

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan COLGATE-PALMOLIVE COMPANY EXPATRIATE PENSION PLAN
1b Three-digit plan number (PN) 012
1c Effective date of plan 12/31/1943
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) COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE NEW YORK, NY 10022
2b Employer Identification Number (EIN) 13-1815595
2c Plan Sponsor's telephone number 212-310-2000
2d Business code (see instructions) 325600

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

|  |   |              |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
|--|---|--------------|--|---|--------------|--|---|-----------|--|---|-----------|--|---|-----------|--|---|-----------|--|---|-----------|--|---|--------------|--|--|--------------|--|--|-----------|--|--|
| <p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>COLGATE-PALMOLIVE EMPLOYEE RELATIONS COMMITTEE</p> <p>300 PARK AVENUE<br/>NEW YORK, NY 10022-7402</p>  | <p><b>3b</b> Administrator's EIN<br/>13-2854931</p> <p><b>3c</b> Administrator's telephone number<br/>212-310-2000</p>  |              |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <p><b>4</b> 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:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>  | <p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>  |              |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <p><b>5</b> Total number of participants at the beginning of the plan year</p>   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>5</b></td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">3</td> </tr> </table>  | <b>5</b>     |  | 3 |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <b>5</b>   |   | 3            |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>b</b> Retired or separated participants receiving benefits.....</p> <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(1)</b></td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> <tr> <td><b>6a(2)</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6b</b></td> <td></td> <td style="text-align: right;">3</td> </tr> <tr> <td><b>6c</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6d</b></td> <td></td> <td style="text-align: right;">3</td> </tr> <tr> <td><b>6e</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6f</b></td> <td></td> <td style="text-align: right;">3</td> </tr> <tr> <td><b>6g(1)</b></td> <td></td> <td></td> </tr> <tr> <td><b>6g(2)</b></td> <td></td> <td></td> </tr> <tr> <td><b>6h</b></td> <td></td> <td></td> </tr> </table> | <b>6a(1)</b> |  | 0 | <b>6a(2)</b> |  | 0 | <b>6b</b> |  | 3 | <b>6c</b> |  | 0 | <b>6d</b> |  | 3 | <b>6e</b> |  | 0 | <b>6f</b> |  | 3 | <b>6g(1)</b> |  |  | <b>6g(2)</b> |  |  | <b>6h</b> |  |  |
| <b>6a(1)</b>   |   | 0            |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <b>6a(2)</b>   |   | 0            |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <b>6b</b>  |   | 3            |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <b>6c</b>  |   | 0            |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <b>6d</b>  |   | 3            |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <b>6e</b>  |   | 0            |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <b>6f</b>  |   | 3            |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <b>6g(1)</b>   |   |              |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <b>6g(2)</b>   |   |              |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <b>6h</b>  |   |              |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>7</b></td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">3</td> </tr> </table>  | <b>7</b>     |  | 3 |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |
| <b>7</b>   |   | 3            |  |   |              |  |   |           |  |   |           |  |   |           |  |   |           |  |   |           |  |   |              |  |  |              |  |  |           |  |  |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1I 3H

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

|  |  |
|--|--|
| <p><b>9a</b> Plan funding arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p> | <p><b>9b</b> Plan benefit arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p> |
|--|--|

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

|  |   |
|--|---|
| <p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p> | <p><b>b General Schedules</b></p> <p>(1) <input type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input checked="" type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  1  </u></p> <p>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p> |
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>COLGATE-PALMOLIVE COMPANY EXPATRIATE PENSION PLAN</b></p>                 | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>012</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>COLGATE-PALMOLIVE COMPANY</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>13-1815595</b></p> |                   |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
**AXA EQUITABLE LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 13-5570651 | 62944         | 2131                                  | 3   | 01/01/2024              | 12/31/2024 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|--------------------------------------|-------------------------------|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                    |
|----------------------------|--|--------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                    |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 293385             |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   |                    |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                    |
| <b>a</b>                   | State the basis of premium rates ▶   |                    |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>          |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>          |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | <b>6d</b>          |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                    |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                    |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                    |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment      (4) <input checked="" type="checkbox"/> other ▶ <b>DIVIDEND EXPERIENCE FUND</b> |                    |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 321115   |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b>       |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b>       |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 1513  |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b>       |
|                            | (5) Other (specify below).....<br>▶  | <b>7c(5)</b>       |
|                            | (6) Total additions .....  | <b>7c(6)</b> 1513  |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 322628   |
| <b>e</b>                   | Deductions:  |                    |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 25638 |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b> 3605  |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b>       |
|                            | (4) Other (specify below).....<br>▶  | <b>7e(4)</b>       |
| (5) Total deductions ..... | <b>7e(5)</b> 29243   |                    |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 293385   |

