives along with all vested terminations, retirees, beneficiaries, and alternate payees who were participants in the API PRA Plan were transferred to the New Avon PRA Plan and commenced participation in the New Avon PRA Plan on March 1, 2016 (plan spinoff date). The employees' accrued benefits under the API PRA Plan were spun off and merged into the New Avon PRA Plan. The plan was subsequently renamed The Avon Company PRA Plan.</p>
Participation Date	First of the month following completion of one year of eligibility service.
Definitions	
Vesting Service	Years and months from first day of the month of hire.
Pension Service	Years and months of service as a covered employee. Effective April 1, 2009, cease future service accruals after 29 months on disability. No participants shall be credited with basic credits after December 31, 2016.

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Pensionable Pay	Total pay prior to any pretax contributions under IRC sections 401(k) and (125) including base salary, hourly wages, commissions, sales incentive compensation, U.S. Incentive Plan, lump sum payments in lieu of a pay increase, sick pay, vacation pay (except for lump sum vacation pay paid after the employee's termination of employment), severance pay paid in installments (even if paid after a participant is no longer an employee), pay for personal days, holidays, overtime pay, premium pay on and after January 1, 2002 and, effective as of January 1, 2006, amounts not in excess of 100% of the target bonus established for such employee for regular year-end bonuses under the management incentive plan, the annual sales or campaign cycle bonus plans or any VIP payments under the Variable Incentive Program, but excluding Christmas gifts or any other forms of compensation, with the total limited by the maximum amount imposed by IRC 401(a)(17). Effective January 1, 2007, severance pay is excluded.
Average Earnings	The average of the highest five nonconsecutive years of pensionable pay during the 10-year period ending on the earlier of the participant's termination date, retirement date, or June 30, 2008 (end of 10-year grandfather period).
Social Security Benefit	The projected amount of the participant's primary Social Security benefit at age 65 (or actual age, if later) according to the law in effect at the earlier of date of termination of employment or June 30, 2008 (end of 10-year grandfather period), assuming no future earnings.
Normal Retirement Date (NRD)	First of month coinciding with or next following the attainment of age 65.
Grandfathered Participant	Any employee who is a plan participant as of July 1, 1998.
Grandfather Period	The 10-year period beginning on July 1, 1998 and ending on June 30, 2008.
Opening Account Balance	The single sum actuarial equivalent of the accrued benefit (assumed payable at age 65, or age at July 1, 1998, if later) determined under the prior Avon PRA Plan as of June 30, 1998 based on actual pay and service prior to that date.

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Pay Credit

For full-time employees and part-time employees who meet eligibility requirements, a monthly credit equal to a % of pensionable pay as follows:

Points	Percentage Up to Social Security Wage Base	Percentage Over Social Security Wage Base
< 30	3.00%	4.50%
30-39	3.50%	5.25%
40-49	4.00%	6.00%
50-59	4.50%	6.75%
60-69	5.00%	7.50%
70-79	5.50%	8.25%
80-89	6.00%	9.00%
>=90	6.50%	9.75%

Points based on age and vesting service. Monthly credit is based on points as of December 31 of preceding year. Monthly credit for 1998 is based on points as of June 30, 1998.

The plan was frozen on December 31, 2016. No pay credits will be granted after this date.

Investment Credit

For active participants, as well as terminated vested participants who have not begun receiving benefit payments, a credit is added to the account at the end of each month; it is equal to the account balance as of the end of the prior month, increased with interest equal to 1/12 of the annual yield on 30-year Treasury bonds (minimum 5.00% for pay credits received prior to January 1, 2015; minimum 1.6% for pay credits received on or after January 1, 2015) determined as of December 1 preceding the applicable calendar year based on the average of the rates during November.

Pension Benefit

As of any date, annuity equivalent of the cash balance account equal to the sum of (1), (2), and (3):

- (1) The opening account balance
- (2) Periodic pay credits
- (3) Periodic investment credits

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

For grandfathered participants:

- During the grandfather period, the larger of the annuity equivalent or the prior plan pension benefit as if all of the prior plan provisions had continued.
- After the grandfather period, the larger of the annuity equivalent or the prior plan pension benefit as if all prior plan provisions had continued, except that pay and service which occurs after June 30, 2008 will be ignored for benefit accrual purposes.

Caguas participants continue to be covered under the prior plan pension benefit in accordance with all prior plan provisions. Credited service and compensation shall no longer be recognized for Caguas participants effective December 31, 2015.

Prior Plan Pension Benefit

1.75% of average earnings for the first 10 years of pension service, plus 1.50% of average earnings for each year of pension service in excess of 10 years, less 1.25% of the Social Security benefit for up to 50 years of pension service (after age 25). Minimum benefit of \$100 times pension service.

Note, the 50 years of pension service (after age 25) service cap applied to the Social Security benefit offset portion does not apply to participants in Caguas, Puerto Rico.

Social Security Supplement

\$200 per month if retire on or after attaining age 55 with 15 years of pension service. \$400 per month if retire after participant's age and years of pension service equals or exceeds 85. Benefit is payable until age 65. Must be active on April 1, 2002 and elect at least 20% of pension benefit in the form of an annuity to be paid over at least five years. Must retire prior to May 1, 2005. Caguas participants are not eligible for the Social Security supplement.

Preretirement Spouse Benefit
(applies to Prior Plan Pension Benefit only)

100% of the prior plan pension benefit as of the date of death, reduced for the 100% joint and survivor election, and reduced for payment as early as the participant's fifty-fifth birthday. Minimum benefit is 20% of the last rate of pay if participant had 10 years of service.

Rule of 85

Age plus years of vesting service greater than or equal to 85.

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Early Reduction Factor (ERF)
(applies to Prior Plan Pension Benefit
only)

Table below, dependent upon vesting service at retirement.

Age	Age 55 & 15 Years of Service	Employee Meets Rule 85
64	97%	100%
63	94%	100%
62	91%	100%
61	88%	100%
60	85%	100%
59	80%	100%
58	75%	100%
57	70%	100%
56	65%	100%
55	60%	100%

If employee meets Rule of 85, the offset portion of formula is reduced as if participant were 55 and 15 and the portion prior to offset is unreduced.

Eligibility for Benefits
Normal Retirement

Retirement on NRD.

Early Retirement

Retirement before NRD and on or after both attaining age 55 and completing three years of vesting service. For grandfathered participants, age 55 and 15 years of vesting service, or Rule of 85.

Postponed Retirement

Retirement after NRD.

Vested Termination

Termination for reasons other than death, disability, or retirement after completing three years of vesting service, or attainment of age 65.

Preretirement Death

Death while in active employment, with benefits payable to any designated beneficiary as long as surviving spouse waives right to benefit. For nonvested participants, full vesting upon death while in active employment.

