

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
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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.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE REVLON-UAW PENSION PLAN
1b	Three-digit plan number (PN) ▶ 065
1c	Effective date of plan 10/01/1991
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) REVLON CONSUMER PRODUCTS LLC 55 WATER STREET 43RD FLOOR NEW YORK, NY 10041
2b	Employer Identification Number (EIN) 13-3662953
2c	Plan Sponsor's telephone number 212-527-4000
2d	Business code (see instructions) 339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/28/2026	GRETCHEN REED
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2019
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 6a(2) 0 6b 1396 6c 261 6d 1657 6e 225 6f 1882 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 3H

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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
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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.	
A Name of plan THE REVLON-UAW PENSION PLAN	B Three-digit plan number (PN) ▶ 065
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF REVLON CONSUMER PRODUCTS LLC	D Employer Identification Number (EIN) 13-3662953
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	54751624	
b	Actuarial value	2b	57419508	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	1625	48853636	48853636
b	For terminated vested participants	394	8775840	8775840
c	For active participants	0	0	0
d	Total	2019	57629476	57629476
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.00 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1385000	
c	Target normal cost	6c	1385000	

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 DITAH RIMER Type or print name of actuary AON CONSULTING, INC. Firm name MSC # 17837 P.O. BOX 6718 SOMERSET, NJ 08875 Address of the firm	09/25/2025 Date 23-05562 Most recent enrollment number 212-441-2000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		1084271
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		506269
9 Amount remaining (line 7 minus line 8)		578002
10 Interest on line 9 using prior year's actual return of <u>14.04</u> %		81151
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.12</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		659153

Part III Funding Percentages

14 Funding target attainment percentage	14	98.49 %
15 Adjusted funding target attainment percentage	15	98.49 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.49 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/02/2024	237126				
01/08/2025	237126				
09/04/2025	393992				
Totals ►			18(b)	868244	18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	817306

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
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 % ☐ N/A, full yield curve used
b Applicable month (enter code)	21b		4
22 Weighted average retirement age	22		64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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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
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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	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1385000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	869121	90926	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1475926	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		658620	658620
36 Additional cash requirement (line 34 minus line 35)	36	817306	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	817306	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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)
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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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan THE REVLON-UAW PENSION PLAN	B Three-digit plan number (PN) ▶ 065
C Plan sponsor's name as shown on line 2a of Form 5500 REVLON CONSUMER PRODUCTS LLC	D Employer Identification Number (EIN) 13-3662953

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

☒

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

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

(b)

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	267245	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIMENSIONAL FUND ADVISORS, LP

30-0447847

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

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

WELLINGTON MGMT COMPANY

30-0835489

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	14321	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

SILCHESTER INTL INVESTORS INC

45-3056700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 62	NONE	59450	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62	NONE	72293	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

NEW ENGLAND PENSION CONSULT

86-1751460

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 71	NONE	27823	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

NEWTON INVESTMENT MANAGEMENT

86-1751460

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan THE REVLON-UAW PENSION PLAN				B Three-digit plan number (PN) ▶ 065	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 REVLON CONSUMER PRODUCTS LLC				D Employer Identification Number (EIN) 13-3662953	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: REVLON MASTER TRUST					
b Name of sponsor of entity listed in (a): REVLON CONSUMER PRODUCTS LLC					
c EIN-PN 36-7370049-001		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52839534		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan THE REVLON-UAW PENSION PLAN	B Three-digit plan number (PN) 065
C Plan sponsor's name as shown on line 2a of Form 5500 REVLON CONSUMER PRODUCTS LLC	D Employer Identification Number (EIN) 13-3662953	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	474252	631118
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	54353505	52839534
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	54827757	53470652
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	66756	50204
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	66756	50204
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	54761001	53420448

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	868244	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		868244
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1006299	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1006299
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	64419	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		64419
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		3237978
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		71
d Total income. Add all income amounts in column (b) and enter total	2d		5177011

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5583734	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5583734
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	933830	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		933830
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6517564

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1340553
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WITHUMSMITH+BROWN, PC**

(2) EIN: **22-2027092**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 554406.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE REVLON-UAW PENSION PLAN	B Three-digit plan number (PN) ▶	065
C Plan sponsor's name as shown on line 2a of Form 5500 REVLON CONSUMER PRODUCTS LLC	D Employer Identification Number (EIN) 13-3662953	

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	4

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	0	
	b Enter the amount contributed by the employer to the plan for this plan year	6b	0	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
----------	------------

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

0

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: 50.9 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 17.7 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.0 % Other: 28.4 %

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_____.

THE REVLON-UAW PENSION PLAN

Financial Statements

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

THE REVLON-UAW PENSION PLAN

December 31, 2024 and 2023

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Independent Auditor's Report

To the Plan Administrator and Plan Participants of
Revlon-UAW Pension Plan:

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

We have performed audits of the financial statements of Revlon-UAW Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the year ended December 31, 2024 and 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

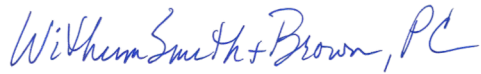
In performing an audit in accordance with GAAS, we:

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

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

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

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

A handwritten signature in blue ink that reads 'Withum Smith & Brown, PC'. The signature is written in a cursive, flowing style.

October 6, 2025

THE REVLON-UAW PENSION PLAN

**Statements of Net Assets Available for Benefits
As of December 31, 2024 and 2023
(dollars in thousands)**

	December 31,	
	2024	2023
Assets:		
Investments, at fair value:		
Plan's interest in Master Fund, as certified (See Notes 3(a) and 3(b))	\$ 52,840	\$ 54,353
Employer contribution receivable	631	474
Total assets	<u>53,471</u>	<u>54,827</u>
Liabilities:		
Accrued administrative expenses	50	67
Net assets available for benefits	<u>\$ 53,421</u>	<u>\$ 54,760</u>

See accompanying notes to the Plan's financial statements.

THE REVLON-UAW PENSION PLAN

Statements of Changes in Net Assets Available for Benefits For the years ended December 31, 2024 and 2023 (dollars in thousands)

	Year Ended December 31,	
	2024	2023
Additions to net assets:		
Investment income allocated from the Master Fund, as certified (Note 3(c)):		
Net appreciation in fair value of investments	\$ 3,238	\$ 6,254
Interest income	1,006	979
Dividend income	64	97
Other income	—	8
Total investment income	4,308	7,338
Employer contributions	871	474
Total additions to net assets	5,179	7,812
Deductions from net assets:		
Benefits paid, net (Notes 1(c) and 6)	5,584	5,775
Administrative expenses (Note 2(e))	934	1,588
Total deductions from net assets	6,518	7,363
Net (decrease) increase in net assets available for benefits	(1,339)	449
Net assets available for benefits:		
Beginning of year	54,760	54,311
End of year	<u>\$ 53,421</u>	<u>\$ 54,760</u>

See accompanying notes to the Plan's financial statements.

