



- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 569055. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	2411244	2258575
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	2411244	2258575
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	100000	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	137034	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		237034
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	389703	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	0	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		389703
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-152669
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>1A</u>
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		200000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>			
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

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

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

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation \_\_\_\_\_

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

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month Day Year

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

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

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

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

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

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

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

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

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

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

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

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

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

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF S.C. JOHNSON DE PUERTO RICO, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>S.C. JOHNSON DE PUERTO RICO, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>66-0290543</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date:	Month <u>07</u>	Day <u>01</u> Year <u>2024</u>
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>2406474</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>2406474</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>6</u>	<u>1008509</u>
	<b>b</b> For terminated vested participants .....	<u>25</u>	<u>856736</u>
	<b>c</b> For active participants .....	<u>9</u>	<u>470430</u>
	<b>d</b> Total .....	<u>40</u>	<u>2335675</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.43 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>53097</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>53097</u>

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

<b>SIGN HERE</b>  <u>WILFRED L. THORNTHWAITE</u> Signature of actuary  <u>THORNTHWAITE &amp; CO.</u> Firm name  <u>783 OLD HICKORY BLVD/STE 252W</u> <u>BRENTWOOD, TN 37027</u> Address of the firm	<u>03/20/2026</u> Date  <u>23-01083</u> Most recent enrollment number  <u>615-377-1973</u> Telephone number (including area code)
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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) .....		
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____% .....		
<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) .....		
	<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 _____% .....		
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<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 .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	103.03 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	103.03 %
<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>	103.16 %
<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 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
02/09/2026	100000						
			<b>Totals ▶</b>	<b>18(b)</b>	100000	<b>18(c)</b>	

<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>	91861	
<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: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	<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> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<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>	53097
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b>	53097
<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>	91861
<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>	91861
<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 type="checkbox"/> 2021				

## **Actuarial Assumptions**

### **Interest Rates**

ARPA Segment Rates: 4.99%/5.29%/5.59% July 2024 rate set

PPA Segment Rates: 4.99%/5.29%/5.29% July 2024 rate set

ARPA Effective Interest Rate: 5.43%

PBGC Funding Rate Segments: 4.99%/5.29%/5.29% [Alternative premium funding target method]

### **Disability**

None assumed.

### **Mortality**

#### **Funding and PBGC Vested Liability**

Pre-retirement and post-retirement mortality is based on the 2018-22 + (MP16-20) Combined Dynamic Mortality Table for Males and Females.

### **Assumed Retirement**

The Assumed Retirement date is contingent upon attainment of age 65.

### **Other Assumptions**

#### **Expenses**

Investment return is assumed to be net of any expenses paid by the Plan.

#### **Salary Scale**

Compensation is assumed to increase 3.5% compounded annually.

#### **IRS Limits**

The IRS Maximum Benefit Limitation for the 2024 Plan Year is \$ 275,000.

The IRS Maximum Compensation Limitation for the 2024 Plan Year is \$ 330,000.

### Plan Provisions

**General Information**

Valuation Date	July 1, 2024
Original Effective Date	July 1, 1971
Effective Date of Last Amendment	July 1, 1990
Plan Year	July 1 to June 30
Employer Fiscal Year	July 1 to June 30
Employer ID Number	66-0290543

**Eligibility Requirements**

An eligible employee becomes a participant on the first anniversary of their date of hire.

**Service**

*Definition*

One (1) year of service is earned for each Plan Year in which an employee works 1,000 hours.

**Compensation**

Compensation is the total compensation received by the participant for the prior plan year, including sales bonuses, and any amounts deferred under the Supplemental Retirement Plan. Excluded are overtime and other forms of premium payment, incentive pay other than sales bonuses, profit sharing payments, and any other form of additional compensation.

Final Average Compensation is the average of a participant’s total earnings for the 5 consecutive plan years out of the last 12 years prior to termination of employment which produces the highest average. Compensation will be limited to \$ 330,000 prospectively and retroactively.

**Vesting**

All participants shall be vested using the following schedule:

Years of Service	Percent Vested
0	0
1	0
2	0
3	0
4	0
5	100

All participants shall be 100% vested upon attainment of their normal retirement date.

**Vested Benefit**

The vested benefit shall be the vested portion of the accrued benefit as of the date of determination.

## **Plan Provisions (continued)**

### **Normal Retirement**

#### ***Eligibility***

The normal retirement date for each participant is the second day of January nearest the attainment of age 65, or five (5) years of participation, if later.

#### ***Benefit***

The amount of annual retirement benefit payable according to the payment form chosen is calculated as follows:

- 1.0% of Final Average Compensation multiplied by Years of Service plus .6% of Final Average Compensation in excess of Covered Compensation multiplied by the Years of Service, not to exceed 35.

### **Accrued Benefit**

The Monthly Accrued Benefit, with respect to the formula above, as of any date, is calculated using actual service and compensation as of the date of determination.

### **Delayed Retirement**

Eligibility is the first of the month on or next following the actual date the participant terminates employment after normal retirement date. The benefit is based on service and final average compensation as of the actual retirement date, or, if greater, the actuarial equivalent of the benefit payable at normal retirement date

### **Early Retirement**

#### **Eligibility Definition**

Eligibility is contingent upon the attainment of age 55 and the completion of 10 Years of Service.