Benefits Paid Upon the Following Events
Normal Retirement

Account balance as of NRD, divided by life annuity factor payable immediately. For grandfathered participants, the larger of the immediate annuity-equivalent of the cash balance account and the prior plan pension benefit (ignoring pay and service which occurs after June 30, 2008).

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Early Retirement	Account balance as of early retirement date, divided by life annuity factor payable immediately, based on participant's age nearest birthday in years and months. If participant defers payment past retirement date, account balance will earn investment credits but no pay credits; annuity factor is based on participant's age at benefit commencement. For grandfathered participants, the larger of the annuity-equivalent of the cash balance account and the prior plan pension benefit (ignoring pay and service which occurs after June 30, 2008), multiplied by the ERF.
Postponed Retirement	Account balance as of postponed retirement date, divided by life annuity factor payable immediately. For grandfathered participants, the larger of the immediate annuity-equivalent of the cash balance account and the prior plan pension benefit (ignoring pay and service which occurs after June 30, 2008).
Termination With Deferred Vested Benefit	Account balance as of termination date plus investment credits to the commencement date, divided by life annuity factor payable immediately at commencement date. For grandfathered participants, the larger of the annuity-equivalent of the cash balance account and the immediate annuity prior plan pension benefit (ignoring pay and service which occurs after June 30, 2008). The immediate annuity benefit is the actuarial equivalent of the prior plan pension benefit that would have been provided at age 65.
Death With Preretirement Benefits	Account balance as of date of benefit commencement, divided by life annuity factor payable immediately, based on the beneficiary's age. For grandfathered participants, the larger of the annuity-equivalent of the cash balance account and the preretirement spouse benefit (ignoring pay and service after June 30, 2008). For unmarried participants, the hypothetical surviving spouse is assumed to be the same age as the participant.
Disability	Accruals continue up to a maximum of 29 months, after which the participant is deemed terminated.
Forms of Payment	Benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms include a lump sum, a partial sum/partial annuity, a 60-monthly installment annuity, a 75% or 100% joint and survivor annuity, Social Security equalization, or (for married participants) a life annuity.

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Maximum on Benefits and Pay

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

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

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

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

As a result of an internal change in assignments at Aon, the Enrolled Actuary has changed.

The Avon Company Personal Retirement Account Plan
EIN 81-1144649
Plan #002

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
November 30, 2023

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description	(d) Cost	(e) Current value
*	NT COLTV Short-Term Investment Fund	Interest-bearing cash	\$ 597,740	\$ 597,740
	Total interest-bearing cash		<u>597,740</u>	<u>597,740</u>
*	CF MGI Non-US Core Equity CT	Common/collective trust	5,809,812	8,605,021
*	CF Mercer Active Inter CR Fixed Income Port	Common/collective trust	71,679,338	68,822,891
	CF SSGA Intl. Index NL SF Class A (ZAVAO1) FD	Common/collective trust	3,965,670	5,245,424
*	CF Mercer Long Duration Passive Fixed Inc CT	Common/collective trust	24,806,502	24,091,312
*	CF Mercer US Large Cap Passive Equity Portfolio Fund	Common/collective trust	4,471,317	8,700,238
	CF SSGA Russell Small Cap (R) Index NL SF CL A (CMM2) FD	Common/collective trust	3,564,439	4,868,733
	CF SSGA US Interim Government Bond Index NL SF CL-A	Common/collective trust	39,906,432	36,877,555
*	CF MGI Active Long Corp Inv Portfolio Fund	Common/collective trust	118,645,932	111,509,737
	Total common/collective trusts		<u>272,849,442</u>	<u>268,720,911</u>
	Total		<u>\$ 273,447,182</u>	<u>\$ 269,318,651</u>
*	Party-in-interest.			

See Independent Auditor's Report.

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Schedule SB, line 26a—Schedule of Active Participant Data as of December 1, 2022

Attained Age	Number of Participants and Average Cash Balance Account									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		7	2							
35-39		9	16	8						
40-44		8	20 \$16,130	20 \$23,588	5					
45-49		1	24 \$14,633	8	19	4				
50-54		5	35 \$20,449	11	31 \$49,806	10	1	1		
55-59		4	22 \$20,824	13	16	10	2			
60-64		3	11	8	12	5	3	2		
65-69		2	2	4	3	3	1	3	1	
70+				1		1				1

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Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

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

Interest Rates for Minimum Funding and Maximum Tax Purposes	Based on the full yield curve with no lookback (as of November 2022) (to which the interest rate stabilization corridor does not apply), with sample rates as follows: Duration 0.5–4.94% Duration 5.5–5.13% Duration 10.5–5.64% Duration 15.5–5.76% Duration 20.5–5.63% Duration 25.5–5.22% Duration 30.5–5.46%
Salary Increases	N/A
Cash Balance Interest Crediting Rate	5.25% for balance attributed to pay credit at December 31, 2014, 4.00% for balance attributed to pay credit after December 31, 2014
Optional Payment Form Election Percentage Active Election Percentage	US Hybrid Plan Retirements: 80% immediate lump sum, 20% immediate annuity US Cash Balance Retirements: 95% immediate lump sum, 5% immediate annuity Caguas Old Plan Retirements: 70% immediate lump sum, 30% immediate annuity US Hybrid Plan Terms: 85% immediate commencement (95% lump sum, 5% annuity), 15% deferred to age 62 (95% lump sum, 5% annuity) US Cash Balance Terms: 70% immediate lump sum, 30% deferred to age 62 lump sum Caguas Old Plan Terms: 70% immediate commencement (95% lump sum, 5% annuity), 30% deferred to age 62 (95% lump sum, 5% annuity)

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Terminated Vested Election Percentage	US Hybrid Plan: 85% immediate lump sum, 15% deferred to age 62 US Cash Balance: 95% immediate lump sum; 5% immediate annuity Caguas Plan: 70% immediate lump sum, 30% deferred to age 62 lump sum
Lump Sum Conversion Interest Rate	Based on underlying interest rate
Lump Sum Conversion Mortality	Current IRC section 417(e) table for lump sums
Annuity Conversion Interest Rate	4.00%
Annuity Conversion Mortality	Current IRC section 417(e) table
Retirement Age Active Participants	See Tables 1–2
Terminated Vested Participants	Old Plan and Hybrid Plan: Age 62 Cash Balance: See Table 3
Mortality Rates Healthy and Disabled	Generational mortality table, with scale MP-2020, for annuitants and non-annuitants per §1.430(h)(3)-1(d)
Withdrawal Rates	See Table 4
Disability Rates	See Table 5
Decrement Timing	Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse or non-spouse beneficiary, and that males are four years older than their spouses
Benefit and Compensation Limits	N/A
Valuation of Plan Assets	The value of plan assets is set equal to the market value of assets including discounted accrued contributions
Trust Expenses Included in the Target Normal Cost	Based on prior year's administrative expense paid from plan assets and estimated PBGC premiums
Actuarial Method	Standard unit credit cost method
Valuation Date	December 1, 2022