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

NOTE 1. Description of the Plan

The following description of The Revlon-UAW Pension Plan (formerly, “The Revlon District 65 Pension Plan” and, hereafter, as amended, the “Plan”) is provided for general information purposes only. Participants should refer to the Plan documents for a definitive and more complete description of the Plan’s provisions. The provisions of the Plan documents govern and prevail in all cases.

(a) General

The Plan is a defined benefit pension plan, subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan is sponsored by Revlon Consumer Products LLC (“RCP LLC”, or the “Plan Sponsor”), formerly known as Revlon Consumer Products Corporation, a Delaware limited liability company (hereafter, “Products Corporation”) and together with its participating subsidiaries, the (“Company”). Under the Reorganization Plan, as hereinafter defined, Products Corporation was converted to a limited liability company named RCP LLC effective May 2, 2023 (“Effective Date”).

Effective April 2019, the Company’s Phoenix location closed (the “2019 Plant Closure”), and all remaining active participants in the Plan at such location, representing all of the then-remaining active Plan participants, were terminated between March 2019 and April 2019. Accordingly, as of the 2019 Plant Closure, all non-vested participants in the Plan became fully vested and all Plan participants stopped accruing any future benefits.

On February 21, 2023, Revlon, Inc. and certain of its subsidiaries, including RCP LLC (collectively, the “Debtors”) entered into an amended and restated restructuring support agreement (the “RSA”) with certain of its creditors and filed their proposed plan of reorganization (the “Reorganization Plan”) with the U.S. Bankruptcy Court for the Southern District of New York (the “Bankruptcy Court”). Under the terms of the RSA and the Reorganization Plan, the Debtors’ total debt burden would be reduced by approximately \$2.7 billion and the Company would capitalize approximately \$1.4 billion of new money debt and equity investments. The Reorganization Plan also includes a global settlement of litigation claims by certain of the Company’s lenders.

On April 3, 2023, the Reorganization Plan was confirmed by the Bankruptcy Court and on May 2, 2023, the Plan became effective. As of May 2, 2023, there were no shares of Class A Common Stock in the Master Trust.

On the Effective Date, Revlon Group Holdings LLC became the new parent company of Revlon’s subsidiaries. Pursuant to the Reorganization Plan, Revlon, Inc. was dissolved. Revlon Group Holdings LLC is a privately held company that is not listed on a public stock exchange or subject to public company reporting requirements with new ownership and a new board of managers. Revlon Group Holdings LLC conducts its business exclusively through its direct wholly-owned operating subsidiary, RCP LLC and its subsidiaries.

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

(b) Administration of the Plan

The Plan Administrator is RCP LLC.

The Plan provides that RCP LLC's sole member appoints a Plan Administrator, which was reasonably acceptable to the Union (as hereinafter defined). The Plan Administrator is responsible for directing the Plan's administrative activities. An Investment Committee, also appointed by RCP LLC's sole member, oversees the investment and reinvestment of the assets in the Plan's trust fund with an independent registered financial firm that acts as a financial advisor and a fiduciary to advise, among other things, the Plan's Investment Committee regarding the selection of appropriate asset classes and investment managers for the Plan's trust fund.

RCP LLC is the named fiduciary under the Plan, provided that the Plan Administrator, the Investment Committee and the Board of Trustees are the named fiduciaries with respect to the specific matters for which they are responsible under the Plan document or trust agreement.

(c) Summary of Plan Benefits

Before giving effect to the 2019 Plant Closure, monthly benefits under the Plan were based on rates, which were determined by years and fractional years (based on 1,650 hours equaling one year for years beginning on or after January 1, 2003; and 1,750 hours equaling one year for years beginning before January 1, 2003) of credited service, applied to final average compensation of up to \$20.0, but not less than \$6.0, for the plan year up to 1995. Effective January 1, 1996, the Plan was amended to take into account compensation of up to \$21.0 in 1996, \$22.0 in 1997 and \$23.0 after 1997 for RCP LLC's participants employed at its former Holmdel, N.J. facility only. Effective May 1998, the Plan was amended to take into account compensation of up to \$23.0 in 1998, \$25.0 in 1999, \$27.0 in 2001 and \$28.0 after 2001 for its Phoenix, AZ location. The final average compensation was defined as the highest average annual compensation based on any five calendar years, whether or not consecutive, during the last fifteen years of credited service.

As required by ERISA, the Plan provides an automatic joint and 50% survivor annuity form of benefit with the Plan participant's spouse as beneficiary. Additionally, the Plan provides death benefit protection, not required by ERISA, to the beneficiary of a single Plan participant who dies in service after normal retirement age. The Plan also provides an automatic pre-retirement spousal death benefit, as required by ERISA, for Plan participants who die after becoming vested, but before retirement.

Active employees who terminated employment due to total disability with ten years of credited service received annual disability benefits, which equaled normal retirement benefits determined as of the date of disability. In this situation, the benefit was not actuarially reduced for commencement prior to a Plan participant's normal retirement date and was paid for life or until recovery.

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

(d) Eligibility

Before giving effect to the 2019 Plant Closure, under the terms of the agreement between the Company and Local 509 of the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (formerly the District 65 of the U.A.W., AFL-CIO, and hereafter, the “Union”), the Company’s employees who were eligible to participate in the Plan consisted of: (1) active participants in the Plan on September 30, 1991; (2) specifically designated employees who were terminated with vesting or had retired prior to October 1, 1991; and (3) covered Union employees hired by the Company on or after October 1, 1991.

A participant’s eligibility for normal retirement benefits was achieved at the later to occur of (a) reaching the age of 65 or (b) the participant’s fifth anniversary of commencement of participation in the Plan. There was also a Plan provision for early retirement at age 55 with 10 years of credited service or after 30 years of credited service.

NOTE 2. Summary of Significant Accounting Policies

(a) Basis of Presentation

The Plan’s accompanying financial statements have been prepared in accordance with the U.S. Department of Labor’s (the “DOL”) Rules and Regulations for Reporting and Disclosure requirements under ERISA (the “DOL’s ERISA Rules”) and the accrual basis of accounting under U.S. generally accepted accounting principles (“U.S. GAAP”) and present the Plan’s net assets available for benefits and changes in the Plan’s net assets available for benefits.

(b) Use of Estimates

The preparation of the Plan’s financial statements in accordance with the DOL’s ERISA Rules and U.S. GAAP requires the Plan’s management to make certain estimates and assumptions that affect the reported amounts of the Plan’s assets and liabilities, the disclosure of contingent assets and liabilities at the date of the Plan’s financial statements, the actuarial present value of accumulated Plan benefits at the date of the Plan’s financial statements and the reported amounts of additions to and deductions from the Plan’s net assets during the reporting period. Actual results could differ from those estimates.