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

|          |  |                 |                 |
|----------|--|-----------------|-----------------|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>COLGATE-PALMOLIVE COMPANY EXPATRIATE PENSION PLAN</u>   | <b>B</b> Three-digit plan number (PN) ▶   | <u>012</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>COLGATE-PALMOLIVE COMPANY</u>                              | <b>D</b> Employer Identification Number (EIN)<br><u>13-1815595</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |            |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | <u>294759</u>             |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>324235</u>             |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>4</u>                   | <u>124913</u>             |
|          | <b>b</b> For terminated vested participants .....   | <u>0</u>                   | <u>0</u>                  |
|          | <b>c</b> For active participants .....  | <u>0</u>                   | <u>0</u>                  |
|          | <b>d</b> Total .....  | <u>4</u>                   | <u>124913</u>             |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |
|          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....   | <b>5</b>                   | <u>4.97 %</u>             |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>0</u>                  |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>2000</u>               |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>2000</u>               |

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

|                  |  |                     |  |
|------------------|--|---------------------|--|
| <b>SIGN HERE</b> |  |                     |  |
|                  | Signature of actuary   | <u>10/07/2025</u>   | Date                                   |
|                  | <u>ALYSON J SCHWARTZ</u>                                     | <u>23-08379</u>     | Most recent enrollment number          |
|                  | <u>WILLIS TOWERS WATSON US LLC</u>                           | <u>212-915-8888</u> | Telephone number (including area code) |
|                  | <u>200 LIBERTY STREET<br/>FLOOR 6<br/>NEW YORK, NY 10281</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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 135467                | 0                      |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 135467                | 0                      |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>-1.15</u> % .....  | -1558                 | 0                      |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b>   | Present value of excess contributions (line 38a from prior year) .....   |                       | 0                      |
| <b>b(1)</b>  | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.02</u> % ..... |                       | 0                      |
| <b>b(2)</b>  | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
| <b>c</b>   | Total available at beginning of current plan year to add to prefunding balance .....   |                       | 0                      |
| <b>d</b>   | Portion of (c) to be added to prefunding balance .....   |                       | 0                      |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 133909                | 0                      |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 152.36 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 259.56 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 264.07 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                |                              |                       |                                |                              |              |   |
|--|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|--------------|---|
| <b>18</b> 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 |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              |                       |                                |                              |              |   |
|  |                                |                              | <b>Totals ▶</b>       | <b>18(b)</b>                   | 0                            | <b>18(c)</b> | 0 |

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

|  |                        |                        |   |
|--|------------------------|------------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>  |                        |                        |   |
| <b>21</b> Discount rate:   |                        |                        |   |
| <b>a</b> Segment rates:  | 1st segment:<br>4.75 % | 2nd segment:<br>4.96 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....   |                        |                        | <b>21b</b> 0  |
| <b>22</b> Weighted average retirement age .....  |                        |                        | <b>22</b> 64  |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |   |

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

|   |  |  |             |
|---|--|--|-------------|
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>   |  |  |             |
| <b>28</b> Unpaid minimum required contributions for all prior years .....   |  |  | <b>28</b> 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... |  |  | <b>29</b> 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    |  |  | <b>30</b> 0 |

|  |                     |                    |                 |
|--|---------------------|--------------------|-----------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |                 |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |                 |
| <b>a</b> Target normal cost (line 6c) .....  |                     |                    | <b>31a</b> 2000 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    | <b>31b</b> 2000 |
| <b>32</b> Amortization installments:   | Outstanding Balance | Installment        |                 |
| <b>a</b> Net shortfall amortization installment .....  | 0                   | 0                  |                 |
| <b>b</b> Waiver amortization installment.....  | 0                   | 0                  |                 |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     |                    | <b>33</b>       |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  |                     |                    | <b>34</b> 0     |
|  | Carryover balance   | Prefunding balance | Total balance   |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0               |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    | <b>36</b> 0     |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    | <b>37</b> 0     |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |                 |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    | <b>38a</b> 0    |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....   |                     |                    | <b>38b</b> 0    |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    | <b>39</b> 0     |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    | <b>40</b> 0     |

|  |  |  |  |
|--|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>  |  |  |  |
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |  |  |  |

|  |   |  |
|--|---|--|
| <b>SCHEDULE I</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information—Small Plan</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|---|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>COLGATE-PALMOLIVE COMPANY EXPATRIATE PENSION PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶ <b>012</b> |
|---|--|

|   |  |
|---|--|
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COLGATE-PALMOLIVE COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>13-1815595</b> |
|---|--|