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Table 1

Retirement Rates—Cash Balance Only Participants

Age	Rate
55	15.00%
56	15.00%
57	15.00%
58	15.00%
59	15.00%
60	20.00%
61	20.00%
62	20.00%
63	20.00%
64	25.00%
65	30.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
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Table 2

Retirement Rates—Grandfathered Participants

Age	<u>Years Beyond the Year of Termination</u>		
	<Rule 85	At Rule 85	Rule 85 +
45	0.00%	20.00%	10.00%
46	0.00%	20.00%	10.00%
47	0.00%	20.00%	10.00%
48	0.00%	20.00%	10.00%
49	0.00%	20.00%	10.00%
50	0.00%	25.00%	15.00%
51	0.00%	25.00%	15.00%
52	0.00%	25.00%	15.00%
53	0.00%	25.00%	15.00%
54	0.00%	25.00%	15.00%
55	15.00%	30.00%	25.00%
56	15.00%	30.00%	25.00%
57	15.00%	30.00%	25.00%
58	15.00%	30.00%	25.00%
59	15.00%	30.00%	25.00%
60	15.00%	30.00%	25.00%
61	20.00%	30.00%	25.00%
62	20.00%	35.00%	30.00%
63	20.00%	35.00%	30.00%
64	20.00%	35.00%	30.00%
65	30.00%	35.00%	35.00%
66	30.00%	35.00%	35.00%
67	20.00%	20.00%	20.00%
68	20.00%	20.00%	20.00%
69	20.00%	20.00%	20.00%
70+	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
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Table 3

Retirement Rates—Cash Balance Terminated Vested Participants

Age	Years Since Termination			
	0	1	2	3+
<35	30.00%	20.00%	10.00%	1.00%
35	30.00%	20.00%	10.00%	2.00%
36	30.00%	20.00%	10.00%	2.00%
37	30.00%	20.00%	10.00%	2.00%
38	30.00%	20.00%	10.00%	2.00%
39	30.00%	20.00%	10.00%	2.00%
40	30.00%	20.00%	10.00%	2.00%
41	30.00%	20.00%	10.00%	2.00%
42	30.00%	20.00%	10.00%	2.00%
43	30.00%	20.00%	10.00%	2.00%
44	30.00%	20.00%	10.00%	2.00%
45	30.00%	20.00%	10.00%	2.00%
46	30.00%	20.00%	10.00%	2.00%
47	30.00%	20.00%	10.00%	2.00%
48	30.00%	20.00%	10.00%	2.00%
49	30.00%	20.00%	10.00%	2.00%
50	30.00%	20.00%	10.00%	2.00%
51	30.00%	20.00%	12.00%	2.00%
52	30.00%	20.00%	20.00%	2.00%
53	30.00%	20.00%	17.00%	2.00%
54	30.00%	20.00%	25.00%	2.00%
55	30.00%	20.00%	10.00%	2.00%
56	30.00%	20.00%	10.00%	2.00%
57	30.00%	20.00%	10.00%	2.00%
58	30.00%	20.00%	10.00%	2.00%
59	30.00%	20.00%	10.00%	2.00%
60	30.00%	20.00%	10.00%	2.00%
61	30.00%	20.00%	10.00%	2.00%
62	30.00%	20.00%	15.00%	12.00%
63	30.00%	20.00%	15.00%	12.00%
64	30.00%	20.00%	15.00%	12.00%
65	30.00%	30.00%	30.00%	27.00%
66	30.00%	30.00%	30.00%	27.00%
67	30.00%	30.00%	30.00%	27.00%
68	30.00%	30.00%	30.00%	27.00%
69	30.00%	30.00%	30.00%	27.00%
70+	100.00%	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Table 4

Termination Rates

Age	Rate	Age	Rate
15	24.9%	40	10.8%
16	24.9%	41	10.2%
17	24.9%	42	9.7%
18	24.9%	43	9.2%
19	24.9%	44	9.2%
20	24.9%	45	9.2%
21	24.9%	46	9.2%
22	23.8%	47	9.2%
23	22.5%	48	9.2%
24	21.5%	49	9.2%
25	20.4%	50	9.2%
26	19.4%	51	9.2%
27	18.2%	52	9.2%
28	17.2%	53	9.2%
29	16.4%	54	9.5%
30	15.4%	55	9.7%
31	14.5%	56	9.9%
32	13.7%	57	10.2%
33	13.5%	58	10.4%
34	13.2%	59	10.7%
35	12.9%	60	11.0%
36	12.5%	61	11.2%
37	12.2%	62	11.5%
38	11.9%	63	11.8%
39	11.3%	64	12.1%
		65 >	0.0%

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Table 5

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0503%	0.0503%	45	0.2685%	0.4028%
16	0.0503%	0.0503%	46	0.3021%	0.4531%
17	0.0503%	0.0503%	47	0.3524%	0.5035%
18	0.0503%	0.0503%	48	0.4195%	0.5538%
19	0.0503%	0.0503%	49	0.4699%	0.6041%
20	0.0503%	0.0503%	50	0.5538%	0.6713%
21	0.0503%	0.0503%	51	0.6545%	0.7384%
22	0.0503%	0.0503%	52	0.7720%	0.8223%
23	0.0503%	0.0503%	53	0.8894%	0.9062%
24	0.0503%	0.0503%	54	1.0237%	0.9901%
25	0.0503%	0.0503%	55	1.1579%	1.0740%
26	0.0503%	0.0503%	56	1.2922%	1.1579%
27	0.0503%	0.0503%	57	1.4432%	1.2419%
28	0.0503%	0.0671%	58	1.5943%	1.3425%
29	0.0503%	0.0671%	59	1.7621%	1.4265%
30	0.0503%	0.0671%	60	1.9299%	1.5104%
31	0.0503%	0.0839%	61	2.1145%	1.6111%
32	0.0503%	0.0839%	62	2.3159%	1.6950%
33	0.0503%	0.1007%	63	2.5341%	1.7621%
34	0.0503%	0.1007%	64	2.7522%	1.8292%
35	0.0671%	0.1175%	65+	0.0000%	0.0000%
36	0.0671%	0.1343%			
37	0.0839%	0.1510%			
38	0.1007%	0.1678%			
39	0.1175%	0.2014%			
40	0.1343%	0.2182%			
41	0.1510%	0.2517%			
42	0.1678%	0.2853%			
43	0.2014%	0.3189%			
44	0.2349%	0.3692%			

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 55,815,210	December 1, 2022	15	\$ 5,264,128

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Schedule SB, line 25—Change in Method

The funding valuation reflects the following method changes:

- A change in the interest rate basis from segment rates with a four-month lookback to the full yield curve with no lookback. The funding method change was automatically approved pursuant to §1.430(h)(2)-1(e).