(c) Income Recognition

The Trustee (as defined in Note 3 below) calculates the Plan’s pro-rata share of the income or loss of the Master Fund (as defined herein) based on the prior month’s fair market values, adjusted for the Plan’s contributions received, benefits paid and administrative expenses. Refer to Note 3, “*Investment Information Certified by the Trustee (unaudited)*,” for information regarding investment valuation.

Purchases and sales of securities are recorded on a trade-date basis (generally the date on which the security trade is executed). Interest income is recorded on the accrual basis. Dividends are

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

recorded on the ex-dividend date (the date before which a stockholder must hold a security in order to be entitled to receive a dividend).

(d) Payments of Benefits

Benefit payments are recorded when paid.

(e) Administrative Expenses

Actuarial, investment management and trust expenses incurred by the Plan are paid from the Plan's assets only to the extent permitted by the Plan document and DOL's regulations. The Company has paid other administrative expenses permitted to be paid by the Plan, such as certain accounting and legal fees of the Plan. For the years ended December 31, 2024 and 2023, the Master Fund's total administrative expenses were \$934 and \$1,588, respectively, of which, \$165 and \$200, respectively, were allocated to the Plan based on the Plan's percentage interest in the Master Fund (as described in Note 3, below).

NOTE 3. Investment Information Certified by the Trustee (unaudited)

The Plan participates in the MacAndrews & Forbes Incorporated Master Trust (the "Master Fund") for which The Northern Trust Company is the trustee (the "Trustee"). During the year ended December 31, 2023, MacAndrews & Forbes Incorporated ("M&F") directly and indirectly beneficially owned approximately 85.1% of the issued and outstanding shares and voting power of Revlon, Inc.'s Class A Common Stock. Products Corporation was wholly owned by Revlon, Inc. As of the Effective date, all outstanding shares of Revlon, Inc. were cancelled and extinguished and Revlon, Inc. was to be dissolved pursuant to the Reorganization Plan. Accordingly, as of December 31, 2024 and 2023, M&F had no beneficial ownership in the Company.

As of December 31, 2024 and 2023, the Master Fund was comprised of assets related to certain plans sponsored by RCP LLC. The assets held in the Master Fund related to the Plan are only available for the Plan and such assets are reported herein at either fair value or amounts approximating fair value. (See Note 4, "*Fair Value of Master Fund Investments*").

The Plan's financial statements are prepared so they can be filed in conformity with the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's ERISA Rules. Accordingly, as permitted under such method, the Plan has obtained certifications from Northern Trust, the Trustee, that all of the information provided by the Trustee (other than the level classification included below in Note 4, "*Fair Value of Master Fund Investments*," which has been derived from information that has been certified by the Trustee) is complete and accurate. Information as to investments in the Master Fund administered by the Trustee and the Plan's investment activities is presented in these financial statements in reliance upon those certifications.

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

(a) Master Fund Investments

The fair value of the Plan's interest in the Master Fund, as of December 31, 2024 and 2023, was \$52,840 and \$54,353, respectively, which represented 18.4% and 18.7%, respectively, of the total Master Fund, based on the Trustee's certifications. The remaining balance relates to another RCP LLC sponsored plan within the Master Fund.

As of December 31, 2024 and 2023, the Plan's interest in the Master Fund was calculated by the Trustee as a percentage of certain of the Master Fund's assets for which the Company's plans had an undivided interest.

The Trustee calculates the Plan's pro-rata share of the transactions of the Master Fund based on the prior month's fair values, adjusted for contributions received, benefits paid and administrative expenses specifically identified, when applicable.

The Master Fund's investments are reviewed on a regular basis by the Plan's Investment Committee. The Plan's Investment Committee, with the advice of its independent registered financial advisor, may change the Master Fund's asset classes and investment managers.

The financial information included in sections (b) and (c) within this Note 3 represents the Master Fund's total investments and investment income.

(b) Plan's Interest in the Master Fund Investments

As of December 31, 2024 and 2023, the fair values of the Master Fund and the Plan's interest in the Master Fund's investments, net of accrued investment related expenses, are categorized as presented in the table below:

	Master Fund Balances		Plan's Interest in Master Fund Balances	
	2024	2023	2024	2023
Cash and cash equivalents	\$ 8,638	\$ 5,074	\$ 1,590	\$ 950
Mutual funds	84,413	52,155	15,542	9,767
Common and collective funds	130,358	151,732	24,003	28,413
Fixed income securities	50,744	63,502	9,343	11,892
Hedge funds	12,829	17,788	2,362	3,331
Total investments at fair value	<u>\$ 286,982</u>	<u>\$ 290,251</u>	<u>\$ 52,840</u>	<u>\$ 54,353</u>
Accrued expenses	231	315	50	67
Total	<u>\$ 286,751</u>	<u>\$ 289,936</u>	<u>\$ 52,790</u>	<u>\$ 54,286</u>

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

(c) Master Fund Investment Income (Loss)

The following represents the investment income of the Master Fund for the years ended December 31, 2024 and 2023:

	Master Fund	
	2024	2023
Net appreciation (depreciation) in fair value of investments:		
Cash and other investments	\$ 3	\$ 11
Mutual funds	1,888	2,565
Common and collective funds	17,705	26,041
Fixed income securities	(3,488)	2,995
Hedge funds	1,040	1,730
Net appreciation	17,148	33,342
Interest income	5,396	5,209
Dividend income	349	516
Other income	—	43
Total investment income	<u>\$ 22,893</u>	<u>\$ 39,110</u>

The Plan's interest in the total investment income of the Master Fund was \$4,308 and \$7,338 for the years ended December 31, 2024 and 2023, respectively.

The Trustee has provided the Plan with certifications, from Northern Trust Company, as to the accuracy and completeness of the cost and fair value of the Plan's investments as of December 31, 2024 and 2023 and the Plan's investment activities for the years ended December 31, 2024 and 2023, which are consistent with the amounts reflected in the Plan's accompanying financial statements.

NOTE 4. Fair Value of Master Fund Investments

Assets and liabilities are required to be categorized into three levels of fair value based upon the assumptions used to price the assets or liabilities. Level 1 provides the most reliable measure of fair value, whereas Level 3, if applicable, generally would require significant management judgment. The three levels for categorizing the fair value measurement of assets and liabilities are as follows:

- Level 1: Fair value of the asset or liability is determined using observable inputs, such as quoted or published prices in active markets for identical assets or liabilities;
- Level 2: Fair value of the asset or liability is determined using inputs other than quoted or published prices that are observable for the applicable asset or liability, either directly or indirectly, such as quoted prices for similar (as opposed to identical) assets or liabilities in active markets and quoted or published prices for identical or similar assets or liabilities in markets that are not active; and
- Level 3: Fair value of the asset or liability is determined using unobservable inputs that reflect the Company's own assumptions regarding the applicable asset or liability.