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

|   |              | (a) Beginning of Year | (b) End of Year |
|---|--------------|-----------------------|-----------------|
| <b>1 Plan Assets and Liabilities:</b>   |              |                       |                 |
| <b>a</b> Total plan assets .....  | <b>1a</b>    | 321115                | 293385          |
| <b>b</b> Total plan liabilities .....   | <b>1b</b>    |                       |                 |
| <b>c</b> Net plan assets (subtract line 1b from line 1a) .....                      | <b>1c</b>    | 321115                | 293385          |
| <b>2 Income, Expenses, and Transfers for this Plan Year:</b>                        |              |                       |                 |
|   |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable:                                      |              |                       |                 |
| (1) Employers .....   | <b>2a(1)</b> |                       |                 |
| (2) Participants .....  | <b>2a(2)</b> |                       |                 |
| (3) Others (including rollovers) .....  | <b>2a(3)</b> |                       |                 |
| <b>b</b> Noncash contributions .....  | <b>2b</b>    |                       |                 |
| <b>c</b> Other income .....   | <b>2c</b>    | 1513                  |                 |
| <b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....             | <b>2d</b>    |                       | 1513            |
| <b>e</b> Benefits paid (including direct rollovers) .....                           | <b>2e</b>    | 25638                 |                 |
| <b>f</b> Corrective distributions (see instructions) .....                          | <b>2f</b>    |                       |                 |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) ..... | <b>2g</b>    |                       |                 |
| <b>h</b> Administrative service providers (salaries, fees, and commissions) .....   | <b>2h</b>    | 3605                  |                 |
| <b>i</b> Other expenses .....   | <b>2i</b>    |                       |                 |
| <b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....                    | <b>2j</b>    |                       | 29243           |
| <b>k</b> Net income (loss) (subtract line 2j from line 2d) .....                    | <b>2k</b>    |                       | -27730          |
| <b>l</b> Transfers to (from) the plan (see instructions) .....                      | <b>2l</b>    |                       |                 |

**3 Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

|  |           | Yes | No | Amount |
|--|-----------|-----|----|--------|
| <b>a</b> Partnership/joint venture interests .....             | <b>3a</b> |     | X  |        |
| <b>b</b> Employer real property .....                          | <b>3b</b> |     | X  |        |
| <b>c</b> Real estate (other than employer real property) ..... | <b>3c</b> |     | X  |        |
| <b>d</b> Employer securities .....                             | <b>3d</b> |     | X  |        |
| <b>e</b> Participant loans .....                               | <b>3e</b> |     | X  |        |
| <b>f</b> Loans (other than to participants) .....              | <b>3f</b> |     | X  |        |
| <b>g</b> Tangible personal property .....                      | <b>3g</b> |     | X  |        |

**Part II Compliance Questions**

| 4 During the plan year: |   | Yes | No | Amount   |
|-------------------------|---|-----|----|----------|
| <b>a</b>                | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) ..... |     | X  |          |
| <b>b</b>                | Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....  |     | X  |          |
| <b>c</b>                | Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....  |     | X  |          |
| <b>d</b>                | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....  |     | X  |          |
| <b>e</b>                | Was the plan covered by a fidelity bond? .....  | X   |    | 25000000 |
| <b>f</b>                | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....  |     | X  |          |
| <b>g</b>                | 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? .....   |     | X  |          |
| <b>h</b>                | 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? .....   |     | X  |          |
| <b>i</b>                | Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....   |     | X  |          |
| <b>j</b>                | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  |     | X  |          |
| <b>k</b>                | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....                 | X   |    |          |
| <b>l</b>                | Has the plan failed to provide any benefit when due under the plan? .....   |     | X  |          |
| <b>m</b>                | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....   |     |    |          |
| <b>n</b>                | 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 .....   |     |    |          |

**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 \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>COLGATE-PALMOLIVE COMPANY EXPATRIATE PENSION PLAN</u>                 | <b>B</b> Three-digit plan number (PN) ▶                            | <u>012</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COLGATE-PALMOLIVE COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-1815595</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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..... 

|          |  |          |
|----------|--|----------|
| <b>1</b> |  | <u>0</u> |
|----------|--|----------|

**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): 13-4994650

**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..... 

|          |  |          |
|----------|--|----------|
| <b>3</b> |  | <u>0</u> |
|----------|--|----------|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

|   |            |  |
|---|------------|--|
| <b>a</b> 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)..... | <b>14a</b> |  |
| <b>b</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).....   | <b>14b</b> |  |
| <b>c</b> 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).....  | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis

- Applicable month January
- Interest rate basis 3-Segment Rates from the Valuation Date

#### Interest rates

#### Reflecting Stabilization

#### Not Reflecting Stabilization

- First segment rate 4.75% 4.37%
- Second segment rate 4.96% 4.96%
- Third segment rate 5.59% 4.95%
- Effective interest rate 4.97% 4.84%

**Expected rate of return for 2024** 5.40%

#### Plan-related expenses

Plan-related expenses are calculated by adjusting the actual prior year expenses with inflation. For 2024, the plan-related expenses are assumed to be \$2,000 (last year's expenses was assumed to be \$4,000).