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the retirement rates for terminated vested cash balance participants to better reflect the anticipated experience of the plan.

Rationale for Assumptions

For each economic and demographic assumption that has a significant effect on the measurement, the information and analysis used to support the actuary's determination that the assumption is reasonable, and that led to any change in the assumptions as summarized above, the information and analysis used to support this determination were discussed at the August 3, 2023 meeting.

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
53	0.46%	0.55	29.03
54	1.55%	1.95	105.07
55	16.26%	19.56	1075.53
56	16.61%	18.61	1042.01
57	16.72%	17.85	1017.21
58	17.32%	17.68	1025.35
59	17.28%	16.35	964.52
60	20.71%	18.13	1087.76
61	21.36%	16.60	1012.69
62	23.14%	15.85	982.50
63	23.14%	14.37	905.54
64	26.54%	14.14	904.99
65	31.50%	13.80	896.85
66	31.56%	11.30	745.99
67	26.86%	7.88	528.07
68	26.32%	6.66	452.80
69	25.69%	5.01	345.67
70	100.00%	14.37	1005.97
71	100.00%	2.00	142.00
72	100.00%	1.00	72.00
Total		233.64	14341.56
Weighted Average			61.38

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	4,012,244	27,414,940	16,739,311	48,166,495
2024	3,106,891	8,518,847	15,522,437	27,148,175
2025	2,902,770	9,472,381	14,359,611	26,734,762
2026	2,538,006	11,060,770	13,422,995	27,021,771
2027	2,018,636	7,375,087	12,615,939	22,009,662
2028	1,782,944	9,544,874	11,943,563	23,271,381
2029	1,472,505	8,831,894	11,403,679	21,708,078
2030	1,286,977	7,440,393	10,915,533	19,642,903
2031	1,143,312	8,175,077	10,350,082	19,668,471
2032	1,055,161	7,603,924	9,779,638	18,438,723
2033	1,003,168	7,705,380	9,207,757	17,916,305
2034	926,025	6,148,578	8,621,035	15,695,638
2035	823,505	7,085,902	7,978,628	15,888,035
2036	754,812	5,855,888	7,411,186	14,021,886
2037	718,664	5,238,238	6,849,808	12,806,710
2038	583,227	5,159,014	6,297,183	12,039,424
2039	560,867	5,442,717	5,756,176	11,759,760
2040	542,225	4,583,224	5,229,841	10,355,290
2041	502,601	4,569,660	4,721,303	9,793,564
2042	489,755	4,287,933	4,233,597	9,011,285
2043	553,100	4,058,277	3,769,586	8,380,963
2044	483,501	3,823,927	3,331,804	7,639,232
2045	388,242	3,788,833	2,922,366	7,099,441
2046	330,497	3,550,416	2,542,946	6,423,859
2047	368,159	3,193,220	2,194,717	5,756,096
2048	331,574	2,910,857	1,878,304	5,120,735
2049	222,514	2,532,254	1,593,808	4,348,576
2050	237,066	2,406,381	1,340,812	3,984,259
2051	208,450	1,846,914	1,118,373	3,173,737
2052	199,883	1,563,051	925,073	2,688,007
2053	156,272	1,321,021	759,079	2,236,372
2054	150,872	944,655	618,228	1,713,755
2055	128,994	797,701	500,131	1,426,826
2056	117,914	630,621	402,287	1,150,822
2057	106,592	420,272	322,165	849,029
2058	96,975	365,334	257,299	719,608
2059	87,398	308,412	205,355	601,165
2060	78,425	260,705	164,169	503,299
2061	69,740	219,666	131,795	421,201
2062	61,769	202,301	106,512	370,582
2063	54,238	185,817	86,846	326,901
2064	47,296	172,478	71,564	291,338
2065	40,910	159,296	59,665	259,871
2066	35,096	146,339	50,339	231,774

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
The Avon Company Personal Retirement Account Plan
EIN: 81-1144649 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2067	29,856	133,674	42,957	206,487
2068	25,184	121,367	37,028	183,579
2069	21,063	109,480	32,185	162,728
2070	17,467	98,074	28,153	143,694
2071	14,363	87,204	24,726	126,293
2072	11,711	76,922	21,759	110,392

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning **12/01/2022** and ending **11/30/2023**

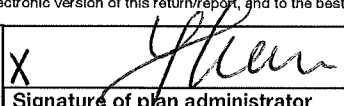
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
- ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☐ ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan THE AVON COMPANY PERSONAL RETIREMENT ACCOUNT PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 03/01/2016
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE AVON COMPANY 165 BROADWAY NEW YORK NY 10006-1401	2b Employer Identification Number (EIN) 81-1144649 2c Plan Sponsor's telephone number 212-282-5000 2d Business code (see instructions) 339900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE <input checked="" type="checkbox"/> 	9/12/2024	YOUNG HOON YOO
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
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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: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	4 2 2 6
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	3 7 8
a (2) Total number of active participants at the end of the plan year	6a(2)	2 0 1
b Retired or separated participants receiving benefits	6b	1 3 8 1
c Other retired or separated participants entitled to future benefits	6c	2 3 3 5
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	3 9 1 7
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	9 2
f Total. Add lines 6d and 6e	6f	4 0 0 9
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

1A 1C 3H 3J

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

The Avon Company Personal Retirement Account Plan
EIN 81-1144649
Plan #002

Schedule of Reportable Transactions (Schedule H, Line 4j)
Year Ended November 30, 2023

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) - Single transaction that amounts to more than 5% of the beginning value of total Plan assets								
CF SSGA INTERMEDIATE US GOVT BOND INDX N L SF CL A (CMEW1) CUSIP: 3D1999I77	Common/collective trust Sale	\$ -	\$ 39,925,671	\$ -	\$ -	\$ 43,660,797	\$ 39,925,671	\$ (3,735,125)
CF MGI ACTIVE LONG CORP INV PORTFOLIO FD CUSIP: 112993217	Common/collective trust Purchase	22,973,838	-	-	-	22,973,838	22,973,838	-
MERCER LONG DURATION PASSIVE FIXED INC C T CUSIP: 9U8999R35	Common/collective trust Purchase	24,851,956	-	-	-	24,851,956	24,851,956	-
(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5% of the beginning value of total Plan assets								
CF MGI ACTIVE LONG CORP INV PORTFOLIO FD CUSIP: 112993217	Purchases -2	\$ 23,895,178	\$ -	\$ -	\$ -	\$ 23,895,178	\$ 23,895,178	\$ -
	Sales - 11	-	10,782,327	-	-	11,579,527	10,782,327	(797,200)
CF SSGA US INTERM U.S. GOV'T BOND - MIM ALC CUSIP: 3D1999I77	Sales - 9	-	42,628,916	-	-	46,634,160	42,628,916	(4,005,244)
MERCER LONG DURATION PASSIVE FIXED INC C T CUSIP: 9U8999R35	Purchases - 1	24,851,956	-	-	-	24,851,956	24,851,956	-
	Sales - 1	-	45,211	-	-	45,454	45,211	(243)
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Purchases - 44	23,529,483	-	-	-	23,529,483	23,529,483	-
	Sales - 48	-	23,154,942	-	-	23,154,942	23,154,942	-

See Independent Auditor's Report.