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

The fair values of the Master Fund's investments were determined as follows:

- Cash and cash equivalents: Cash and cash equivalents are measured at cost, which approximates fair value. The Company classifies cash and cash equivalents within Level 1 of the fair value hierarchy.
- Mutual funds: The fair values of the investments included in the mutual funds' asset class are determined using net asset value ("NAV") provided by the administrator of the funds. The NAV is based on the closing price reported on the major market where the individual securities within the mutual fund are traded. The Company classifies mutual fund investments within Level 1 of the fair value hierarchy.
- Common and collective funds: The fair values of the investments included in the common and collective funds asset class are determined using NAV provided by the administrator of the funds. The NAV is based on the value of the underlying assets owned by the common and collective fund, minus its liabilities, and then divided by the number of shares outstanding. The redemption frequencies for the Master Fund's investments in the common and collective funds asset class range from daily to monthly, with redemption notice periods that range from 2 to 10 business days. The Company classifies common and collective fund investments within Level 1 or Level 2 of the fair value hierarchy.
- Fixed income securities: The fair values of the investments included in the fixed income securities asset class are based on a compilation of primarily observable market information and/or broker quotes. The Company classifies fixed income securities investments within Level 2 of the fair value hierarchy.
- Hedge funds: The hedge funds asset class includes hedge funds that primarily invest in a grouping of equities, fixed income instruments, currencies, derivatives and/or commodities. The fair values of investments included in the hedge funds class are determined using NAV provided by the administrator of the funds. The Master Fund's investments in the hedge funds asset class may employ leverage, generally can be sold on a quarterly or monthly basis and have redemption notice periods that range up to 90 business days. Hedge fund investments are generally recorded using NAV per share or its equivalent, as permitted by the practical expedient under U.S. GAAP, and are not assigned a fair value hierarchy level.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

As of December 31, 2024, the fair values of the Master Fund's investments are categorized as presented in the table below:

	Total	Level 1	Level 2	Level 3
Master Fund Assets:				
Cash and Cash Equivalents	\$ 8,638	\$ 8,638	\$ —	\$ —
Mutual Funds ^(a) :				
Corporate Bonds	18,150	18,150	—	—
Government Bonds	31,222	31,222	—	—
U.S. Large Cap Equity	158	158	—	—
International Equities	6,707	6,707	—	—
Emerging Markets International Equity	17,769	17,769	—	—
U.S. Small/Mid Cap Equity	8,137	8,137	—	—
Cash and Cash Equivalents	127	127	—	—
Other ^(b)	2,143	2,143	—	—
Common and Collective Funds ^(a) :				
Corporate Bonds	12,080	12,080	—	—
Government Bonds	3,347	3,347	—	—
U.S. Large Cap Equity	74,854	74,790	64	—
U.S. Small/Mid Cap Equity	7,986	7,986	—	—
International Equities	28,041	—	28,041	—
Emerging Markets International Equity	3,398	—	3,398	—
Cash and Cash Equivalents	652	652	—	—
Fixed Income Securities:				
Government Bonds	50,744	—	50,744	—
Total Master Fund Assets in the fair value hierarchy	\$ 274,153	\$ 191,906	\$ 82,247	\$ —
Investments measured at Net Asset Value ^(c) :				
Hedge Fund	12,829			
Total Master Fund Assets measured at Net Asset Value	\$ 12,829			
Total Master Fund Assets at Fair Value	<u>\$ 286,982</u>	<u>\$ 191,906</u>	<u>\$ 82,247</u>	<u>\$ —</u>

(a) The investments in mutual funds and common and collective funds are disclosed above within the respective underlying investments' class (i.e., various equities, corporate bonds, government bonds and other investment classes), while the fair value hierarchy levels of the investments are based on the Master Fund's direct ownership unit of account.

(b) Comprised of investments in currencies, derivatives and/or commodities.

(c) These investments are presented for reconciliation purposes, but are not required to be categorized in the fair value hierarchy as they are measured at fair value using the net asset per share or its equivalent, as permitted under U.S. GAAP.

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

As of December 31, 2023, the fair values of the Master Fund's investments are categorized as presented in the table below:

	Total	Level 1	Level 2	Level 3
Master Fund Assets:				
Cash and Cash Equivalents	\$ 5,074	\$ 5,074	\$ —	\$ —
Mutual Funds ^(a) :				
Corporate Bonds	12,494	12,494	—	—
Government Bonds	24,687	24,687	—	—
U.S. Large Cap Equity	1,321	1,321	—	—
International Equities	6,468	6,468	—	—
Emerging Markets International Equity	1,494	1,494	—	—
U.S. Small/Mid Cap Equity	238	238	—	—
Cash and Cash Equivalents	715	715	—	—
Other ^(b)	4,738	4,738	—	—
Common and Collective Funds ^(a) :				
Corporate Bonds	11,864	11,864	—	—
Government Bonds	998	998	—	—
U.S. Large Cap Equity	65,805	65,805	—	—
U.S. Small/Mid Cap Equity	15,866	15,866	—	—
International Equities	33,751	443	33,308	—
Emerging Markets International Equity	21,235	16,815	4,420	—
Cash and Cash Equivalents	2,213	2,213	—	—
Fixed Income Securities:				
Government Bonds	63,502	—	63,502	—
Total Master Fund Assets in the fair value hierarchy	\$ 272,463	\$ 171,233	\$ 101,230	\$ —
Investments measured at Net Asset Value ^(c) :				
Hedge Fund	17,788			
Total Master Fund Assets measured at Net Asset Value	\$ 17,788			
Total Master Fund Assets at Fair Value	<u>\$ 290,251</u>	<u>\$ 171,233</u>	<u>\$ 101,230</u>	<u>\$ —</u>

(a) The investments in mutual funds and common and collective funds are disclosed above within the respective underlying investments' class (i.e., various equities, corporate bonds, government bonds and other investment classes), while the fair value hierarchy levels of the investments are based on the Master Fund's direct ownership unit of account.

(b) Comprised of investments in currencies, derivatives and /or commodities.

(c) These investments are presented for reconciliation purposes, but are not required to be categorized in the fair value hierarchy as they are measured at fair value using the net asset per share or its equivalent, as permitted under U.S. GAAP.

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

There were no transfers into or out of Level 3 assets in the Master Fund's fair value hierarchy during both 2024 and 2023.

The Master Fund had no unfunded commitments to its investments as of December 31, 2024 or 2023. The Plan generally has the ability to redeem its investments on a monthly basis; however, certain hedge fund investments are subject to a redemption notice period of up to 90 days.

The Master Fund had no additional receivables or payables as of December 31, 2024 or 2023.

NOTE 5. Funding

For funding purposes in 2024 and 2023, the Company's contributions to the Plan took into account future wage increases and future service increments. Following the 2019 Plant Closure, future wage increases and future service increments after such event are not considered for funding purposes or in the calculation of the present value of accumulated Plan benefits.

The actuarial cost method used to determine Company contributions to the Plan is the unit credit cost method, as required by the Pension Protection Act of 2006.