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

### Demographic Assumptions

#### Inclusion date

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

#### New or rehired employees

It was assumed there will be no new or rehired employees.

#### Mortality

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as

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|                                   |   |
|-----------------------------------|---|
| <b>Termination</b>                | specified in the regulations under §1.430(h)(3)-1 using IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).<br>Not Applicable |
| <b>Disability</b>                 | Not Applicable  |
| <b>Retirement</b>                 | Not Applicable  |
| <b>Benefit commencement dates</b> |   |
| • Deferred vested benefit         | Not Applicable  |
| • Disability benefit              | Not Applicable  |
| • Retirement benefit              | Not Applicable  |
| <b>Form of payment</b>            | Not Applicable  |
| <b>Percent married</b>            | Not Applicable  |
| <b>Spouse age</b>                 | Not Applicable  |
| <b>Covered pay</b>                | Not Applicable  |
| <b>Timing of benefit payment</b>  | Annuity payments are payable monthly at the beginning of the month.   |

## Methods

|                           |   |
|---------------------------|---|
| <b>Valuation date</b>     | First day of plan year  |
| <b>Funding target</b>     | Present value of accrued benefits as required by regulations under IRC §430.  |
| <b>Target normal cost</b> | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| <b>Decrement timing</b>   | The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the  |

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eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

## **Actuarial value of assets**

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

## **Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued based on discussions with Colgate-Palmolive Company regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Colgate-Palmolive Company and, based on that review, is not aware of any significant benefits required to be valued that were not.

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# SCHEDULE SB ATTACHMENTS

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## Sources of Data and Other Information

The plan sponsor, through its third party administrator WTW, furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- For participants reported in the current data with missing demographic information (Birth Date/Gender), we will use their prior demographic information to value these participants

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

## Assumptions Rationale - Significant Economic Assumptions

### Discount rate

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

### Plan-related Expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

### Rates of increase in:

- Assumed return for asset smoothing  
The assumed return used for asset smoothing is the lesser of the third segment rate and the expected return on assets assumption chosen by the client for the plan year under U.S. GAAP. We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. This rate is net of investment and administrative expenses paid from the trust. WTW's determination that this assumption does not significantly

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conflict with what would be reasonable is informed by WTW's Expected Return Estimator model and by analysis of recent and historical data, including the variability thereof, for CPI, GDP growth, and real returns on the various classes of assets held by the trust, economists' forecasts, and recent trends, and historical active management premiums experienced by the trust.

## Assumptions Rationale - Significant Demographic Assumptions

### Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes as described in the Statement of Actuarial Assumptions and Methods, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

### Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.

### Change in methods since prior valuation

There have been no changes in methods since the prior valuation.

Plan Name: Colgate-Palmolive Company Expatriate Pension Plan  
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|  |  |   |
|--|--|---|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>COLGATE-PALMOLIVE COMPANY EXPATRIATE PENSION PLAN  | <b>B</b> Three-digit plan number (PN) ▶   | 012 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>COLGATE-PALMOLIVE COMPANY                                     | <b>D</b> Employer Identification Number (EIN)<br>13-1815595   |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |     |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | 294,759                   |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | 324,235                   |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | 4                          | 124,913                   |
|          | <b>b</b> For terminated vested participants .....   | 0                          | 0                         |
|          | <b>c</b> For active participants .....  | 0                          | 0                         |
|          | <b>d</b> Total .....  | 4                          | 124,913                   |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b) .....  |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |
|          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....   | <b>5</b>                   | 4.97%                     |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | 0                         |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | 2,000                     |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | 2,000                     |