#### **Benefit Definition**

A participant may retire on the first day of any month following attainment of eligibility. The amount of the monthly early retirement benefit is the participant's accrued benefit reduced to reflect the early commencement of payments.

The reduction is .5% per month for each month from the Normal Retirement Age to the participant's age at the date of benefit commencement for early retirement. However, no reduction is applied if the participant has at least 20 years of credited service at the early retirement date.

### **Death Benefit**

#### ***Eligibility***

Eligibility is contingent upon the vesting date.

## Plan Provisions (continued)

### **Benefit Definition**

Pre-Retirement: Minimum of the actuarial equivalent of the vested accrued benefit. If larger, the Qualified Joint and 50% Survivor spouse benefit would be payable.

Post-Retirement: Benefit payable, if any, per terms of retirement option chosen.

### **Method of Payments**

Under the Normal Form of payment, a participant's retirement annuity is payable monthly for life, with 60 months of payments guaranteed. A participant may elect to receive the annuity under one of the following actuarially equivalent option modes:

- A reduced benefit is paid to the participant for life, with such benefit (50, 75, and 100% of such benefits thereof) continued after death for the subsequent lifetime of the designated contingent annuitant.
- A reduced monthly payment to the participant for life, with the first 60, 120, 180 or 240 payments guaranteed.
- A Social Security adjustment option with higher payments prior to receipt of Social Security benefits.
- A lump sum payment of the actuarial equivalence of the participant's retirement benefit.

Unless the participant has elected an option above, it is automatically assumed that a married participant has elected a Joint and Last Survivor option with 50% of the initial amount continued to the surviving spouse as contingent annuitant.

### **Contributions**

The entire cost of the plan is paid by the Employer.

### **Amendments**

The employer reserves the right to amend the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due. If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

# S.C. Johnson de Puerto Rico, Inc. Retirement Plan

## July 1, 2024 Actuarial Valuation

### Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total No.	
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	2	1	0	0	0	0	0	0	0	3
45 to 49	0	1	0	0	0	1	0	0	0	0	0	2
50 to 54	0	0	0	1	0	0	0	0	0	0	0	1
55 to 59	0	0	2	0	0	0	1	0	0	0	0	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>

## **Actuarial Funding Method**

### **Unit Credit Actuarial Cost Method**

Under the Unit Credit Actuarial Cost Method, the Target Normal Cost for the current plan year is the present value of all benefits expected to accrue or be earned during the current plan year. The Funding Target (accrued liability) is the present value of all benefit accrued up to the plan valuation date.

ARPA provides that any excess of the Funding Target over the Adjusted Assets will be amortized over a fifteen-year period. This shortfall amortization becomes part of the current year funding. The remaining balance of this amortization becomes part of the funding formula for the next plan year. In the event that there is no shortfall in a subsequent plan year then all amortization bases from prior plan years become zero.

## **Valuation Methodology**

No liability is held for non-vested, inactive employees who have a break-in-service, or for employees who have quit, been terminated, or died, even if a break-in-service had not occurred as of the valuation date.

All participants are assumed to work the same number of hours in future years as they worked in the year preceding the valuation. Thus, as an example, if a participant is on leave-of-absence at year-end and has worked more than 1,000 hours, it is assumed he will earn additional benefits under the plan.

Similarly, if a participant has worked less than 1,000 hours in the prior year, it is assumed that no benefits will be earned by that participant in the future.

Disability benefits are not considered to have material effect on cost and have not been specifically valued.

Plan assets are valued at market value on the valuation date.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **Round off amounts to nearest dollar.**

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

<b>A</b> Name of plan RETIREMENT PLAN FOR EMPLOYEES OF S.C. JOHNSON DE PUERTO RICO, INC.	<b>B</b> Three-digit plan number (PN) ▶	001

<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF S.C. JOHNSON DE PUERTO RICO, INC.	<b>D</b> Employer Identification Number (EIN) 66-0290543
---------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

**E** Type of plan:  Single  Multiple-A  Multiple-B **F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

**1** Enter the valuation date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> 2406474
<b>b</b> Actuarial value .....	<b>2b</b> 2406474

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	6	1008509	1008509
<b>b</b> For terminated vested participants.....	25	856736	856736
<b>c</b> For active participants .....	9	470430	462237
<b>d</b> Total.....	40	2335675	2327482

**4** 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>

**5** Effective interest rate ..... **5** 5.43 %

<b>6</b> Target normal cost	
<b>a</b> Present value of current plan year accruals.....	<b>6a</b> 53097
<b>b</b> Expected plan-related expenses .....	<b>6b</b> 0
<b>c</b> Target normal cost.....	<b>6c</b> 53097

**Statement by Enrolled Actuary**

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

**SIGN  
HERE**

Signature of actuary

WILFRED L. THORNTHWAITE

Type or print name of actuary

THORNTHWAITE & CO.

Firm name

783 OLD HICKORY BLVD/STE 252W  
BRENTWOOD, TN 37027

Address of the firm

March 20, 2026

Date

23-01083

Most recent enrollment number

615-377-1973

Telephone number (including area code)

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

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