The Company's contributions are designed to comply with the minimum standards set forth by ERISA, plus such additional amounts as the Company may deem to be appropriate from time-to-time. The Company met ERISA's 2024 and 2023 minimum funding requirements.

NOTE 6. Risks and Uncertainties

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of these investment securities will occur and that such changes could materially affect the amounts reported in the Plan's Statements of Net Assets Available for Benefits. The Plan's exposure to a concentration of credit risk is reasonably designed to be mitigated by the diversification of investments within the Master Fund. However, it cannot be determined whether the diversification of investments will be effective in protecting and maintaining the Plan's net assets available for benefits. As of December 31, 2024 and 2023, four and three investments represented 66% and 55%, respectively, of the net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions, such as those pertaining to interest rates and inflation rates, which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions could have a material effect on the Plan's financial statements.

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

NOTE 7. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service and eligible compensation that employees have earned through the valuation date and which are expected to be paid to present Plan participants or their beneficiaries. Refer to Note 1(c).

The actuarial present value of accumulated Plan benefits (the "Accumulated Benefit Obligation") is determined by the Plan's actuary (which, for the period covered by these financial statements, was Aon (the "Actuary")) and is the amount which results from applying actuarial assumptions to the accumulated Plan benefits to reflect the time value of money (through discounts for interest), and the probability of payment (taking into account decrements due to death, disability, withdrawal or retirement), between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation of the Accumulated Benefit Obligation as of December 31, 2024 included: (a) an assumed liability discount rate of 5.54%, compounded annually; (b) assumed retirement age of 64 for terminated vested participants; and (c) assumed mortality rates based upon the Pri-2012 Fully Generational Healthy Mortality Table, projected with improvement scale MP-2021 with Aon's 2024 COVID-19 Endemic Adjustment, with Blue Collar adjustment. The significant actuarial assumptions used in the valuation of the Accumulated Benefit Obligation as of December 31, 2023 included: (a) an assumed liability discount rate of 4.92%, compounded annually; (b) assumed retirement age of 64 for terminated vested participants; and (c) assumed mortality rates based upon the Pri-2012 Fully Generational Healthy Mortality Table, projected with improvement scale MP-2021 with Aon's 2023 COVID-19 Endemic Adjustment, with Blue Collar adjustment.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the Plan's Accumulated Benefit Obligation. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material difference.

As of December 31, 2024 and 2023, the Accumulated Benefit Obligation expected to be paid to Plan participants who have retired or have terminated with vested rights are summarized as follows:

	December 31,	
	2024	2023
Vested benefits:		
Participants currently receiving benefits	\$ 43,771	\$ 48,115
Other participants	6,746	8,866
Total Accumulated Benefit Obligation	<u>\$ 50,517</u>	<u>\$ 56,981</u>

The information as of December 31, 2024 and 2023 has been derived by the Actuary from data relating solely to amounts applicable to Plan participants on each such date.

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

The significant factors affecting the change in the Accumulated Benefit Obligation from January 1, 2023 to December 31, 2024 were as follows:

Accumulated Benefit Obligation at January 1, 2023	\$ 59,839
Benefits paid	(5,775)
Changes in actuarial assumptions ^(a)	129
Other changes, including accrued interest and actuarial gains and losses	2,788
Accumulated Benefit Obligation at December 31, 2023	56,981
Benefits paid	(5,584)
Changes in actuarial assumptions ^(b)	(2,319)
Other changes, including accrued interest and actuarial gains and losses	1,439
Accumulated Benefit Obligation at December 31, 2024	<u>\$ 50,517</u>

(a) The increase due to changes in actuarial assumptions in 2023 is primarily related to the decrease in the discount rate from 4.95% to 4.92% on December 31, 2023, partially offset by the change in the mortality projection scale from MP-2021 with Aon's 2022 COVID-19 Endemic Adjustment to MP-2021 with Aon's 2023 COVID-19 Endemic Adjustment. The change in the discount rates used for 2023 was primarily due to observed decreases in long-term interest yields on high-quality corporate bonds during 2023.

(b) The decrease due to changes in actuarial assumptions in 2024 is primarily related to the increase in the discount rate from 4.92% to 5.54% on December 31, 2024, partially offset by the change in the mortality projection scale from MP-2021 with Aon's 2023 COVID-19 Endemic Adjustment to MP-2021 with Aon's 2024 COVID-19 Endemic Adjustment. The change in the discount rates used for 2024 was primarily due to observed increases in long-term interest yields on high-quality corporate bonds during 2024.

NOTE 8. Distribution in the Event of Plan Termination

RCP LLC has the right to amend or terminate the Plan at any time as permitted by law. Under the provisions of ERISA, if the Plan is terminated, the Company may be obligated to make termination payments to the Plan and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation ("PBGC"). If the Plan is terminated, the amount in the Plan shall be allocated to Plan participants in accordance with ERISA's requirements, to the extent such assets shall be sufficient for the purpose of paying retirement benefits in the following order:

- (a) To Plan participants or their beneficiaries whose benefits are derived from employee contributions, if any;
- (b) To Plan participants or their beneficiaries who were retired or eligible to retire three years prior to the termination of the Plan;
- (c) To Plan participants or their beneficiaries whose benefits are guaranteed under ERISA's termination insurance provisions;
- (d) To other Plan participants or their beneficiaries with vested benefits; and
- (e) To all other Plan participants or their beneficiaries.

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

Certain benefits under the Plan are guaranteed by the PBGC, which generally guarantees most vested normal retirement benefits, early retirement benefits and certain disability and survivors' pension benefits, as generally described below.

Vested benefits under the Plan are guaranteed by the PBGC at the level in effect on the date of the Plan termination. In addition, liberalizations of benefits are phased into the PBGC guarantee at a rate of 20% per year from the date of certain amendments. Therefore, the incremental vested benefits due to certain amendments put into effect during the five years preceding any Plan termination would not be fully guaranteed by the PBGC. There is, however, a ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The ceiling in effect for 2024 for benefits commencing at age 65 is \$7.4 per month (the amount is adjusted for benefits commencing before or after age 65). If the Plan were to terminate at some future time, whether all Plan participants would receive their full Plan benefits, would depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits then guaranteed by the PBGC. The PBGC is a governmental authority over which the Company has no influence or control and there is a risk that the PBGC may change, amend, and/or terminate its guarantee of Plan benefits at any time.

NOTE 9. Federal Income Tax Status

The Plan received a favorable determination letter dated September 14, 2017 from the Internal Revenue Service ("IRS") that the Plan, as amended through January 1, 2016, is qualified under Section 401(a) of the Code. Accordingly, the trust for the Plan is intended to be exempt from Federal income taxes under Section 501(a) of the Code, and therefore, the Plan's financial statements include no provisions for income taxes. While the Plan was further amended after January 1, 2016, in the opinion of RCP LLC in its capacity as Plan Administrator, the Plan continues to be qualified and exempt from federal income taxes. Therefore, the Plan's financial statements include no provision for income taxes.

