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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
HARSCO EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 219

1c Effective date of plan 01/01/1976

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)
ENVIRI CORPORATION

350 POPLAR CHURCH ROAD
CAMP HILL, PA 17011

2b Employer Identification Number (EIN)
23-1483991

2c Plan Sponsor's telephone number
717-763-7064

2d Business code (see instructions)
339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2026	KATHRINE RUSHEFSKY
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	4249
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	136
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	112
b	Retired or separated participants receiving benefits	**6b**	2119
c	Other retired or separated participants entitled to future benefits	**6c**	1275
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3506
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	638
f	Total. Add lines **6d** and **6e**.	**6f**	4144
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
HARSCO EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 219

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ENVIRI CORPORATION

D Employer Identification Number (EIN)
23-1483991

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	183272237
b Actuarial value	**2b**	183272237

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	2572	121208506	121208506
b For terminated vested participants	1565	50675139	50675139
c For active participants	136	6720374	6814902
d Total	4273	178604019	178698547

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1506599
c Target normal cost	**6c**	1509599

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

10/15/2026
Date

DAVID H WEBBER, FSA, EA
Type or print name of actuary

23-06137
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

703-258-8000
Telephone number (including area code)

800 NORTH GLEBE ROAD
ARLINGTON, VA 22203
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		3866406
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		2540000
9	Amount remaining (line 7 minus line 8)		1326406
10	Interest on line 9 using prior year's actual return of 6.69 %		88737
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1917
	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 5.07 %		128
	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		2045
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1415143

Part III Funding Percentages

14	Funding target attainment percentage	14	101.76 %
15	Adjusted funding target attainment percentage	15	102.55 %
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	98.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	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	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1506599
b Excess assets, if applicable, but not greater than line 31a	**31b**	1506599

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	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**	

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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HARSCO EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 219

C Plan sponsor's name as shown on line 2a of Form 5500
ENVIRI CORPORATION

D Employer Identification Number (EIN)
23-1483991

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

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

U.S. BANCORP ASSET MANAGEMENT

41-2003732

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

U.S. BANCORP FUND SERVICES LLC

39-1939072

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

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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)

TOWERS WATSON PENNSYLVANIA, INC.

23-1159360

(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 50	ACTUARY	587929	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEI INVESTMENTS

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28 50	INVESTMENT MANAGEMENT	292858	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

U.S. BANK

31-0841368

(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	TRUSTEE	84470	Yes [ ] No [X]	Yes [ ] No [ ]		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)

MCKONLY & ASBURY LLP

23-1909723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	28704	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SQUIRE PATTON BOGGS

34-0648199

(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?
29 50	LEGAL	9837	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PENSION BENEFIT INFORMATION, LLC

82-2042737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	SERVICE PROVIDER	8694	Yes [ ] No [X]	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

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(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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HARSCO EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 219

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ENVIRI CORPORATION

D Employer Identification Number (EIN)
23-1483991

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: SEI STRUCTURED CREDIT COLLECTIVE FU

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

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)
75-3251893-024	C	0

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HARSCO EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 219

C Plan sponsor's name as shown on line 2a of Form 5500
ENVIRI CORPORATION

D Employer Identification Number (EIN)
23-1483991

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	1687275	2458669
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	165000	0
(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)	15674342	21924083
(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)	2387819	5555989
(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)	7300559	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	156305004	156895759
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	183519999	186834500
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	140407	69333
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	140407	69333
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	183379592	186765167

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	376304	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		376304
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6417843	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6417843
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	24857863	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	24857863	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4367548	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		4367548

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		341043
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6612207
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		18114945
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13342505	
(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)		13342505
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)	28704	
(5) Investment advisory and investment management fees	2i(5)	302695	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	587929	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	84470	
(11) Other expenses	2i(11)	383067	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1386865
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14729370
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3385575
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) [X] 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) [X] 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: MCKONLY & ASBURY, LLP **(2)** EIN: 23-1909723

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588632.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HARSCO EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 219

C Plan sponsor's name as shown on line 2a of Form 5500
ENVIRI CORPORATION

D Employer Identification Number (EIN)
23-1483991

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): _____ _____

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** |

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **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**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **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**	

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: 30.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 62.0 %
High-Yield Debt: 8.0 % Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

HARSCO EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2025 AND 2024
AND INDEPENDENT AUDITOR'S REPORT

McKonly & Asbury
Tax
Assurance
Consulting
Accounting

HARSCO EMPLOYEES PENSION PLAN

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McKONLY & ASBURY
Tax
Assurance
Consulting
Accounting

INDEPENDENT AUDITOR'S REPORT

To the Pension Investment Committee
Harsco Employees Pension Plan

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

We have performed audits of the financial statements of the Harsco Employees Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee

that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a 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 the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Information Required by ERISA

The supplemental information noted in the table of contents, as of and for the year ended December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates

directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental information, other than the information in the supplemental information that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental information 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).

McKonly & Asbury, LLP

Camp Hill, Pennsylvania
September 25, 2026

HARSCO EMPLOYEES PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

(in thousands)	2025	2024
ASSETS		
Investments, at fair value (Notes 5 and 6)	**$ 186,070**	$ 183,355
Non-interest bearing cash	**764**	—
Employer contribution receivable	**—**	165
Total assets	**186,834**	183,520
LIABILITIES		
Accrued administrative expenses	**69**	140
Net assets available for benefits	**$ 186,765**	$ 183,380

The accompanying notes are an integral part of the financial statements.

HARSCO EMPLOYEES PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2025 AND 2024

(in thousands)	2025	2024
Additions in net assets attributable to:		
Net appreciation (depreciation) in the fair value of investments	**$ 11,321**	$ 5,761
Dividend income	**6,794**	5,970
Employer contributions	**—**	165
Total additions, net	**18,115**	11,896
Deductions from net assets attributable to:		
Benefits paid to participants	**13,343**	13,106
Administrative expense	**1,387**	2,301
Total deductions	**14,730**	15,407
Net increase (decrease) in net assets available for benefits	**3,385**	(3,511)
Net assets available for benefits, beginning of year	**183,380**	186,891
Net assets available for benefits, end of year	**$ 186,765**	$ 183,380

The accompanying notes are an integral part of the financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the Harsco Employees Pension Plan (the "Plan") provides only an abbreviated summary of the general provisions of the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan providing retirement, death and disability benefits to all eligible participants. During the years ended December 31, 2025 and 2024, the Plan was sponsored by Enviri Corporation (the "Company", the "Plan Sponsor" and the "Plan Administrator"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is frozen with respect to new participants, as well as benefit accrual service and compensation accruals for existing participants. The effective freeze date for participation in the Plan varied from December 31, 2003 to October 31, 2019, depending on the employee's division or location as defined by the Plan document. Prior to the freeze of the Plan, the Plan covered eligible employees of Harsco Corporation, which is a predecessor company of the Plan Sponsor.