**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.

|                  |  |  |
|------------------|--|--|
| <b>SIGN HERE</b> | Alyson J Schwartz <span style="float: right; font-family: cursive;">AJS</span> | <span style="font-size: 1.2em;">10/7/2025</span> |
|                  | Signature of actuary   | Date   |
|                  | Alyson J Schwartz  | 2308379  |
|                  | Type or print name of actuary  | Most recent enrollment number                    |
|                  | Willis Towers Watson US LLC  | 212-915-8888                                     |
|                  | Firm name  | Telephone number (including area code)           |
|                  | 200 LIBERTY STREET<br>Floor 6<br>New York NY 10281                             |  |
|                  | 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) 2024 v. 240311**

| <b>Part II</b>  | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|---|--|------------------------|
|   | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 135,467  | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0  | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....   | 135,467  | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-1.15%</u> .....  | -1,558   | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:  |  |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....   |  | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.02%</u> ..... |  | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....  |  | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....   |  | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....   |  | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....   | 0  | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....  | 133,909  | 0                      |

| <b>Part III</b>  | <b>Funding Percentages</b> |         |
|--|----------------------------|---------|
| <b>14</b> Funding target attainment percentage .....   | <b>14</b>                  | 152.36% |
| <b>15</b> Adjusted funding target attainment percentage .....  | <b>15</b>                  | 259.56% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 264.07% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b>                  | %       |

**Part IV Contributions and Liquidity Shortfalls**

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |   |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---|
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
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|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
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|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    | 0 |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|   |            |   |
|---|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

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

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|--|---------|---------|---------|
| (1) 1st  | (2) 2nd | (3) 3rd | (4) 4th |
|  |         |         |         |

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

**21** Discount rate:

|                         |                        |                        |                       |   |
|-------------------------|------------------------|------------------------|-----------------------|---|
| <b>a</b> Segment rates: | 1st segment:<br>4.75 % | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59% | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|-----------------------|---|

**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 64

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

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

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

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

**31** Target normal cost and excess assets (see instructions):

|  |            |       |
|--|------------|-------|
| <b>a</b> Target normal cost (line 6c).....                                 | <b>31a</b> | 2,000 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a ..... | <b>31b</b> | 2,000 |

**32** Amortization installments:

|   | Outstanding Balance | Installment |
|---|---------------------|-------------|
| <b>a</b> Net shortfall amortization installment ..... | 0                   | 0           |
| <b>b</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** 0

|  | Carryover balance | Prefunding balance | Total balance |
|--|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 0                  | 0             |

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

|   |            |   |
|---|------------|---|
| <b>a</b> Total (excess, if any, of line 37 over line 36)  | <b>38a</b> | 0 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... | <b>38b</b> | 0 |

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

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

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## Schedule SB – Statement by Enrolled Actuary

|                          |   |
|--------------------------|---|
| <b>Plan Sponsor</b>      | Colgate-Palmolive Company                         |
| <b>EIN/PN</b>            | 13-1815595/012                                    |
| <b>Plan Name</b>         | Colgate-Palmolive Company Expatriate Pension Plan |
| <b>Valuation Date</b>    | January 1, 2024                                   |
| <b>Enrolled Actuary</b>  | Alyson J Schwartz                                 |
| <b>Enrollment Number</b> | 23-08379  |

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

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

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## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

| (1)<br>Age | (2)<br>Rate of<br>Retirement | (3)<br>Assumed Age<br>At Retirement | (4)<br>Portion Retiring<br>(2)x(5) from<br>previous year | (5)<br>Portion Remaining<br>(5) from previous<br>year minus (4) | (6)<br>(3) x (4) |
|------------|------------------------------|-------------------------------------|--|---|------------------|
| 55         | 5.00%                        | 55.5                                | 0.05000  | 0.95000   | 2.7750           |
| 56         | 4.00%                        | 56.5                                | 0.03800  | 0.91200   | 2.1470           |
| 57         | 4.00%                        | 57.5                                | 0.03648  | 0.87552   | 2.0976           |
| 58         | 4.00%                        | 58.5                                | 0.03502  | 0.84050   | 2.0487           |
| 59         | 4.00%                        | 59.5                                | 0.03362  | 0.80688   | 2.0004           |
| 60         | 4.00%                        | 60.5                                | 0.03228  | 0.77460   | 1.9526           |
| 61         | 4.00%                        | 61.5                                | 0.03098  | 0.74362   | 1.9055           |
| 62         | 15.00%                       | 62.5                                | 0.11154  | 0.63208   | 6.9714           |
| 63         | 10.00%                       | 63.5                                | 0.06321  | 0.56887   | 4.0137           |
| 64         | 10.00%                       | 64.5                                | 0.05689  | 0.51198   | 3.6692           |
| 65         | 25.00%                       | 65.5                                | 0.12800  | 0.38399   | 8.3837           |
| 66         | 25.00%                       | 66.5                                | 0.09600  | 0.28799   | 6.3838           |
| 67         | 25.00%                       | 67.5                                | 0.07200  | 0.21599   | 4.8598           |
| 68         | 25.00%                       | 68.5                                | 0.05400  | 0.16199   | 3.6989           |
| 69         | 25.00%                       | 69.5                                | 0.04050  | 0.12150   | 2.8147           |
| 70         | 100.00%                      | 70                                  | 0.12150  | 0.00000   | 8.5047           |

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**Average Retirement Age** **64**

These rates are not applicable since all participants are retired.