U.S. GAAP requires the Plan Sponsor to evaluate tax positions taken by the Plan and recognize a tax liability (or tax asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a tax liability (or a tax asset) or other disclosure in the Plan's financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there were no such audits in progress.

NOTE 10. Parties-in-Interest

Certain Plan investments in government bonds and securities are managed by the Trustee. The Plan's assets are evaluated to determine minimum funding requirements by the Actuary. The Trustee is a party-in-interest as a provider of investment management and accounting services to the Plan and the Actuary is a party-in-interest as a provider of actuarial services to the Plan. Therefore, transactions with the Trustee or Trustee-sponsored funds and the Actuary qualify as party-in-interest transactions.

THE REVLON-UAW PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(all amounts in thousands)

These transactions are exempt from the prohibited transactions rules of ERISA. Trustee-sponsored funds represented approximately 3.0% and 1.7% of the Master Fund assets as of December 31, 2024 and 2023, respectively.

Certain administrative services are provided by the Company at no cost to the Plan and certain administrative costs incurred by the Plan are paid by the Company.

NOTE 11. Subsequent Events

The Plan Sponsor has evaluated subsequent events from December 31, 2024 through October 6, 2025, the date the financial statements were available to be issued, and determined that no significant adjustments or disclosures are required.

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
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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.	
A Name of plan THE REVLON - UAW PENSION PLAN	B Three-digit plan number (PN) ► 065
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Revlon Consumer Products LLC	D Employer Identification Number (EIN) 13-3662953
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	54,751,624	
b	Actuarial value	2b	57,419,508	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	1,625	48,853,636	48,853,636
b	For terminated vested participants	394	8,775,840	8,775,840
c	For active participants	0	0	0
d	Total	2,019	57,629,476	57,629,476
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.00%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1,385,000	
c	Target normal cost	6c	1,385,000	

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

SIGN HERE DITAH RIMER  Signature of actuary	09/25/2025 Date 2305562 Most recent enrollment number 212-441-2000 Telephone number (including area code)
DITAH RIMER Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17837, P.O. Box 6718 SOMERSET NJ 08875 Address of the firm	

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 4.87 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
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):		
a	Target normal cost (line 6c).....	31a	1,385,000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	869,121	90,926
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 1,475,926
35	Balances elected for use to offset funding requirement	0	658,620
36	Additional cash requirement (line 34 minus line 35).....		36 817,306
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 817,306
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021		

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

		Days to Discount to 1/1/2024 at 5.00%		Interest Adjusted Contribution
Date	Amount			
October 2, 2024	\$ 237,126	275	\$	228,591
January 8, 2024	237,126	373		225,623
September 4, 2025	393,992	612		363,092
Total Contribution	\$ 868,244		\$	817,306

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

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

The plan has no active participants. All participants not in payment status are assumed to retire at age 64.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- The expected long-term rate of return on plan assets changed from 6.80 percent to 6.70 percent.

This change was made to better reflect the anticipated asset returns. This change had no impact on the funding shortfall for the current valuation.

Schedule SB Attachment (Form 5500) — 2024 Plan Year

The Revlon – UAW Pension Plan

EIN: 133662953 PN: 065

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	0	276,153	5,555,747	5,831,900
2025	0	331,297	5,280,984	5,612,281
2026	0	393,226	5,032,790	5,426,016
2027	0	457,910	4,784,879	5,242,789
2028	0	496,490	4,535,931	5,032,421
2029	0	543,761	4,285,549	4,829,310
2030	0	574,257	4,039,085	4,613,342
2031	0	634,190	3,794,394	4,428,584
2032	0	663,071	3,552,183	4,215,254
2033	0	698,971	3,313,184	4,012,155
2034	0	707,551	3,078,168	3,785,719
2035	0	718,398	2,847,940	3,566,338
2036	0	706,488	2,623,310	3,329,798
2037	0	696,259	2,405,093	3,101,352
2038	0	679,495	2,194,080	2,873,575
2039	0	663,382	1,991,006	2,654,388
2040	0	646,685	1,796,551	2,443,236
2041	0	627,403	1,611,338	2,238,741
2042	0	607,003	1,435,925	2,042,928
2043	0	589,896	1,270,799	1,860,695
2044	0	571,071	1,116,367	1,687,438
2045	0	551,677	972,951	1,524,628
2046	0	529,547	840,793	1,370,340
2047	0	503,481	720,049	1,223,530
2048	0	477,919	610,772	1,088,691
2049	0	449,731	512,899	962,630
2050	0	420,688	426,216	846,904
2051	0	391,007	350,351	741,358
2052	0	360,930	284,776	645,706
2053	0	330,679	228,832	559,511
2054	0	300,590	181,744	482,334
2055	0	270,958	142,653	413,611
2056	0	242,094	110,656	352,750
2057	0	214,303	84,837	299,140
2058	0	187,874	64,305	252,179

Schedule SB Attachment (Form 5500) — 2024 Plan Year

The Revlon – UAW Pension Plan

EIN: 133662953 PN: 065

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	0	163,066	48,213	211,279
2060	0	140,096	35,779	175,875
2061	0	119,129	26,304	145,433
2062	0	100,269	19,177	119,446
2063	0	83,557	13,882	97,439
2064	0	68,969	9,989	78,958
2065	0	56,420	7,154	63,574
2066	0	45,780	5,106	50,886
2067	0	36,876	3,635	40,511
2068	0	29,517	2,584	32,101
2069	0	23,502	1,835	25,337
2070	0	18,631	1,302	19,933
2071	0	14,718	923	15,641
2072	0	11,594	654	12,248
2073	0	9,109	462	9,571

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 2,656,073	January 1, 2023	14	\$ 253,503
Shortfall	\$ (1,786,952)	January 1, 2024	15	\$ (162,577)

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

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

Interest Rates for Minimum Funding Purposes

Based on Post-ARPA segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA

1st Segment Rate	4.75 percent
2nd Segment Rate	4.87 percent
3rd Segment Rate	5.59 percent

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization

1st Segment Rate	3.62 percent
2nd Segment Rate	4.46 percent
3rd Segment Rate	4.52 percent

Optional Payment Form Election Percentage

Normal Form

40 percent elect a 5-year certain and life annuity with 2/3 continued to the beneficiary for the remainder of the certain period.

Optional Forms

30 percent elect single life annuity

15 percent elect 50 percent joint and survivor (J&S)

annuity

5 percent elect 50 percent J&S annuity with restoration

10 percent elect 100 percent J&S annuity with restoration

Retirement Age

Active Participants N/A

Terminated Vested Participants Age 64

Mortality Rates

Healthy and Disabled 2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(b).