The Plan is administered by the Company's Pension Investment Committee (the "Committee"), which is a committee of the board of directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Company's board of directors.

Service Rules

Prior to the Plan freeze dates noted above, employees were credited with a year of service for each Plan year during which they met the minimum hours of service requirement applicable to their division of employment. The minimum requirements for the respective divisions are specified within the Plan document and range from 1,000 to 1,800 hours of service.

Pension Benefits

Participants are entitled to annual pension benefits beginning at normal retirement age (65). Participants may elect to receive their vested benefits in the form of a lump sum or a monthly annuity. The amount of the benefit is determined by length of service, date of termination, age of participant and the division in which the employee worked. In certain divisions, the Plan permits early retirement if the participant meets the required length of service and age. As a result, participants may be eligible for early retirement at ages 50-64 and completion of five to fifteen years of continuous service dependent upon the division's pension provisions. The amount of the monthly benefit will vary depending upon, among other things, which division the employee is in as defined in the Plan document. If the present value of the pension does not exceed $5,000, a lump-sum payment is automatic. If employees terminate before rendering 5 years of service, they forfeit the right to 100% of their accrued benefit. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Death and Disability Benefits

The Plan provides for death and disability benefits. In the event of death, the amount of benefit the beneficiary will receive will depend upon, among other things, the employee's status as of the date of death and whether the participant was already receiving normal retirement benefits. In the event a participant becomes totally and permanently disabled, the benefit to be received will depend upon, among other things, the employee's status at the time of disability. Disability retirement is available on the first day of any month coincident with or following the completion of 15 years of service and one year of permanent disability. Upon meeting these requirements, a participant is entitled to 100% of their accrued benefit. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Vesting

A participant is fully vested after completion of five years of continuous service. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. See Note 5 for a discussion of fair value measurements. The Company determines the Plan's valuation policies utilizing information provided by its investment advisors, custodians and insurance company. Purchases and sales of investments are recorded based on the trade date pricing. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes gains and losses on investments bought and sold, as well as held during the year.

Funding Policy

The Plan is funded by the Company with actuarially determined contributions. The contributions are determined using an actuarial cost method, which takes into consideration the present value of benefits expected to accrue during the plan year. The Plan has complied with the minimum funding requirements established by ERISA for 2025 and 2024.

Investment Fees

Investment income reflects certain fees paid by the investment funds to their affiliated investment advisors, transfer agents, and others as further described in each fund prospectus or other published documents. These fees are deducted prior to allocation of the Plan's investment earnings activity and thus are not separately identifiable as an expense.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Estimates

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

Administrative Expenses

Administrative costs, such as legal, accounting, actuarial, and trustee fees, as well as the Pension Benefit Guaranty Corporation, a U.S. government agency, ("PBGC") premium, are paid by the Plan.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation for the five consecutive years of highest earnings out of the last ten calendar years. The accumulated plan benefits for active employees are based on their credited service and history of compensation at the time the plan was frozen.

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

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary as of January 1, 2025 and 2024, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation and the determination of the present value of accumulated plan benefits as of January 1, 2025 and 2024, are as follows:

Discount rate *	For 2025: 6.25% compounded annually. For 2024: 6.50% compounded annually.
Mortality basis	For 2025 and 2024: Separate rates for non-annuitants are based on the Pri-2012 "Employee" tables (male and female) without collar adjustment, and for annuitants based on Pri-2012 “Healthy Retiree” or “Contingent Survivor” tables (male and female) without collar adjustment. All tables were projected generationally from the base year of 2012 using Scale MP2021. These assumptions are blended with demographic and geographically implied socioeconomic information of the Plan population.
Retirement	20% at age 62 increasing to 100% at age 68 for 2025 and 2024.

* Net of 0.50% for assumed expenses in 2025 and 2024.

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 actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits is as follows as of January 1, 2025 and 2024:

(in thousands)	2025	2024
Vested benefits		
Participants currently receiving payments	**$ 110,921**	$ 108,991
Other participants	**51,028**	54,782
Total vested benefits	**161,949**	163,773
Nonvested benefits	**70**	47
Total actuarial present value of accumulated plan benefits	**$ 162,019**	$ 163,820

The changes in the actuarial present value of accumulated plan benefits for the years ended January 1, 2025 and 2024, are presented below:

(in thousands)	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	**$ 163,820**	$ 176,602
Increase (decrease) attributable to:		
Interest due to the decrease in the discount period	**10,228**	11,023
Benefits paid	**(13,106)**	(14,240)
Actuarial gains	**(1,555)**	(2,232)
Assumption changes	**2,632**	(7,333)
Net increase (decrease)	**(1,801)**	(12,782)
Actuarial present value of accumulated plan benefits at end of year	**$ 162,019**	$ 163,820

For the year ended January 1, 2024, the actuarial present value of accumulated plan benefits experienced significant fluctuations as a result of assumption changes. The 2024 decrease in value was primarily driven by a change in mortality assumptions related to the incorporation of demographic and socioeconomic information of the Plan population. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences.

4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated in accordance with the Plan document and, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

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

b. Other vested benefits insured by the PBGC up to the applicable limitations (discussed subsequently).

c. All other vested benefits (that is, vested benefits not insured by PBGC).

d. All nonvested benefits.

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

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

5. FAIR VALUE MEASUREMENTS

The Plan measures its investments at fair value on a recurring basis in accordance with U.S. GAAP. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement. The levels of the fair value hierarchy are as follows:

Level 1 – Fair value is based on unadjusted quoted prices in active markets that are accessible to the Plan for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 – Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets or liabilities, quoted market prices in inactive markets for identical or similar assets, and other observable inputs.

Level 3 – Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and similar techniques.

Valuation Methodologies for Assets Held by the Plan

The fair values of money market funds and mutual funds are based on the quoted net asset values ("NAV") of the shares held by the Plan at year-end. The money market funds and mutual funds are registered with the U.S. Securities and Exchange Commission and deemed to be actively traded. The fair values of common stock are valued at the closing price reported in the active market on which the individual securities are traded. The fair values of U.S. Treasuries and collateralized securities are valued based on yields available on comparable securities of issuers with similar credit ratings. There have been no significant changes in the methodologies used during the years ended December 31, 2025 and 2024.