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

### Economic Assumptions

#### Interest rate basis

- Applicable month January
- Interest rate basis 3-Segment Rates from the Valuation Date

#### Interest rates

#### Reflecting Stabilization

#### Not Reflecting Stabilization

- First segment rate 4.75% 4.37%
- Second segment rate 4.96% 4.96%
- Third segment rate 5.59% 4.95%
- Effective interest rate 4.97% 4.84%

**Expected rate of return for 2024** 5.40%

#### Plan-related expenses

Plan-related expenses are calculated by adjusting the actual prior year expenses with inflation. For 2024, the plan-related expenses are assumed to be \$2,000 (last year's expenses was assumed to be \$4,000).

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

### Demographic Assumptions

#### Inclusion date

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

#### New or rehired employees

It was assumed there will be no new or rehired employees.

#### Mortality

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as

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|                                   |   |
|-----------------------------------|---|
| <b>Termination</b>                | specified in the regulations under §1.430(h)(3)-1 using IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).<br>Not Applicable |
| <b>Disability</b>                 | Not Applicable  |
| <b>Retirement</b>                 | Not Applicable  |
| <b>Benefit commencement dates</b> |   |
| • Deferred vested benefit         | Not Applicable  |
| • Disability benefit              | Not Applicable  |
| • Retirement benefit              | Not Applicable  |
| <b>Form of payment</b>            | Not Applicable  |
| <b>Percent married</b>            | Not Applicable  |
| <b>Spouse age</b>                 | Not Applicable  |
| <b>Covered pay</b>                | Not Applicable  |
| <b>Timing of benefit payment</b>  | Annuity payments are payable monthly at the beginning of the month.   |

## Methods

|                           |   |
|---------------------------|---|
| <b>Valuation date</b>     | First day of plan year  |
| <b>Funding target</b>     | Present value of accrued benefits as required by regulations under IRC §430.  |
| <b>Target normal cost</b> | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| <b>Decrement timing</b>   | The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the  |

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eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

## **Actuarial value of assets**

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

## **Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued based on discussions with Colgate-Palmolive Company regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Colgate-Palmolive Company and, based on that review, is not aware of any significant benefits required to be valued that were not.

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## Sources of Data and Other Information

The plan sponsor, through its third party administrator WTW, furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- For participants reported in the current data with missing demographic information (Birth Date/Gender), we will use their prior demographic information to value these participants

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

## Assumptions Rationale - Significant Economic Assumptions

### Discount rate

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

### Plan-related Expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

### Rates of increase in:

- Assumed return for asset smoothing  
The assumed return used for asset smoothing is the lesser of the third segment rate and the expected return on assets assumption chosen by the client for the plan year under U.S. GAAP. We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. This rate is net of investment and administrative expenses paid from the trust. WTW's determination that this assumption does not significantly

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conflict with what would be reasonable is informed by WTW's Expected Return Estimator model and by analysis of recent and historical data, including the variability thereof, for CPI, GDP growth, and real returns on the various classes of assets held by the trust, economists' forecasts, and recent trends, and historical active management premiums experienced by the trust.

## Assumptions Rationale - Significant Demographic Assumptions

### Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes as described in the Statement of Actuarial Assumptions and Methods, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

### Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.

### Change in methods since prior valuation

There have been no changes in methods since the prior valuation.

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Sponsor

Colgate-Palmolive Company

### Plan

Colgate-Palmolive Company Expatriate Pension Plan

### Plan Year

The twelve-month period ending December 31.

### Plan Provisions

The plan was originally effective December 31, 1943. The last amendment reflected herein was adopted on January 1, 1993

### Participation date

Participation in the plan on June 30, 1987.

### Final Average Recognized Monthly Earnings

Average of the recognized earnings for the three consecutive January 1 dates in the 10-year period preceding the earlier of June 30, 1987 or retirement or termination during which such earnings were highest.

### Eligibility for Benefits

#### Normal retirement

Age 65

#### Late retirement

Age 65

#### Early Retirement

Age 55

#### Disability

Eligibility for benefits under the disability retirement income plan.

#### Vested Benefits Upon Termination of Service

Prior to age 55 with 5 or more years of service completed since attainment of age 18.