Withdrawal Rates N/A

Disability Rates N/A

Schedule SB Attachment (Form 5500) — 2024 Plan Year

The Revlon – UAW Pension Plan

EIN: 133662953 PN: 065

Decrement Timing	Middle of year decrements, with 100 percent retirement occurring at beginning of year
Surviving Spouse Benefit	90 percent of males and 70 percent of females are assumed to have an eligible spouse, and males are assumed to be three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90 percent nor more than 110 percent of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2022 Plan Year	5.40 percent , limited to 5.92 percent
2023 Plan Year	6.80 percent , limited to 5.74 percent
2023 Plan Year	6.70 percent , limited to 5.59 percent
Trust Expenses Included in Target Normal Cost	Prior year's administrative expenses rounded up to the next \$5,000 are added to the Target Normal Cost.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Schedule SB, Part V — Summary of Plan Provisions

History of the Plan

Effective October 1, 1991, liabilities and assets attributable to Revlon employees (active, retired, and terminated) were spun off from the 65 Security Plan Pension Fund (a multiemployer plan) to form the Revlon District 65 Pension Plan.

Effective January 16, 1992, the plan was amended to take into account compensation up to \$20,000 under the main formula. During 1992, there was a special early retirement program at the Edison, New Jersey location.

During 1993 the Edison plant was closed and all remaining active employees were transferred to Holmdel.

During 1994 the plan's name was changed to The Revlon—UAW Pension Plan.

Effective January 1, 1996, the plan was amended to take into account compensation up to \$21,000 in 1996, \$22,000 in 1997, and \$23,000 after 1997 for the Holmdel location only.

Effective May 16, 1997, a union agreement was adopted to take into account compensation up to \$23,000 in 1998 and \$25,000 after 1998 for the Phoenix location only.

Effective November 1, 1997, a union agreement was adopted to take into account compensation up to \$23,000 in 1998 and \$25,000 after 1998 for the Jacksonville location.

Effective September 30, 1998, the Holmdel plant was closed and all remaining active employees were terminated or transferred to another location.

On March 30, 2000, Pro Products (Jacksonville plant) was sold. Assets and liabilities associated with the active employees' accrued benefits were spun off into the buyer's replacement plan.

Effective May 15, 2000, a union agreement was adopted to take into account compensation up to \$27,000 in 2001 and \$28,000 after 2001.

As a result of May 2003 union negotiations, the numbers of hours required for a full year of credited service was reduced from 1,750 to 1,650, effective January 1, 2003.

In April 2019, the Phoenix Arizona plant was closed, and all remaining active employees were terminated.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Summary of Plan Provisions

Effective Date	October 1, 1991.
Participation	Employees who were participants in the District 65 Multiemployer Plan before October 1, 1991. After that date, employees covered by a union agreement which provides for their participation become participants on their employment date.
Normal Retirement	
Eligibility	The later of age 65 or fifth anniversary of date of participation.
Monthly Benefit	The product of: (1) 1/12 of final average compensation and either (2) or (3) below; (2) If an employee was a participant on June 30, 1969, the appropriate rate set forth in Table II; or (3) If an employee became a participant on or after July 1, 1969, the appropriate rate set forth in Table I.
Early Retirement	
Eligibility	Age 55 with 10 years of credited service; 30 years of credited service (regardless of age).
Monthly Benefit	If the participant is at least age 55, but not yet age 62, the benefit payable is: The product of 1/12 of final average compensation and the appropriate rate set forth in Table I. The benefit is actuarially reduced for commencement prior to age 62. If the participant is age 63 or 64 with 10 years of credited service and was a participant on June 30, 1969, the benefit payable is the greater of (1) or (2): (1) The product of 1/12 of final average compensation and the appropriate rate set forth in Table II. The benefit is actuarially reduced for commencement prior to age 65. (2) The product of 1/12 of final average compensation and the appropriate rate set forth in Table I. Otherwise, if the participant is age 62, 63, or 64 and has 10 years of credited service, or is younger than age 62 and has 30 years of credited service, the benefit is:

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

The product of 1/12 of final average compensation and the appropriate rate set forth in Table I. There is no adjustment for commencement prior to age 65.

Disability Retirement

Eligibility

Disabled employees with 10 years of credited service.

Monthly Benefit

The product of:

One-twelfth of final average compensation and either (1) or (2) below:

- (1) If an employee was a participant on June 30, 1969, the appropriate rate set forth in Table II; or
- (2) If an employee became a participant on or after July 1, 1969, the appropriate rate set forth in Table I.

The above calculation is based on credited service as of the date of disability. The benefit is not reduced for commencement prior to normal retirement date and is paid for life or until recovery.

Late Retirement

Eligibility

After normal retirement age.

Monthly Benefit

The product of:

- (1) 1/12 of final average compensation and either (2) or (3) below;
- (2) If an employee was a participant on June 30, 1969, the appropriate rate set forth in Table II; or
- (3) If an employee became a participant on or after July 1, 1969, the appropriate rate set forth in Table I.

Vested Deferred Termination

Eligibility

Full vesting after five years of service.

Monthly Benefit

The product of:

- (1) 1/12 of final average compensation and either (2) or (3) below;
- (2) If an employee was a participant on June 30, 1969, the appropriate rate set forth in Table II; or
- (3) If an employee became a participant on or after July 1, 1969, the appropriate rate set forth in Table I.

Benefits are not payable before normal retirement age unless the employee meets the requirements for early retirement.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

The amount above is actuarially reduced for commencement prior to age 65.

Death Benefit

Eligibility

The completion of five years of service.

Monthly Benefit

If death occurs before the employee has completed 10 years of service, the employee's spouse will begin to receive a life annuity at the time the employee would have become eligible to receive a normal retirement benefit. The benefit amount will be equal to the benefit amount the spouse would have received if the employee had (1) survived to normal retirement date, (2) retired at that date with a 50% joint and survivor annuity, and (3) died the next day.

If death occurs after the completion of 10 years of service, but before the employee was age 55, the employee's spouse will begin to receive a life annuity at the time the employee would have become eligible to receive an early retirement benefit. The benefit amount will be equal to the amount the spouse would have received if the employee had (1) survived to the earliest early retirement date, (2) retired at that date with a 50% joint and survivor annuity, and (3) died the next day.

If death occurs while the employee is eligible to receive an early retirement benefit, the employee's spouse will begin to receive a life annuity immediately. The benefit amount will be equal to the amount the spouse would have received if the employee had retired on the first day of the month death occurred with a 50% joint and survivor annuity and then died.

Normal Form of Retirement Benefits

Unmarried Participants

Five-year certain and life with $\frac{2}{3}$ continued to beneficiary for the remainder of the certain period in the event of death during certain period.

Married Participants

50% joint and survivor annuity actuarially equivalent to the normal form of the benefit payable to an unmarried participant.

Compensation

An employee's aggregate base salary or wages plus overtime earned for a calendar year.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Service

Granted in accordance with the following schedule:

Hours of Service in the Calendar Year	Years of Vesting
Less than 225	0
225–449	1/4 year
450–674	1/2 year
675–869	3/4 year
More than 869	1 year

Credited Service

A calendar year in which a participant has completed not less than 1,750 hours of service (1,650 effective January 1, 2003). A partial year of credited service is earned if the participant has completed at least 225 hours, but fewer than 1,750 hours (1,650 effective January 1, 2003). Partial years are credited on a pro rata basis.