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, while the Plan's management believes the valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain investments could result in a different fair value measurement at the reporting date.

The fair values of the Plan's investments, by asset class, are presented by each level within the fair value hierarchy in the following tables as of the periods below:

(in thousands)	Total	Level 1	Level 2	Investments Valued at Net Asset Value (a)
December 31, 2025				
Mutual funds	**$ 156,895**	**$ 156,895**	**$ —**	**$ —**
Common stock	**5,556**	**5,556**	**—**	**—**
Money market funds	**1,695**	**1,695**	**—**	**—**
U.S. Treasuries and collateralized securities	**21,924**	**—**	**21,924**	**—**
Total investments at December 31, 2025, at fair value	**$ 186,070**	**$ 164,146**	**$ 21,924**	**$ —**
December 31, 2024				
Mutual funds	$ 156,306	$ 156,306	$ —	$ —
Common stock	2,388	2,388	—	—
Money market funds	1,687	1,687	—	—
U.S. Treasuries and collateralized securities	15,673	—	15,673	—
Investment measured at the NAV per share practical expedient [(a)]	7,301	—	—	7,301
Total investments at December 31, 2024, at fair value	$ 183,355	$ 160,381	$ 15,673	$ 7,301

(a) See additional details in the paragraphs below.

Investment Measured at Fair Value Based on the NAV per Share Practical Expedient

At December 31, 2024, the Plan's investments measured at the NAV per share practical expedient include the SEI Structured Credit Collective Fund, which is a collective investment trust that was exempt from categorization within the fair value hierarchy, in accordance with Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*. The trustee of the collective investment trust determines the NAV based on the current market values of its underlying assets. Further information concerning this collective investment trust may be obtained from its separately audited financial statements. The fair value presented in the preceding fair value hierarchy table is intended to permit reconciliation of the fair value hierarchy to the items presented in the Plan's Statements of Net Assets Available for Benefits as of December 31, 2024.

The Plan's investment in the SEI Structured Credit Collective Fund was fully liquidated during the year ended December 31, 2025.

The following table includes additional information for the collective investment trust as of the period presented below:

	December 31
	2024
Fair value (in thousands)	$ 7,301
Unfunded commitments	None
Redemption frequency, if eligible	Quarterly
Redemption notice period	90 Business Days

6. INFORMATION CERTIFIED BY TRUSTEE

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. The Plan's trustee, U.S. Bank National Association (the "Trustee") held the Plan's investment assets and executed investment transactions through the years ended December 31, 2025 and 2024.

Accordingly, the Trustee has certified the completeness and accuracy of all investments reported as of December 31, 2025 and 2024 in the accompanying Statements of Net Assets Available for Benefits, as well as supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), and the related investment activities for the years ended December 31, 2025 and 2024 included in the accompanying Statements of Changes in Net Assets Available for Benefits, as well as supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions.

7. TAX STATUS

The Internal Revenue Service ("IRS") notified the Company by a letter dated July 23, 2018 of its determination that the Plan, as then-designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and they, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP requires the Company to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that likely would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the accompanying financial statements and footnotes. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

A related party is any party who can control or significantly influence the Plan's operating policies or members of the Plan's management. Parties-in-interest are defined under DOL regulations and may include, but are not limited to, the Plan's Sponsor, participants, fiduciaries and third-party service providers, as well as relatives of any parties-in-interest.

The Plan's administrative expenses include fees from third-party service providers that are determined to be parties-in-interest and typically include the actuary, custodian, Trustee, third-party administrator, investment managers, investment advisors, legal counsel and the Plan's auditor. During the years ended December 31, 2025 and 2024, the Plan made direct payments of $1,012,599 and $1,026,075, respectively, to certain parties-in-interest, which primarily pertain to actuarial, investment advisory and administration fees, as allowed by ERISA.

The Plan's investments are managed by SEI Investments Company (the "Investment Manager"). The Plan invests in certain funds owned by the Investment Manager and investment transactions in such funds qualify as party-in-interest transactions.

In addition, any Plan investment transactions in the Company's common stock also qualify as party-in-interest transactions. As of December 31, 2025 and 2024, the fair value of the Plan's investment in the Company's common stock was $5,555,200 and $2,387,000, respectively. There were no purchases or sales of Company common stock by the Plan during the years ended December 31, 2025 and 2024.

Certain administrative functions of the Plan are performed by officers or employees of the Company. During the years ended December 31, 2025 and 2024, no such officer or employee received compensation from the Plan.

9. RISKS AND UNCERTAINTIES

Investments of the Plan are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in values of investment securities will occur in the near term. Such changes could materially affect amounts reported in the Plan's Statements of Net Assets Available for Benefits.

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

10. SUBSEQUENT EVENTS

On June 1, 2026, as a result of the transactions further described below, Enviri LLC became the Plan sponsor. The Plan remains frozen and no other changes were made to the Plan as a result of these transactions.

On November 20, 2025, the Company entered into definitive agreements with Veolia Environnement S.A. (“Veolia”), to (i) sell the Company's “Clean Earth” business (the “Clean Earth Business”), and (ii) distribute the Company's “Harsco Environmental” and “Rail” businesses (together, the “New Enviri Business”).

On June 1, 2026, pursuant to the terms of a Separation Agreement, dated as of November 20, 2025 (the “Separation Agreement”), by and among the Company, CLEH, Inc. (“CLEH”), Enviri LLC, which, prior to the Reorganization (as defined below), was a direct, wholly owned subsidiary of CLEH, Veolia and Enviri II Corporation (“New Enviri”) which, prior to the Holding Company Merger (as defined below), was a direct, wholly owned subsidiary of the Company, the following transactions occurred: (i) the Company merged with and into Enviri LLC, with Enviri LLC as the surviving entity (the “Holding Company Merger”); (ii) CLEH and its subsidiaries, including Enviri LLC and New Enviri, effected a reorganization (the “Reorganization”) resulting in (a) CLEH holding the Clean Earth Business, (b) New Enviri owning all of the equity interests of Enviri LLC, and (c) New Enviri holding the New Enviri Business; and (iii) CLEH distributed all of the outstanding shares of New Enviri common stock to the stockholders of CLEH on a pro rata basis (the “Distribution” and, together with the Reorganization, the “Spin-Off”).

Immediately following the Spin-Off, CLEH merged with a merger subsidiary of Veolia, with CLEH surviving as an indirect, wholly owned subsidiary of Veolia. Stockholders of CLEH received cash in exchange for the cancellation of their shares of CLEH common stock. Shortly thereafter, New Enviri changed its name from “Enviri II Corporation” to “Enviri Corporation.”