#### Non-Vested Benefits Upon Termination of Service

Prior to age 55 with less than 5 years of service completed since attainment of age 18.

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## Benefits Paid Upon the Following Events

|  |  |
|--|--|
| <b>Normal retirement</b>                               | <p>Modified cash refund annuity. However, if employee retires with 10 or more years of service and has been married at least one year, the normal form will be a 50% contingent annuitant option. If the employee retires with less than 10 years of service and has an eligible spouse, the normal form will be a 50% contingent annuitant option on an actuarially equivalent basis.</p> <p><u>Benefit Formula:</u> 1.8% of final average recognized monthly earnings as of the earlier of June 30, 1987 or retirement, multiplied by years of continuous service prior to June 30, 1987, less an offset as of June 30, 1987 to recognize member's participation in any other Company plan, state plans, or any severance allowance required by law or contract.</p> |
| <b>Late retirement</b>                                 | <p>Same as Normal Retirement Benefit. May be actuarially increased.</p>  |
| <b>Early retirement</b>                                | <p>Normal retirement benefit based on final average recognized monthly earnings as of the earlier of June 30, 1987 or retirement, and continuous service prior to June 30, 1987. If payment of this benefit begins prior to age 60, it will be reduced 1/3% per month that the first payment precedes age 60. However, if the employee's age plus years of service equals or exceeds 85, no reduction is applied.</p>  |
| <b>Disability</b>                                      | <p>Benefits accrued as of the earlier of June 30, 1987 or retirement, shall be payable at age 62 if disability was partial and permanent and at age 65 if the disability was total and permanent.</p>  |
| <b>Vested Benefits Upon Termination of Service</b>     | <p>Normal retirement benefits based on final average monthly recognized earnings as of the earlier of June 30, 1987 or termination and continuous service prior to June 30, 1987. The benefit will be reduced by the value of any refunded contributions. Receipt of benefit may begin as early as age 55 and shall be reduced 5/9% for each of the first 60 months and 5/18% for each of the next 60 months that retirement age precedes age 65. Pre-retirement death benefits are also provided.</p>   |
| <b>Non-Vested Benefits Upon Termination of Service</b> | <p>Return of past contributions or retention of an annuity benefit equivalent to those contributions.</p>  |

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## Other Plan Provisions

**Optional Forms of Retirement Income in Lieu of Normal Form**

Cash refund joint and survivor.

**Plan participants' contributions**

No employee contributions will be made effective January 1, 1977. All plan costs shall be met by company contributions, employee contributions made prior to January 1, 1977, and earnings thereon.

**Additional Information**

Payment of benefits in this plan are offset by payment of benefits from other Colgate-Palmolive Company sponsored retirement plans.

## Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes which are required to be reflected.

## Changes in Benefits Valued Since Prior Year

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

Plan Name: Colgate-Palmolive Company Expatriate Pension Plan  
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## Schedule SB – Statement by Enrolled Actuary

|                          |   |
|--------------------------|---|
| <b>Plan Sponsor</b>      | Colgate-Palmolive Company                         |
| <b>EIN/PN</b>            | 13-1815595/012                                    |
| <b>Plan Name</b>         | Colgate-Palmolive Company Expatriate Pension Plan |
| <b>Valuation Date</b>    | January 1, 2024                                   |
| <b>Enrolled Actuary</b>  | Alyson J Schwartz                                 |
| <b>Enrollment Number</b> | 23-08379  |

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

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

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

| (1)<br>Age | (2)<br>Rate of<br>Retirement | (3)<br>Assumed Age<br>At Retirement | (4)<br>Portion Retiring<br>(2)x(5) from<br>previous year | (5)<br>Portion Remaining<br>(5) from previous<br>year minus (4) | (6)<br>(3) x (4) |
|------------|------------------------------|-------------------------------------|--|---|------------------|
| 55         | 5.00%                        | 55.5                                | 0.05000  | 0.95000   | 2.7750           |
| 56         | 4.00%                        | 56.5                                | 0.03800  | 0.91200   | 2.1470           |
| 57         | 4.00%                        | 57.5                                | 0.03648  | 0.87552   | 2.0976           |
| 58         | 4.00%                        | 58.5                                | 0.03502  | 0.84050   | 2.0487           |
| 59         | 4.00%                        | 59.5                                | 0.03362  | 0.80688   | 2.0004           |
| 60         | 4.00%                        | 60.5                                | 0.03228  | 0.77460   | 1.9526           |
| 61         | 4.00%                        | 61.5                                | 0.03098  | 0.74362   | 1.9055           |
| 62         | 15.00%                       | 62.5                                | 0.11154  | 0.63208   | 6.9714           |
| 63         | 10.00%                       | 63.5                                | 0.06321  | 0.56887   | 4.0137           |
| 64         | 10.00%                       | 64.5                                | 0.05689  | 0.51198   | 3.6692           |
| 65         | 25.00%                       | 65.5                                | 0.12800  | 0.38399   | 8.3837           |
| 66         | 25.00%                       | 66.5                                | 0.09600  | 0.28799   | 6.3838           |
| 67         | 25.00%                       | 67.5                                | 0.07200  | 0.21599   | 4.8598           |
| 68         | 25.00%                       | 68.5                                | 0.05400  | 0.16199   | 3.6989           |
| 69         | 25.00%                       | 69.5                                | 0.04050  | 0.12150   | 2.8147           |
| 70         | 100.00%                      | 70                                  | 0.12150  | 0.00000   | 8.5047           |