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 12/01/2022 and ending 11/30/2023

► 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.

A Name of plan THE AVON COMPANY PERSONAL RETIREMENT ACCOUNT PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE AVON COMPANY	D Employer Identification Number (EIN) 81-1144649
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month 12 Day 01 Year 2022	
2 Assets:	
a Market value	2a 289,117,451
b Actuarial value	2b 289,117,451
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 1,519 (2) Vested Funding Target 139,273,347 (3) Total Funding Target 139,273,347
b For terminated vested participants	2,329 123,017,549 123,017,549
c For active participants	378 21,504,673 22,108,815
d Total	4,226 283,795,569 284,399,711
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 5.51%
6 Target normal cost	
a Present value of current plan year accruals	6a 0
b Expected plan-related expenses	6b 1,200,000
c Total (line 6a + line 6b)	6c 1,200,000

Statement by Enrolled Actuary

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

SIGN HERE	Cindy L. McDonald 	09/04/2024
	Signature of actuary	Date
CINDY L MCDONALD	Type or print name of actuary	2306793
AON CONSULTING, INC.	Firm name	Most recent enrollment number
MSC 17837, P.O. BOX 6718		212-479-4076
SOMERSET NJ 08875	Address of the firm	Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2022
v. 220413

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	73,178,131
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	73,178,131
10	Interest on line 9 using prior year's actual return of <u>-17.28</u> %	0	-12,645,181
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	60,532,950

Part III		Funding Percentages	
14	Funding target attainment percentage	14	80.37 %
15	Adjusted funding target attainment percentage	15	101.65 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">1st segment: %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2nd segment: %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">3rd segment: %</div> </div>	<input checked="" type="checkbox"/> N/A, full yield curve used
b	Applicable month (enter code)		21b
22	Weighted average retirement age		22 61
23	Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.		27
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years		28 0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)		29 0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)		30 0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c)		31a 1,200,000
b	Excess assets, if applicable, but not greater than line 31a		31b 0
32	Amortization installments:		
a	Net shortfall amortization installment	Outstanding Balance 55,815,210	Installment 5,264,128
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34 6,464,128
35	Balances elected for use to offset funding requirement	0	6,464,128
36	Additional cash requirement (line 34 minus line 35)		36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021		

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
53	0.46%	0.55	29.03
54	1.55%	1.95	105.07
55	16.26%	19.56	1075.53
56	16.61%	18.61	1042.01
57	16.72%	17.85	1017.21
58	17.32%	17.68	1025.35
59	17.28%	16.35	964.52
60	20.71%	18.13	1087.76
61	21.36%	16.60	1012.69
62	23.14%	15.85	982.50
63	23.14%	14.37	905.54
64	26.54%	14.14	904.99
65	31.50%	13.80	896.85
66	31.56%	11.30	745.99
67	26.86%	7.88	528.07
68	26.32%	6.66	452.80
69	25.69%	5.01	345.67
70	100.00%	14.37	1005.97
71	100.00%	2.00	142.00
72	100.00%	1.00	72.00
Total		233.64	14341.56
Weighted Average			61.38

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

Interest Rates for Minimum Funding and Maximum Tax Purposes	Based on the full yield curve with no lookback (as of November 2022) (to which the interest rate stabilization corridor does not apply), with sample rates as follows: Duration 0.5–4.94% Duration 5.5–5.13% Duration 10.5–5.64% Duration 15.5–5.76% Duration 20.5–5.63% Duration 25.5–5.22% Duration 30.5–5.46%
Salary Increases	N/A
Cash Balance Interest Crediting Rate	5.25% for balance attributed to pay credit at December 31, 2014, 4.00% for balance attributed to pay credit after December 31, 2014
Optional Payment Form Election Percentage Active Election Percentage	US Hybrid Plan Retirements: 80% immediate lump sum, 20% immediate annuity US Cash Balance Retirements: 95% immediate lump sum, 5% immediate annuity Caguas Old Plan Retirements: 70% immediate lump sum, 30% immediate annuity US Hybrid Plan Terms: 85% immediate commencement (95% lump sum, 5% annuity), 15% deferred to age 62 (95% lump sum, 5% annuity) US Cash Balance Terms: 70% immediate lump sum, 30% deferred to age 62 lump sum Caguas Old Plan Terms: 70% immediate commencement (95% lump sum, 5% annuity), 30% deferred to age 62 (95% lump sum, 5% annuity)

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Terminated Vested Election Percentage	US Hybrid Plan: 85% immediate lump sum, 15% deferred to age 62 US Cash Balance: 95% immediate lump sum; 5% immediate annuity Caguas Plan: 70% immediate lump sum, 30% deferred to age 62 lump sum
Lump Sum Conversion Interest Rate	Based on underlying interest rate
Lump Sum Conversion Mortality	Current IRC section 417(e) table for lump sums
Annuity Conversion Interest Rate	4.00%
Annuity Conversion Mortality	Current IRC section 417(e) table
Retirement Age Active Participants	See Tables 1–2
Terminated Vested Participants	Old Plan and Hybrid Plan: Age 62 Cash Balance: See Table 3
Mortality Rates Healthy and Disabled	Generational mortality table, with scale MP-2020, for annuitants and non-annuitants per §1.430(h)(3)-1(d)
Withdrawal Rates	See Table 4
Disability Rates	See Table 5
Decrement Timing	Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse or non-spouse beneficiary, and that males are four years older than their spouses
Benefit and Compensation Limits	N/A
Valuation of Plan Assets	The value of plan assets is set equal to the market value of assets including discounted accrued contributions
Trust Expenses Included in the Target Normal Cost	Based on prior year's administrative expense paid from plan assets and estimated PBGC premiums
Actuarial Method	Standard unit credit cost method
Valuation Date	December 1, 2022

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Table 1

Retirement Rates—Cash Balance Only Participants

Age	Rate
55	15.00%
56	15.00%
57	15.00%
58	15.00%
59	15.00%
60	20.00%
61	20.00%
62	20.00%
63	20.00%
64	25.00%
65	30.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