Final Average Compensation

The highest average annual compensation based on any five calendar years, whether or not consecutive, during the last 15 calendar years of credited service. If during one or more of those five calendar years of highest compensation the participant worked less than 1,750 hours, then the compensation in such year shall be annualized. For the former Holmdel location, each year's annual compensation used to determine final average compensation shall be limited to \$20,000 prior to 1996, \$21,000 in 1996, \$22,000 in 1997, and \$23,000 after 1997. For the Phoenix and former Jacksonville locations, each year's annual compensation used to determine final average compensation shall be limited to \$20,000 prior to 1998, \$23,000 in 1998, and \$25,000 in 1999 and 2000. Phoenix compensation shall be limited to \$27,000 in 2001 and \$28,000 after 2001. In no event shall a participant's final average compensation be less than \$6,000.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Plan Year

January 1 to December 31.

Benefit Schedule

Years of Credited Service	Table I	Table II
	Annual Pension Percentage of Final Average Compensation	Annual Pension Percentage of Final Average Compensation
1	1.25	1.40
2	2.50	2.80
3	3.75	4.20
4	5.00	5.60
5	6.25	7.00
6	7.50	8.40
7	8.75	9.80
8	10.00	11.20
9	11.25	12.60
10	12.50	14.00
11	13.75	15.50
12	15.00	17.00
13	16.25	18.50
14	17.50	20.00
15	18.75	21.50
16	20.30	23.00
17	21.95	24.50
18	23.60	26.00
19	25.25	27.50
20	26.90	29.00
21	28.55	30.50
22	30.20	32.00
23	31.85	33.50
24	33.50	35.00
25	35.15	36.50
26	36.80	38.00
27	38.45	39.50
28	40.10	41.00
29	41.75	42.50
30	43.40	44.00
31	45.05	45.50
32	46.70	47.00
33	48.35	48.50
34	50.00	50.00
35	51.00	51.50

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Years of Credited Service	Table I	Table II
	Annual Pension Percentage of Final Average Compensation	Annual Pension Percentage of Final Average Compensation
36	52.00	53.00
37	53.00	54.50
38	54.00	56.00
39	55.00	57.50
40	56.00	59.00
41	57.00	60.00
42	58.00	61.00
43	59.00	62.00
44	60.00	63.00
45	61.00	64.00
46	62.00	65.00
47	63.00	66.00
48	64.00	67.00
49	65.00	68.00
50	66.00	69.00

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump sum payments from the 2023 plan year IRC section 417(e)(3) mortality table to the 2024 plan year IRC section 417(e)(3) mortality table.

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

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

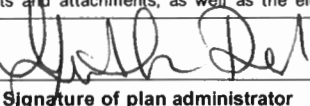
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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
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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.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan THE REVLON-UAW PENSION PLAN	1b Three-digit plan number (PN) ▶ 065
	1c Effective date of plan 10/01/1991
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) REVLON CONSUMER PRODUCTS LLC 55 WATER STREET 43RD FLOOR NEW YORK, NY 10041	2b Employer Identification Number (EIN) 13-3662953 2c Plan Sponsor's telephone number 212-527-4000 2d Business code (see instructions) 339900

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

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

SIGN HERE		4/28/2026	GRETCHEN REED
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">3b Administrator's EIN 13-3662953</td> </tr> <tr> <td style="padding: 2px;">3c Administrator's telephone number 212-527-4000</td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	3b Administrator's EIN 13-3662953	3c Administrator's telephone number 212-527-4000	
3b Administrator's EIN 13-3662953				
3c Administrator's telephone number 212-527-4000				

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN		
5 Total number of participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">5</td> <td style="width: 90%; text-align: right;">2019</td> </tr> </table>	5	2019
5	2019		
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6a(1)</td> <td style="width: 90%; text-align: right;">0</td> </tr> </table>	6a(1)	0
6a(1)	0		
a(2) Total number of active participants at the end of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6a(2)</td> <td style="width: 90%; text-align: right;">0</td> </tr> </table>	6a(2)	0
6a(2)	0		
b Retired or separated participants receiving benefits	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6b</td> <td style="width: 90%; text-align: right;">1396</td> </tr> </table>	6b	1396
6b	1396		
c Other retired or separated participants entitled to future benefits.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6c</td> <td style="width: 90%; text-align: right;">261</td> </tr> </table>	6c	261
6c	261		
d Subtotal. Add lines 6a(2) , 6b , and 6c	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6d</td> <td style="width: 90%; text-align: right;">1657</td> </tr> </table>	6d	1657
6d	1657		
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6e</td> <td style="width: 90%; text-align: right;">225</td> </tr> </table>	6e	225
6e	225		
f Total. Add lines 6d and 6e	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6f</td> <td style="width: 90%; text-align: right;">1882</td> </tr> </table>	6f	1882
6f	1882		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6g(1)</td> <td style="width: 90%; text-align: right;">0</td> </tr> </table>	6g(1)	0
6g(1)	0		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6g(2)</td> <td style="width: 90%; text-align: right;">0</td> </tr> </table>	6g(2)	0
6g(2)	0		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6h</td> <td style="width: 90%; text-align: right;">0</td> </tr> </table>	6h	0
6h	0		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">7</td> <td style="width: 90%;"></td> </tr> </table>	7	
7			
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H			

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)																								
<table border="0" style="width: 100%;"> <tr> <td style="width: 5%; text-align: right;">(1)</td> <td style="width: 5%;">☐</td> <td>Insurance</td> </tr> <tr> <td style="text-align: right;">(2)</td> <td>☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td style="text-align: right;">(3)</td> <td>☒</td> <td>Trust</td> </tr> <tr> <td style="text-align: right;">(4)</td> <td>☐</td> <td>General assets of the sponsor</td> </tr> </table>	(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%; text-align: right;">(1)</td> <td style="width: 5%;">☐</td> <td>Insurance</td> </tr> <tr> <td style="text-align: right;">(2)</td> <td>☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td style="text-align: right;">(3)</td> <td>☒</td> <td>Trust</td> </tr> <tr> <td style="text-align: right;">(4)</td> <td>☐</td> <td>General assets of the sponsor</td> </tr> </table>	(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor
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(3)	☒	Trust																							
(4)	☐	General assets of the sponsor																							
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																									

a Pension Schedules

- | | | |
|-----|-------------------------------------|---|
| (1) | ☒ | R (Retirement Plan Information) |
| (2) | ☐ | MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| (3) | ☒ | SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |
| (4) | ☐ | DCG (Individual Plan Information) - Number Attached _____ |
| (5) | ☐ | MEP (Multiple-Employer Retirement Plan Information) |

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____