Following the completion of the transactions described above, Enviri LLC, as the successor to the Company and a wholly owned subsidiary of New Enviri, a new publicly traded corporation listed on the New York Stock Exchange, continues to operate the Plan. The common stock held by the Plan, however, consists of New Enviri common stock rather than the Company's common stock as a result of the Holding Company Merger and the Spin-Off.

The Plan evaluated subsequent events for recognition or disclosure through September 25, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
ENVIRI CORPORATION
HARSCO EMPLOYEES PENSION PLAN
EMPLOYEE IDENTIFICATION NUMBER - 23-1483991
THREE-DIGIT PLAN NUMBER - 219
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
			(in thousands)	
	Identity of Issue	**Description of Investment**	**Cost**	**Current Value**
	First American Government Obligations Fund Class Z	Money Market Fund	$ 1,695	$ 1,695
*	Enviri Corporation	Common Stock	1,708	5,555
	MetLife, Inc.	Common Stock	—	1
	Total Common Stock		1,708	5,556
*	SEI Global Managed Volatility Fund	Mutual Fund	33,119	33,158
*	SEI Institutional Investments Fund	Mutual Fund	91,752	93,505
*	SEI Long Duration Credit Fund	Mutual Fund	30,836	30,232
	Total Mutual Funds		155,707	156,895
	U.S. Treasury Bond Strip (maturity date: 11/15/2035) (912833X96)	U.S. Treasuries and collateralized securities	10,880	11,570
	U.S. Treasury Bond Strip (maturity date: 11/15/2040) (912834JH2)	U.S. Treasuries and collateralized securities	8,750	9,064
	U.S. Treasury Bond Strip (maturity date: 02/15/2045) (912834PH5)	U.S. Treasuries and collateralized securities	1,283	1,290
	Total U.S. Treasuries and collateralized securities		20,913	21,924
	Total Investments		**$ 180,023**	**$ 186,070**

* Represents party-in-interest.

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
ENVIRI CORPORATION
HARSCO EMPLOYEES PENSION PLAN
EMPLOYEE IDENTIFICATION NUMBER - 23-1483991
THREE-DIGIT PLAN NUMBER - 219
YEAR ENDED DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Identity of Party Involved	**Description of Asset**	**Purchase Price**	**Selling Price**	**Cost of Asset**	**Current Value of Asset on Transaction Date**	**Net Gain (Loss)**
Category (i) - Single transaction exceeds 5% of the current value of Plan assets.						
SEI Institutional Investments Fund	Mutual Fund	10,958,216	—	10,958,216	10,958,216	—
U.S. Treasury Bond Strip (maturity date: 11/15/2035) (912833X96)	U.S. Treasuries and collateralized securities	9,271,437	—	9,271,437	9,271,437	—
Category (iii) - Series of transactions in the same security exceeds 5% of the current value of Plan assets.						
First American Government Obligations Fund Class Z	Money Market Fund	24,868,150	—	24,868,150	24,868,150	—
		—	24,859,944	24,859,944	24,859,944	—
SEI Global Managed Volatility Fund	Mutual Fund	8,250,979	—	8,250,979	8,250,979	—
		—	14,784,496	10,507,422	14,784,496	4,277,074
SEI Long Duration Credit Fund	Mutual Fund	9,802,099	—	9,802,099	9,802,099	—
SEI Institutional Investments Fund	Mutual Fund	16,755,216	—	16,755,216	16,755,216	—
		—	5,976,649	5,962,014	5,976,649	14,635
U.S. Treasury Bond Strip (maturity date: 11/15/2035) (912833X96)	U.S. Treasuries and collateralized securities	10,879,550	—	10,879,550	10,879,550	—

There were no category (ii) or (iv) transactions.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Effective Date and Most Recent Amendment

Amended and restated effective January 1, 2017, including amendments adopted through July 30, 2021

Covered Employees

- HEPP Core

  Employees covered by the primary plan, including:

  - Capitol Manufacturing and Taylor Wharton Gas Equipment units of the Company's Gas & Fluid Control Group Division
  - Patent Construction Systems Patterson-Kelley units of the Company's Infrastructure Group Division
  - Heckett MultiServ West unit of the Company's Mill Service Group Division
  - Locations: Fremont, Ohio, Bloomfield, Iowa, Jessup, Georgia, and West Jordan, Utah of the American Welding and Tank Unit of the Company's Gas & Fluid Control Group Division
  - SCI unit of the Company's Gas & Fluid Control Group Division
  - Locations: Fairmont (Minnesota),Tamper (South Carolina), Ludington, Michigan of the Harsco Track and Technologies unit of the Infrastructure Group Division

- Appendix A

  Employees covered under Appendix A of the plan, including:

  - Bowen-McLaughlin-York Co. Salaried Employees (BMY)
  - Broderick Co. Salaried Employees
  - Harrisburg Steel Co. Salaried Employees
  - Heckett Engineering Co. Salaried and Hourly Employees
  - Clerical and Supervisory Co. Salaried Employees
  - Patent Scaffolding Co. Salaried Employees
  - Quaker AlloyCasting Co. Salaried Employees
  - Taylor- Wharton Co. Salaried Employees

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- Appendix B (SCI) — Employees covered under Appendix B of the plan including:
  - Salaried employees of the SCI Division of the Taylor Wharton Gas Equipment group
  - Hourly employees of the SCI Division of the Taylor Wharton Gas Equipment group
- Appendix C (Sherwood) — Employees covered under Appendix C of the plan, specifically the Sherwood Division of Enviri Corporation
- Appendix D (Tamper) — Employees covered under Appendix D of the plan including:
  - HTT- Harsco Track and Technologies
  - Fairmont Tamper Division of Enviri Corporation
  - Hourly and salaried Ludington, Michigan employees
- Appendix E (Harrisburg Steel) — Employees covered under Appendix E of the plan, specifically hourly employees covered under the Harrisburg Steel Hourly Employees Pension Plan who became salaried employees on or before April 20, 1992
- Appendix F (Fairmont) — Employees covered under Appendix F of the plan, specifically hourly paid employees covered by a collectively bargained agreement between the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America UAW and its Local 1016
- Appendix G (Heckett) — Employees covered under Appendix G of the plan, specifically hourly employees of Heckett Multiserv covered by any Labor Agreement referenced in the plan document.
- Appendix H (Reed) — Employees covered under Appendix H of the plan, specifically employees of the Reed Minerals division
- Appendix I (HTT UAW) — Employees covered under Appendix I of the plan, specifically hourly paid employees covered by a collective bargaining agreement between the International Union United Automobile, Aerospace and Agricultural Implement Workers of America UAW and its Local 811
- Appendix J (Capitol) — Employees covered under Appendix J of the plan, specifically members of the International Association of Machinist and Aerospace Workers AFL-CIO Local 2306
- Appendix K (Harsco Hourly) — Employees covered under Appendix K of the plan including hourly employees of Patent Construction and closed divisions referenced in the plan document.