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Table 2

Retirement Rates—Grandfathered Participants

Age	<u>Years Beyond the Year of Termination</u>		
	<Rule 85	At Rule 85	Rule 85 +
45	0.00%	20.00%	10.00%
46	0.00%	20.00%	10.00%
47	0.00%	20.00%	10.00%
48	0.00%	20.00%	10.00%
49	0.00%	20.00%	10.00%
50	0.00%	25.00%	15.00%
51	0.00%	25.00%	15.00%
52	0.00%	25.00%	15.00%
53	0.00%	25.00%	15.00%
54	0.00%	25.00%	15.00%
55	15.00%	30.00%	25.00%
56	15.00%	30.00%	25.00%
57	15.00%	30.00%	25.00%
58	15.00%	30.00%	25.00%
59	15.00%	30.00%	25.00%
60	15.00%	30.00%	25.00%
61	20.00%	30.00%	25.00%
62	20.00%	35.00%	30.00%
63	20.00%	35.00%	30.00%
64	20.00%	35.00%	30.00%
65	30.00%	35.00%	35.00%
66	30.00%	35.00%	35.00%
67	20.00%	20.00%	20.00%
68	20.00%	20.00%	20.00%
69	20.00%	20.00%	20.00%
70+	100.00%	100.00%	100.00%

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Table 3

Retirement Rates—Cash Balance Terminated Vested Participants

Age	Years Since Termination			
	0	1	2	3+
<35	30.00%	20.00%	10.00%	1.00%
35	30.00%	20.00%	10.00%	2.00%
36	30.00%	20.00%	10.00%	2.00%
37	30.00%	20.00%	10.00%	2.00%
38	30.00%	20.00%	10.00%	2.00%
39	30.00%	20.00%	10.00%	2.00%
40	30.00%	20.00%	10.00%	2.00%
41	30.00%	20.00%	10.00%	2.00%
42	30.00%	20.00%	10.00%	2.00%
43	30.00%	20.00%	10.00%	2.00%
44	30.00%	20.00%	10.00%	2.00%
45	30.00%	20.00%	10.00%	2.00%
46	30.00%	20.00%	10.00%	2.00%
47	30.00%	20.00%	10.00%	2.00%
48	30.00%	20.00%	10.00%	2.00%
49	30.00%	20.00%	10.00%	2.00%
50	30.00%	20.00%	10.00%	2.00%
51	30.00%	20.00%	12.00%	2.00%
52	30.00%	20.00%	20.00%	2.00%
53	30.00%	20.00%	17.00%	2.00%
54	30.00%	20.00%	25.00%	2.00%
55	30.00%	20.00%	10.00%	2.00%
56	30.00%	20.00%	10.00%	2.00%
57	30.00%	20.00%	10.00%	2.00%
58	30.00%	20.00%	10.00%	2.00%
59	30.00%	20.00%	10.00%	2.00%
60	30.00%	20.00%	10.00%	2.00%
61	30.00%	20.00%	10.00%	2.00%
62	30.00%	20.00%	15.00%	12.00%
63	30.00%	20.00%	15.00%	12.00%
64	30.00%	20.00%	15.00%	12.00%
65	30.00%	30.00%	30.00%	27.00%
66	30.00%	30.00%	30.00%	27.00%
67	30.00%	30.00%	30.00%	27.00%
68	30.00%	30.00%	30.00%	27.00%
69	30.00%	30.00%	30.00%	27.00%
70+	100.00%	100.00%	100.00%	100.00%

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Table 4

Termination Rates

Age	Rate	Age	Rate
15	24.9%	40	10.8%
16	24.9%	41	10.2%
17	24.9%	42	9.7%
18	24.9%	43	9.2%
19	24.9%	44	9.2%
20	24.9%	45	9.2%
21	24.9%	46	9.2%
22	23.8%	47	9.2%
23	22.5%	48	9.2%
24	21.5%	49	9.2%
25	20.4%	50	9.2%
26	19.4%	51	9.2%
27	18.2%	52	9.2%
28	17.2%	53	9.2%
29	16.4%	54	9.5%
30	15.4%	55	9.7%
31	14.5%	56	9.9%
32	13.7%	57	10.2%
33	13.5%	58	10.4%
34	13.2%	59	10.7%
35	12.9%	60	11.0%
36	12.5%	61	11.2%
37	12.2%	62	11.5%
38	11.9%	63	11.8%
39	11.3%	64	12.1%
		65 >	0.0%

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Table 5

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0503%	0.0503%	45	0.2685%	0.4028%
16	0.0503%	0.0503%	46	0.3021%	0.4531%
17	0.0503%	0.0503%	47	0.3524%	0.5035%
18	0.0503%	0.0503%	48	0.4195%	0.5538%
19	0.0503%	0.0503%	49	0.4699%	0.6041%
20	0.0503%	0.0503%	50	0.5538%	0.6713%
21	0.0503%	0.0503%	51	0.6545%	0.7384%
22	0.0503%	0.0503%	52	0.7720%	0.8223%
23	0.0503%	0.0503%	53	0.8894%	0.9062%
24	0.0503%	0.0503%	54	1.0237%	0.9901%
25	0.0503%	0.0503%	55	1.1579%	1.0740%
26	0.0503%	0.0503%	56	1.2922%	1.1579%
27	0.0503%	0.0503%	57	1.4432%	1.2419%
28	0.0503%	0.0671%	58	1.5943%	1.3425%
29	0.0503%	0.0671%	59	1.7621%	1.4265%
30	0.0503%	0.0671%	60	1.9299%	1.5104%
31	0.0503%	0.0839%	61	2.1145%	1.6111%
32	0.0503%	0.0839%	62	2.3159%	1.6950%
33	0.0503%	0.1007%	63	2.5341%	1.7621%
34	0.0503%	0.1007%	64	2.7522%	1.8292%
35	0.0671%	0.1175%	65+	0.0000%	0.0000%
36	0.0671%	0.1343%			
37	0.0839%	0.1510%			
38	0.1007%	0.1678%			
39	0.1175%	0.2014%			
40	0.1343%	0.2182%			
41	0.1510%	0.2517%			
42	0.1678%	0.2853%			
43	0.2014%	0.3189%			
44	0.2349%	0.3692%			