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**Average Retirement Age** **64**

These rates are not applicable since all participants are retired.

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# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Sponsor

Colgate-Palmolive Company

### Plan

Colgate-Palmolive Company Expatriate Pension Plan

### Plan Year

The twelve-month period ending December 31.

### Plan Provisions

The plan was originally effective December 31, 1943. The last amendment reflected herein was adopted on January 1, 1993

### Participation date

Participation in the plan on June 30, 1987.

### Final Average Recognized Monthly Earnings

Average of the recognized earnings for the three consecutive January 1 dates in the 10-year period preceding the earlier of June 30, 1987 or retirement or termination during which such earnings were highest.

### Eligibility for Benefits

#### Normal retirement

Age 65

#### Late retirement

Age 65

#### Early Retirement

Age 55

#### Disability

Eligibility for benefits under the disability retirement income plan.

#### Vested Benefits Upon Termination of Service

Prior to age 55 with 5 or more years of service completed since attainment of age 18.

#### Non-Vested Benefits Upon Termination of Service

Prior to age 55 with less than 5 years of service completed since attainment of age 18.

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## Benefits Paid Upon the Following Events

|  |  |
|--|--|
| <b>Normal retirement</b>                               | <p>Modified cash refund annuity. However, if employee retires with 10 or more years of service and has been married at least one year, the normal form will be a 50% contingent annuitant option. If the employee retires with less than 10 years of service and has an eligible spouse, the normal form will be a 50% contingent annuitant option on an actuarially equivalent basis.</p> <p><u>Benefit Formula:</u> 1.8% of final average recognized monthly earnings as of the earlier of June 30, 1987 or retirement, multiplied by years of continuous service prior to June 30, 1987, less an offset as of June 30, 1987 to recognize member's participation in any other Company plan, state plans, or any severance allowance required by law or contract.</p> |
| <b>Late retirement</b>                                 | <p>Same as Normal Retirement Benefit. May be actuarially increased.</p>  |
| <b>Early retirement</b>                                | <p>Normal retirement benefit based on final average recognized monthly earnings as of the earlier of June 30, 1987 or retirement, and continuous service prior to June 30, 1987. If payment of this benefit begins prior to age 60, it will be reduced 1/3% per month that the first payment precedes age 60. However, if the employee's age plus years of service equals or exceeds 85, no reduction is applied.</p>  |
| <b>Disability</b>                                      | <p>Benefits accrued as of the earlier of June 30, 1987 or retirement, shall be payable at age 62 if disability was partial and permanent and at age 65 if the disability was total and permanent.</p>  |
| <b>Vested Benefits Upon Termination of Service</b>     | <p>Normal retirement benefits based on final average monthly recognized earnings as of the earlier of June 30, 1987 or termination and continuous service prior to June 30, 1987. The benefit will be reduced by the value of any refunded contributions. Receipt of benefit may begin as early as age 55 and shall be reduced 5/9% for each of the first 60 months and 5/18% for each of the next 60 months that retirement age precedes age 65. Pre-retirement death benefits are also provided.</p>   |
| <b>Non-Vested Benefits Upon Termination of Service</b> | <p>Return of past contributions or retention of an annuity benefit equivalent to those contributions.</p>  |

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## Other Plan Provisions

**Optional Forms of Retirement Income in Lieu of Normal Form**

Cash refund joint and survivor.

**Plan participants' contributions**

No employee contributions will be made effective January 1, 1977. All plan costs shall be met by company contributions, employee contributions made prior to January 1, 1977, and earnings thereon.

**Additional Information**

Payment of benefits in this plan are offset by payment of benefits from other Colgate-Palmolive Company sponsored retirement plans.

## Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes which are required to be reflected.

## Changes in Benefits Valued Since Prior Year

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

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