SCHEDULE SB ATTACHMENTS

Definitions

Vesting service

• HEPP Core, App. A, E (Harrisburg Steel), G (Heckett)	Years and completed months from the later of date of hire or the January 1 in the year in which the participant attains age 18
• Appendix B (SCI), C (Sherwood), D (Tamper), F (Fairmont), I (HTT UAW)	One year of service for 1,000 hours in a plan year, commencing at the participant's employment date
• Appendix H (Reed)	Prior to September 28, 1978, complete years as credited under the former pension plan. Beginning September 28, 1978, one year of service for 1,000 hours in a plan year, including the short plan year from September 28, 1978 to December 31, 1978.
• Appendix J (Capitol), K (Harsco Hourly)	One year of service for 1,000 hours in a plan year, beginning at the later of date of hire or age 18

Benefit service

• HEPP Core, App. A/ App. E (Harrisburg Steel)	Continuous Service in years and completed months from date of hire, including the month of termination if termination occurs after the first day of the month. Accrual service is limited to 40 years. Benefit service is frozen as of December 31, 2003.
• Appendix B (SCI)	One year of service for 1,000 hours in a plan year, commencing at the participant's employment date. If less than 1,000 hours are worked, 1/12th of a year for each 84 period of service during the year. Benefit service is limited to 35 years. Benefit service for salaried employees is frozen as of December 31, 2003.
• Appendix C (Sherwood)	One year of service for 1,800 hours in a plan year, commencing at the participant's employment date. Accrual service is limited to 35 years. Benefit service for salaried employees is frozen at December 31, 2003. Benefit service for hourly employees is frozen at December 31, 2001.
• Appendix D (Tamper)	Continuous Service in years and completed months from date of hire, including the month of termination if termination occurs after the first day of the month. Benefit service for salaried employees is frozen as of December 31, 2003. Benefit service for hourly employees is frozen as of December 31, 2006.
• Appendix F (Fairmont)	Actual hours worked during a plan year divided by 1,700, rounded to the nearest tenth, subject to a maximum of 1. Benefit service for salaried employees is frozen as of December 31, 2006.

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• Appendix G (Heckett)	Elapsed time from the later of date of hire or the date in which the participant attains age 20½ with 6 months of service. From date of hire for Central East. Benefit service for all locations under Appendix G are frozen.
• Appendix H (Reed)	Prior to September 28, 1978, complete years as credited under the former pension plan. For the short plan year from September 28, 1978 to December 31, 1978, ¼ of a year of service is granted if the participant worked at least 250 hours. Beginning January 1, 1979, one year of service for 1,000 hours in a plan year. See table for benefit service freeze dates by location.
• Appendix I (HTT UAW)	One year of service for 1,800 hours in a plan year, or a fraction of a year for fewer than 1,800 hours, commencing at the participant's employment date. Benefit service is frozen at December 31, 2007.
• Appendix J (Capitol)	One year of service for 1,000 hours in a plan year, beginning at the later of date of hire or age 20½.
• Appendix K (Harsco Hourly)	One year of service for 1,000 hours in a plan year, commencing at participation. Benefit service is frozen at December 31, 2009.

Compensation

• HEPP Core, App. A, E (Harrisburg Steel)	Base salary, including commissions, tips, overtime, premium pay and non-Discretionary Incentive Compensation (incentive pay included is 100% prior to 12/31/2002 and 50% post 12/31/2002), excluding severance and value of stock options. Compensation after December 31, 2008 will not be considered in calculating pension benefits.
• Appendix B (SCI)	Base salary, including commissions, tips, overtime, premium pay and non-Discretionary Incentive Compensation (incentive pay included is 100% prior to 12/31/2002 and 50% post 12/31/2002), excluding severance and value of stock options.
• Appendix C (Sherwood)	Base salary, excluding commissions, tips, overtime, premium pay and non-Discretionary Incentive Compensation, severance and value of stock options.
• Appendix D (Tamper)	Base salary, including leadman and dual operator premiums and gain sharing payments, excluding overtime, shift premiums, and bonuses.
• Appendix H (Reed)	Fixed rate of monthly pay as of January 1, excluding commissions, overtime, and bonuses. See table for compensation freeze dates by location.

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Average compensation

• HEPP Core/Appendix A	Highest 60 full consecutive months in the final 120 (or fewer) full consecutive months of employment. If the employee has completed less than 60 months of service then the average compensation for all completed calendar months. Average compensation is frozen effective December 31, 2008.
• Appendix C (Sherwood)	Highest 60 full consecutive months in the final 120 (or fewer) full consecutive months of employment. If the employee has completed less than 60 months of service then the average compensation for all completed calendar months. Average compensation for hourly employees is frozen effective December 31, 2001.
• Appendix H (Reed)	Average of compensation during the last 5 consecutive calendar years. See table for average compensation freeze dates by location.

Eligibility for Benefits

• HEPP Core/Appendix A	Covered employees who have attained age 20½ and completed 1,000 hours of service during 12 consecutive months become participants on the following January 1. Employees hired after December 31, 2003 are not eligible.
• Appendix B (SCI)	Covered employees who have completed 1,000 hours of service during 12 consecutive months become participants on the following January 1. Salaried employees hired after December 31, 2003 are not eligible.
• Appendix C (Sherwood)	Covered employees who have completed 1,000 hours of service during 12 consecutive months become participants on the following January 1. Hourly employees hired after December 31, 2001 and salaried employees hired after December 31, 2003 are not eligible.
• Appendix D (Tamper)	Covered employees who have completed 1,000 hours of service during 12 consecutive months become participants on the first day of the following month. Salaried employees hired after December 31, 2003 and hourly employees hired after December 31, 2006 are not eligible.
• Appendix E (Harrisburg Steel)	Group now closed to new participants on April 20, 1992
• Appendix F (Fairmont)	Covered employees become participants on their date of hire. Employees hired after December 31, 2006 are not eligible.