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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	March 1, 2016. The plan was mirrored from the Avon Products, Inc. PRA Plan ("API PRA Plan") which was effective January 1, 1944. The plan was most recently amended and restated effective December 1, 2019.
Covered Employees	<p>All nonunion (except as negotiated) employees employed by the company or any affiliate which has adopted the Plan. Sales representatives, leased employees, or those deemed to be employees under IRC section 414(o) and certain employees of Avon Spa Salon and Spa Kiosk operations or Avon Express Center are excluded. Caguas employees whose first employment commencement date is after December 31, 2012 are excluded.</p> <p>All employees whose first employment commencement date is after December 31, 2014 are excluded. In addition, an inactive participant who is reemployed by a plan sponsor after January 1, 2015 may become an active participant, if the new employment commencement date is prior to the last day of the month that contains the first anniversary of the prior termination date.</p> <p>On March 1, 2016, active employees aligned to the North America business were transferred to New Avon LLC. These actives along with all vested terminations, retirees, beneficiaries, and alternate payees who were participants in the API PRA Plan were transferred to the New Avon PRA Plan and commenced participation in the New Avon PRA Plan on March 1, 2016 (plan spinoff date). The employees' accrued benefits under the API PRA Plan were spun off and merged into the New Avon PRA Plan. The plan was subsequently renamed The Avon Company PRA Plan.</p>
Participation Date	First of the month following completion of one year of eligibility service.
Definitions	
Vesting Service	Years and months from first day of the month of hire.
Pension Service	Years and months of service as a covered employee. Effective April 1, 2009, cease future service accruals after 29 months on disability. No participants shall be credited with basic credits after December 31, 2016.

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Pensionable Pay	Total pay prior to any pretax contributions under IRC sections 401(k) and (125) including base salary, hourly wages, commissions, sales incentive compensation, U.S. Incentive Plan, lump sum payments in lieu of a pay increase, sick pay, vacation pay (except for lump sum vacation pay paid after the employee's termination of employment), severance pay paid in installments (even if paid after a participant is no longer an employee), pay for personal days, holidays, overtime pay, premium pay on and after January 1, 2002 and, effective as of January 1, 2006, amounts not in excess of 100% of the target bonus established for such employee for regular year-end bonuses under the management incentive plan, the annual sales or campaign cycle bonus plans or any VIP payments under the Variable Incentive Program, but excluding Christmas gifts or any other forms of compensation, with the total limited by the maximum amount imposed by IRC 401(a)(17). Effective January 1, 2007, severance pay is excluded.
Average Earnings	The average of the highest five nonconsecutive years of pensionable pay during the 10-year period ending on the earlier of the participant's termination date, retirement date, or June 30, 2008 (end of 10-year grandfather period).
Social Security Benefit	The projected amount of the participant's primary Social Security benefit at age 65 (or actual age, if later) according to the law in effect at the earlier of date of termination of employment or June 30, 2008 (end of 10-year grandfather period), assuming no future earnings.
Normal Retirement Date (NRD)	First of month coinciding with or next following the attainment of age 65.
Grandfathered Participant	Any employee who is a plan participant as of July 1, 1998.
Grandfather Period	The 10-year period beginning on July 1, 1998 and ending on June 30, 2008.
Opening Account Balance	The single sum actuarial equivalent of the accrued benefit (assumed payable at age 65, or age at July 1, 1998, if later) determined under the prior Avon PRA Plan as of June 30, 1998 based on actual pay and service prior to that date.

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Pay Credit

For full-time employees and part-time employees who meet eligibility requirements, a monthly credit equal to a % of pensionable pay as follows:

Points	Percentage Up to Social Security Wage Base	Percentage Over Social Security Wage Base
< 30	3.00%	4.50%
30-39	3.50%	5.25%
40-49	4.00%	6.00%
50-59	4.50%	6.75%
60-69	5.00%	7.50%
70-79	5.50%	8.25%
80-89	6.00%	9.00%
>=90	6.50%	9.75%

Points based on age and vesting service. Monthly credit is based on points as of December 31 of preceding year. Monthly credit for 1998 is based on points as of June 30, 1998.

The plan was frozen on December 31, 2016. No pay credits will be granted after this date.

Investment Credit

For active participants, as well as terminated vested participants who have not begun receiving benefit payments, a credit is added to the account at the end of each month; it is equal to the account balance as of the end of the prior month, increased with interest equal to 1/12 of the annual yield on 30-year Treasury bonds (minimum 5.00% for pay credits received prior to January 1, 2015; minimum 1.6% for pay credits received on or after January 1, 2015) determined as of December 1 preceding the applicable calendar year based on the average of the rates during November.

Pension Benefit

As of any date, annuity equivalent of the cash balance account equal to the sum of (1), (2), and (3):

- (1) The opening account balance
- (2) Periodic pay credits
- (3) Periodic investment credits

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For grandfathered participants:

- During the grandfather period, the larger of the annuity equivalent or the prior plan pension benefit as if all of the prior plan provisions had continued.
- After the grandfather period, the larger of the annuity equivalent or the prior plan pension benefit as if all prior plan provisions had continued, except that pay and service which occurs after June 30, 2008 will be ignored for benefit accrual purposes.

Caguas participants continue to be covered under the prior plan pension benefit in accordance with all prior plan provisions. Credited service and compensation shall no longer be recognized for Caguas participants effective December 31, 2015.

Prior Plan Pension Benefit

1.75% of average earnings for the first 10 years of pension service, plus 1.50% of average earnings for each year of pension service in excess of 10 years, less 1.25% of the Social Security benefit for up to 50 years of pension service (after age 25). Minimum benefit of \$100 times pension service.

Note, the 50 years of pension service (after age 25) service cap applied to the Social Security benefit offset portion does not apply to participants in Caguas, Puerto Rico.

Social Security Supplement

\$200 per month if retire on or after attaining age 55 with 15 years of pension service. \$400 per month if retire after participant's age and years of pension service equals or exceeds 85. Benefit is payable until age 65. Must be active on April 1, 2002 and elect at least 20% of pension benefit in the form of an annuity to be paid over at least five years. Must retire prior to May 1, 2005. Caguas participants are not eligible for the Social Security supplement.

Preretirement Spouse Benefit
(applies to Prior Plan Pension Benefit only)

100% of the prior plan pension benefit as of the date of death, reduced for the 100% joint and survivor election, and reduced for payment as early as the participant's fifty-fifth birthday. Minimum benefit is 20% of the last rate of pay if participant had 10 years of service.

Rule of 85

Age plus years of vesting service greater than or equal to 85.

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Early Reduction Factor (ERF)
(applies to Prior Plan Pension Benefit
only)

Table below, dependent upon vesting service at retirement.

Age	Age 55 & 15 Years of Service	Employee Meets Rule 85
64	97%	100%
63	94%	100%
62	91%	100%
61	88%	100%
60	85%	100%
59	80%	100%
58	75%	100%
57	70%	100%
56	65%	100%
55	60%	100%

If employee meets Rule of 85, the offset portion of formula is reduced as if participant were 55 and 15 and the portion prior to offset is unreduced.

Eligibility for Benefits
Normal Retirement

Retirement on NRD.

Early Retirement

Retirement before NRD and on or after both attaining age 55 and completing three years of vesting service. For grandfathered participants, age 55 and 15 years of vesting service, or Rule of 85.

Postponed Retirement

Retirement after NRD.