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• Appendix G (Heckett)	Employees in a bargaining unit covered by any Labor Agreement described in the plan document who have attained age 20½ and completed 6 months of credited service during 12 consecutive months. Participation for all locations under Appendix G is frozen.
• Appendix H (Reed)	Covered employees who have attained age 20½ and completed 1,000 hours of service during 12 consecutive months become participants on the following January 1. See table for eligibility freeze dates by group.
• Appendix I (HTT UAW)	Hourly-paid employees covered by a collective bargaining agreement between the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW) and its Local No. 811. Such employees become participants in the plan on the first of the month following employment. Employees hired after December 31, 2007 are not eligible.
• Appendix J (Capitol)	Employees in a bargaining unit covered by any Labor Agreement which incorporates this plan by reference, who have attained age 20½ and completed 1,000 hours of service during 12 consecutive months. No actives are currently covered under this plan.
• Appendix K (Harsco Hourly)	Hourly-paid employees of Patent Construction who have attained age 20½ and completed 1,000 hours of service during 12 consecutive calendar months become participants on the following January 1. Other divisions are frozen and have no active participants. Employees hired after December 31, 2009 are not eligible.

Benefits Paid Upon the Following Events

Monthly pension benefit

• HEPP Core	Benefit is (i) + (ii) where: (i) 1.2% times average compensation times benefit service (to a maximum of 33 years) (ii) 1.5% times (i), times benefit service in excess of 33 years, but not over 40 The amount above cannot be less than the minimum benefit determined at December 31, 2002 of (i) + (ii) where: (i) 1.3% times average compensation times benefit service (to a maximum of 33 years) (ii) 1.5% times (i), times benefit service in excess of 33 years, but not over 40

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- Appendix A

  Same as main group, subject to the minimum benefits below:

  Minimum for Quaker Alloy Casting Co. Plan

  (1.25% up $4,200 of average compensation + 1% of the excess over $4,200) x years of continuous service (max 33)

  If the employee was a participant prior to January 1, 1976, the minimum benefit at that date is:

  30% of average compensation

  For this purpose, average compensation is the average of 5 highest years from January 1, 1966 to January 1, 1976 with a $25,000 maximum salary recognized each year.

  Minimum for Bowen-McLaughlin-York Co. Plan

  If an employee was a participant on December 1, 1967, had 15 years of continuous service at that date, and retires on or after normal retirement, the applicable minimum benefit is:

  10% of average compensation up to $4,800 + 30% in excess of $4,800.

  For this purpose, average compensation is the average of 5 highest years from December 1, 1957 to December 1, 1967 with a $25,000 maximum salary recognized each year.

- Appendix B (SCI)

  Career pay benefit, with a maximum of 35 years credited. The benefit is determined as the sum of (a) and (b) below:

  (a) Prior to 1/1/1989

  0.75% of plan year compensation +1.4% of plan year compensation in excess of the Social Security wage base

  (b) Post 1/1/1989

  1.0% of plan year compensation up to the Social Security wage base +1.4% of plan year comp. in excess of Social Security wage base

  If the participant retires on or after his normal retirement date, but prior to his Social Security normal retirement date, the 1.4% above is changed to 1.39% or 1.36% for participants with a Social Security normal retirement age of 66 or 67, respectively.

  Accruals are frozen effective December 31, 2003 for salaried participants.

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• Appendix C (Sherwood)	0.6% up to $6,600 of average compensation times benefit service, maximum 35 years + 0.9% of average compensation in excess of $6,600 times benefit service, maximum 35 years Pay and service accruals are frozen effective December 31, 2001 for hourly participants. Service accruals are frozen effective December 31, 2003 for salaried participants.
• Appendix D (Tamper)	Career pay benefit of 1.25% of compensation up to $23,100 for 1992 and $39,600 for all years thereafter Accruals begin in 2001 for former Pandrol Jackson employees based upon 1.25% of compensation up to $39,600. Accruals are frozen effective December 31, 2003 for salaried participants. Accruals are frozen effective December 31, 2006 for hourly participants.
• Appendix E (Harrisburg Steel)	Total benefit from the main plan or offset total benefit with Actuarial Equivalent Harrisburg Steel benefit.
• Appendix F (Fairmont)	Monthly benefit unit times benefit service maximum 40 years. See table of monthly benefit amounts. Accruals are frozen effective December 31, 2006.
• Appendix G (Heckett)	Monthly benefit unit times benefit service. See table of monthly benefit amounts. Accruals for all locations under Appendix G are frozen.
• Appendix H (Reed)	See exhibit for listing of accrual freeze dates by location.
○ Social Security benefit	The projected amount of the participant's Social Security benefit at age 65 assuming level earnings and a level wage base after termination. For the purpose of determining the Social Security benefit, the salary in the year prior to normal retirement is assumed to be the greater of that year's compensation or average compensation. For all other prior years, the actual earnings history will be used, where available. To the extent that prior earnings are unavailable, a 6% salary scale is used to generate historical earnings.
○ Accrued pension adjustment	Determined as (a) divided by (b), not greater than 1 where: (a) Benefit service at date of termination in complete months (b) Benefit service projected to normal retirement date in complete months

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○ Short service percentage	Determined as (a) divided by (b), not greater than 1 where: (a) Benefit service projected to normal retirement date in complete months (b) 240
○ Monthly pension benefit	Determined as (a) times (b) times (c) where: (a) 50% of average compensation minus 66.67% of Social Security benefit (b) Accrued pension adjustment (c) Short service percentage
• Appendix I (HTT UAW)	Monthly benefit unit times benefit service. See table of monthly benefit amounts. Accruals are frozen effective December 31, 2007.
• Appendix J (Capitol)	Monthly benefit unit times benefit service. See table of monthly benefit amounts.
• Appendix K (Harsco Hourly)	Monthly benefit unit times benefit service maximum 40 years. See table of monthly benefit amounts. Accruals are frozen effective December 31, 2009.

Benefit	Age	Vesting Service	Benefit Service	Description
Normal retirement:				
• All except Appendix F, G, I	65		5	Accrued benefit payable immediately
• Appendix F (Fairmont) and Appendix G (Heckett)	65	5		Accrued benefit payable immediately
• Appendix I (HTT UAW)	65			Accrued benefit payable immediately
Early retirement:				
• HEPP Core, Appendix A, App. E (Harrisburg Steel)	55		15	Benefit reduced 0.3% for each month prior to 65
	55		30	Benefit reduced 0.3% for each month prior to 62
• Appendix B (SCI)	50		10	The base portion of the benefit is reduced 0.3% for each month prior to 65. The excess portion of the benefit is reduced 2/3% for each month prior to 65.