Vested Termination

Termination for reasons other than death, disability, or retirement after completing three years of vesting service, or attainment of age 65.

Preretirement Death

Death while in active employment, with benefits payable to any designated beneficiary as long as surviving spouse waives right to benefit. For nonvested participants, full vesting upon death while in active employment.

Benefits Paid Upon the Following Events
Normal Retirement

Account balance as of NRD, divided by life annuity factor payable immediately. For grandfathered participants, the larger of the immediate annuity-equivalent of the cash balance account and the prior plan pension benefit (ignoring pay and service which occurs after June 30, 2008).

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Early Retirement	Account balance as of early retirement date, divided by life annuity factor payable immediately, based on participant's age nearest birthday in years and months. If participant defers payment past retirement date, account balance will earn investment credits but no pay credits; annuity factor is based on participant's age at benefit commencement. For grandfathered participants, the larger of the annuity-equivalent of the cash balance account and the prior plan pension benefit (ignoring pay and service which occurs after June 30, 2008), multiplied by the ERF.
Postponed Retirement	Account balance as of postponed retirement date, divided by life annuity factor payable immediately. For grandfathered participants, the larger of the immediate annuity-equivalent of the cash balance account and the prior plan pension benefit (ignoring pay and service which occurs after June 30, 2008).
Termination With Deferred Vested Benefit	Account balance as of termination date plus investment credits to the commencement date, divided by life annuity factor payable immediately at commencement date. For grandfathered participants, the larger of the annuity-equivalent of the cash balance account and the immediate annuity prior plan pension benefit (ignoring pay and service which occurs after June 30, 2008). The immediate annuity benefit is the actuarial equivalent of the prior plan pension benefit that would have been provided at age 65.
Death With Preretirement Benefits	Account balance as of date of benefit commencement, divided by life annuity factor payable immediately, based on the beneficiary's age. For grandfathered participants, the larger of the annuity-equivalent of the cash balance account and the preretirement spouse benefit (ignoring pay and service after June 30, 2008). For unmarried participants, the hypothetical surviving spouse is assumed to be the same age as the participant.
Disability	Accruals continue up to a maximum of 29 months, after which the participant is deemed terminated.
Forms of Payment	Benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms include a lump sum, a partial sum/partial annuity, a 60-monthly installment annuity, a 75% or 100% joint and survivor annuity, Social Security equalization, or (for married participants) a life annuity.

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
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Maximum on Benefits and Pay

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

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

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

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

As a result of an internal change in assignments at Aon, the Enrolled Actuary has changed.

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the retirement rates for terminated vested cash balance participants to better reflect the anticipated experience of the plan.

Rationale for Assumptions

For each economic and demographic assumption that has a significant effect on the measurement, the information and analysis used to support the actuary's determination that the assumption is reasonable, and that led to any change in the assumptions as summarized above, the information and analysis used to support this determination were discussed at the August 3, 2023 meeting.

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
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Schedule SB, line 25—Change in Method

The funding valuation reflects the following method changes:

- A change in the interest rate basis from segment rates with a four-month lookback to the full yield curve with no lookback. The funding method change was automatically approved pursuant to §1.430(h)(2)-1(e).

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
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Schedule SB, line 26a—Schedule of Active Participant Data as of December 1, 2022

Attained Age	Number of Participants and Average Cash Balance Account									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		7	2							
35-39		9	16	8						
40-44		8	20 \$16,130	20 \$23,588	5					
45-49		1	24 \$14,633	8	19	4				
50-54		5	35 \$20,449	11	31 \$49,806	10	1	1		
55-59		4	22 \$20,824	13	16	10	2			
60-64		3	11	8	12	5	3	2		
65-69		2	2	4	3	3	1	3	1	
70+				1		1				1

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Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
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Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	4,012,244	27,414,940	16,739,311	48,166,495
2024	3,106,891	8,518,847	15,522,437	27,148,175
2025	2,902,770	9,472,381	14,359,611	26,734,762
2026	2,538,006	11,060,770	13,422,995	27,021,771
2027	2,018,636	7,375,087	12,615,939	22,009,662
2028	1,782,944	9,544,874	11,943,563	23,271,381
2029	1,472,505	8,831,894	11,403,679	21,708,078
2030	1,286,977	7,440,393	10,915,533	19,642,903
2031	1,143,312	8,175,077	10,350,082	19,668,471
2032	1,055,161	7,603,924	9,779,638	18,438,723
2033	1,003,168	7,705,380	9,207,757	17,916,305
2034	926,025	6,148,578	8,621,035	15,695,638
2035	823,505	7,085,902	7,978,628	15,888,035
2036	754,812	5,855,888	7,411,186	14,021,886
2037	718,664	5,238,238	6,849,808	12,806,710
2038	583,227	5,159,014	6,297,183	12,039,424
2039	560,867	5,442,717	5,756,176	11,759,760
2040	542,225	4,583,224	5,229,841	10,355,290
2041	502,601	4,569,660	4,721,303	9,793,564
2042	489,755	4,287,933	4,233,597	9,011,285
2043	553,100	4,058,277	3,769,586	8,380,963
2044	483,501	3,823,927	3,331,804	7,639,232
2045	388,242	3,788,833	2,922,366	7,099,441
2046	330,497	3,550,416	2,542,946	6,423,859
2047	368,159	3,193,220	2,194,717	5,756,096
2048	331,574	2,910,857	1,878,304	5,120,735
2049	222,514	2,532,254	1,593,808	4,348,576
2050	237,066	2,406,381	1,340,812	3,984,259
2051	208,450	1,846,914	1,118,373	3,173,737
2052	199,883	1,563,051	925,073	2,688,007
2053	156,272	1,321,021	759,079	2,236,372
2054	150,872	944,655	618,228	1,713,755
2055	128,994	797,701	500,131	1,426,826
2056	117,914	630,621	402,287	1,150,822
2057	106,592	420,272	322,165	849,029
2058	96,975	365,334	257,299	719,608
2059	87,398	308,412	205,355	601,165
2060	78,425	260,705	164,169	503,299
2061	69,740	219,666	131,795	421,201
2062	61,769	202,301	106,512	370,582
2063	54,238	185,817	86,846	326,901
2064	47,296	172,478	71,564	291,338
2065	40,910	159,296	59,665	259,871
2066	35,096	146,339	50,339	231,774

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2067	29,856	133,674	42,957	206,487
2068	25,184	121,367	37,028	183,579
2069	21,063	109,480	32,185	162,728
2070	17,467	98,074	28,153	143,694
2071	14,363	87,204	24,726	126,293
2072	11,711	76,922	21,759	110,392

Schedule SB Attachment (Form 5500)—December 1, 2022 Plan Year
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 55,815,210	December 1, 2022	15	\$ 5,264,128