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• Appendix C (Sherwood)	60		15	Benefit is actuarially reduced for payment prior to age 65.
• Appendix D (Tamper)	55		5	Benefit reduced 2% per year from 65 to 60, and 6% per year from 60 to 55. For former Pandrol Jackson participants the benefit is reduced 6.67% per year prior to 65.
• Appendix F (Fairmont)	60	10		Benefit reduced 0.25% for each month prior to 65
	62	30		Unreduced accrued benefit payable immediately
• Appendix G (Heckett)	60	15		Benefit reduced 0.6% for each month prior to 65
	62	30		Unreduced accrued benefit payable immediately (excludes Non-union location)
• Appendix H (Reed)	55	10		Benefit reduced 0.3% for each month prior to 65. Prior to January 1, 1995 the early retirement reduction was 1/180th for each month from 65 to 60 and 1/360th for each month from 60 to 55.
• Appendix I (HTT UAW)	60	5		Benefit reduced 0.556% for each month prior to 65
	62	10		Benefit reduced 0.333% for each month prior to 65
• Appendix J (Capitol)				
○ Houston	60		15	Benefit reduced 0.5% for each month prior to 62
	62		30	Unreduced accrued benefit payable immediately
○ Local 2306	55		10	Benefit reduced 0.5% for each month prior to 65
• Appendix K (Harsco Hourly)	60	15		Benefit reduced 0.6% for each month prior to 65

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Postponed retirement:				
• All Groups except Appendix G, H, I, J, K	>65	5		Greater of the accrued benefit determined at the postponed retirement date and the actuarially increased normal retirement benefit, payable immediately
• Appendix G (Heckett)	>65	5		Accrued benefit payable immediately
• Appendix H (Reed), Appendix I (HTT UAW)	>65			Greater of the accrued benefit determined at the postponed retirement date and the actuarially increased normal retirement benefit, payable immediately
• Appendix J (Capitol)	>65	5		Accrued benefit payable immediately
• Appendix K (Harsco Hourly)	>65		5	Accrued benefit payable immediately
Vested termination – All Groups		5		Accrued benefit payable unreduced at age 65. If the participant is eligible for early retirement, the accrued benefit payable prior to age 65 is reduced for early commencement as indicated on the preceding page.
Disability retirement:				
• All Groups except Appendix F, G, H, I, K			15	Accrued benefit payable unreduced at age 65, reduced for early commencement from age 65 to age 55 as indicated above and actuarially reduced prior to age 55 (reduction does not apply for Appendix G, and a minimum $175 per month applies for Central East). A participant qualifies for this benefit after becoming permanently disabled. Disability benefits cease at the earlier of the participant's recovery from disability or the participant's normal retirement date. The benefit payable at the participant's normal retirement date is the normal retirement benefit.
• Appendix F (Fairmont)			10	
• Appendices G (Heckett), H (Reed), and K (Harsco Hourly)		15		

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• Appendix I (HTT UAW)		
○ If not receiving Social Security disability benefits	5	$450 per month payable until the participant begins receiving a Social Security disability benefit
○ If receiving Social Security disability benefits	5	Accrued benefit payable immediately, continuing until the earlier of the date the participant recovers from disability, the date the participant dies, or the participant's normal retirement date. The benefit payable at the participant's normal retirement date is the normal retirement benefit.
Pre-retirement survivor's benefit:		
• All Groups except Appendix I	5	If married, the pre-retirement survivor annuity is payable for the life of the spouse. The amount of the death benefit is 50% of the amount that would have been payable to the participant at his earliest retirement date if he elected a 50% joint and survivor annuity, reduced for early commencement, prior to his death.
• Appendix I (HTT UAW)	5	If married, the pre-retirement survivor annuity is payable for the life of the spouse. The amount of the death benefit is 55% of the amount that would have been payable to the participant at his earliest retirement date if he elected a 55% joint and survivor annuity, reduced for early commencement, prior to his death.
Maximum on benefits and pay – All Groups:		All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Forms of Payment

Normal forms:	Single Participant	Married Participant
• HEPP Core/Appendix A	10 year certain and life annuity	50% joint and survivor annuity
• Appendix B (SCI)	Life annuity	50% joint and survivor annuity
• Appendix C (Sherwood)	Life annuity	50% joint and survivor annuity
• Appendix D (Tamper)	5 year certain and life annuity	50% joint and survivor annuity
• Appendix E (Harrisburg Steel)	10 year certain and life annuity	50% joint and survivor annuity
• Appendix F (Fairmont)	Life annuity	50% joint and survivor annuity
• Appendix G (Heckett)	Life annuity	50% joint and survivor annuity
• Appendix H (Reed)	10 year certain and life annuity	50% joint and survivor annuity
• Appendix I (HTT UAW)	Life annuity	55% joint and survivor annuity
• Appendix J (Capitol)	Life annuity	50% joint and survivor annuity
• Appendix K (Harsco Hourly)	Life annuity	50% joint and survivor annuity

Optional forms:

• Annuities	Optional forms of payment generally available under the plan include a single life annuity, 5, 10, and 15 year certain and continuous annuities, 50%, 55%, 66 2/3%, 75%, and 100% joint and survivor annuities. Not all participants may be eligible for all optional forms of payment.

• Lump Sums	Corporate (Core plan document), and Reed Minerals Salaried (Appendix H) participants who terminated after 2008 and Fairmont (Appendix F) participants may elect to take their entire benefit as a lump sum. Corporate (Core plan document), SCI (Appendix B) and Reed Minerals Salaried/Hourly (Appendix H) participants may elect to take their benefits accrued before December 31, 1994 as a lump sum. Central East and Newport KY (Appendix G) and Patent (Appendix K) participants may elect a lump sum if the present value is less than $15,000 and $7,000, respectively. If participants are not early, normal, or postponed retirement eligible as of termination, the lump sum generally must be taken within one year of termination (in all cases for Fairmont; there is no restriction for Central East/Newport KY). Central East participants may elect a lump sum with a present value greater than $15,000 in the event of a shutdown (which must be taken within one year).

Optional form conversion basis:

• Annuities	For all groups except HTT UAW (Appendix I): 1983 Group Annuity Mortality Table for Males, with an age setback of one year for the Participant and five years for the co-pensioner or spouse, and an annual interest rate of 6%. For HTT UAW (Appendix I): UP 1984 Unisex Mortality Table, with an age setback of four years for the co-pensioner or spouse, and an annual interest rate of 7%.
• Lump Sums	For PBGC basis: 1983 Group Annuity Mortality Table for Males, with an age setback of one year for the Participant and five years for the co-pensioner or spouse, and the applicable IRC § 417(e) interest rates. For IRC § 417(e) basis: IRC § 417(e) minimum lump sum value.

Future Plan Changes

WTW is not aware of any future plan changes which are required to be valued.

Changes in Plan Provisions and Benefits Valued Since Prior Year

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

SCHEDULE SB ATTACHMENTS

Harsco Employees Pension Plan

Fairmont (Appendix F) - Frozen

Effective Date	Benefit Level
January 1, 1992	$16.00
January 1, 1993	$17.00
January 1, 1994	$18.00
January 1, 1995	$19.00
January 1, 1996	$20.00
January 1, 1997	$21.00
January 1, 1998	$22.00
January 1, 1999	$23.00
January 1, 2000	$24.00
January 1, 2001	$25.00
January 1, 2002	$26.00
January 1, 2003	$26.00
January 1, 2004	$26.00
January 1, 2005	$26.50
January 1, 2006	$27.00

HTT UAW (Appendix I) - Frozen

Effective Date	Benefit Level
June 1, 1989	$13.00
June 1, 1990	$13.50
June 1, 1991	$14.00
June 1, 1992	$15.00
June 1, 1993	$16.00
June 1, 1994	$18.00
June 2, 1998	$25.00
June 1, 1999	$26.00
June 1, 2000	$27.00
June 5, 2001	$28.00
June 1, 2002	$29.00
June 1, 2003	$30.00
June 1, 2004	$31.00
June 1, 2005	$32.00
June 1, 2006	$33.00

Heckett Hourly (Appendix G) - Frozen

Location	Code	Effective Date	Benefit Level
Central East	CEN	January 1, 2002	$38.00
		May 1, 2002	$42.00
		May 1, 2007	$43.00
Non-Union			
Kentucky	NON	January 1, 2002	$28.00
Iowa	NON	January 1, 2002	$15.00
Arkansas	NON	January 1, 2002	$15.00
Alabama		January 1, 2002	$25.00
Aliquippa		January 1, 2002	$12.00
Baytown		January 1, 2002	$11.00
Chicago Clerks		January 1, 2002	$14.00
Fontana		January 1, 2002	$9.00
Lyndora		January 1, 2002	$25.00
Midwest Clerks		January 1, 2002	$12.00
Riverdale	RIV	January 1, 2002	$29.25
Slippery Rock, PA		January 1, 2002	$20.00
Southside		January 1, 2002	$12.00
Steelton		January 1, 2002	$7.00

Capitol (Appendix J) - Frozen

Employer/ Locatior	Code	Effective Date	Benefit Level
Houston			$14.00
Local 2306			$21.00

Harsco Hourly (Appendix K) - Frozen

Employer/ Location	Code	Effective Date	Benefit Level
Patent Construction			
Houston, TX	PSN	January 1, 2001	$5.00
All Other Locations	PTN	January 1, 2001	$8.00
Can-Tex Industries			
Rolla, MO		January 1, 1994	$9.00
Reno, NV		January 1, 1994	$9.00
Former Capitol Manufacturing			
Baltimore, MD		January 1, 1994	$10.00
Chicago, IL		January 1, 2001	$12.00
Crowley, LA		January 1, 1994	$12.00
New Haven, CT		January 1, 1994	$12.00
Lansing, OH		January 1, 2001	$12.00
Fitchburg, MA		January 1, 1994	$10.00
Atlanta, GA		January 1, 1994	$10.00
Houston, TX		January 1, 2001	$12.00
Westerville, OH		January 1, 2001	$12.00
Patent Construction Systems			
Beaumont, TX		January 1, 1994	$8.00
Wallington, NJ		January 1, 2001	$8.00
Corpus Christi, TX		January 1, 2001	$8.00
SGB USA (closed)			
All Locations		January 1, 2002	$8.00
IKG Industries (Non-Union)		January 1, 2001	$12.00
Charlotte, NC			
Madera, CA			
Tulsa, OK			
Marlboro, NJ			
Texas-FRP-North			

Plan Name: Harsco Employees Pension Plan
EIN / PN: 23-1483991/219
Plan Sponsor: Enviri Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Reed Minerals (Appendix H) Freeze Dates by Location

Location	Participation / Benefit Service Freeze Date	Compensation Freeze Date
Salaried	December 31, 2003	December 31, 2008
Pawnee	December 31, 2007	December 31, 2007
Drakesboro	March 31, 2008	March 31, 2008
Gallipolis	June 30, 2008	June 30, 2008
Beverly	September 30, 2008	September 30, 2008
Rockdale	July 31, 2009	July 31, 2009
Hourly Nonunion	December 31, 2009	December 31, 2009
Moundsville	January 31, 2010	January 31, 2010

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
ENVIRI CORPORATION
HARSCO EMPLOYEES PENSION PLAN
EMPLOYEE IDENTIFICATION NUMBER - 23-1483991
THREE-DIGIT PLAN NUMBER - 219
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
			(in thousands)	
	Identity of Issue	**Description of Investment**	**Cost**	**Current Value**
	First American Government Obligations Fund Class Z	Money Market Fund	$ 1,695	$ 1,695
*	Enviri Corporation	Common Stock	1,708	5,555
	MetLife, Inc.	Common Stock	—	1
	Total Common Stock		1,708	5,556
*	SEI Global Managed Volatility Fund	Mutual Fund	33,119	33,158
*	SEI Institutional Investments Fund	Mutual Fund	91,752	93,505
*	SEI Long Duration Credit Fund	Mutual Fund	30,836	30,232
	Total Mutual Funds		155,707	156,895
	U.S. Treasury Bond Strip (maturity date: 11/15/2035) (912833X96)	U.S. Treasuries and collateralized securities	10,880	11,570
	U.S. Treasury Bond Strip (maturity date: 11/15/2040) (912834JH2)	U.S. Treasuries and collateralized securities	8,750	9,064
	U.S. Treasury Bond Strip (maturity date: 02/15/2045) (912834PH5)	U.S. Treasuries and collateralized securities	1,283	1,290
	Total U.S. Treasuries and collateralized securities		20,913	21,924
	Total Investments		**$ 180,023**	**$ 186,070**

* Represents party-in-interest.

Harsco Corporation
2025 Form 5500
Line 6 Participant Counts

		HEPP
Number of participants - as of the end of the plan year except a(1)		
a(1)	Total number of active participants at the beginning of the plan year	136
a(2)	Total number of active participants at the end of the plan year	112
b	Retired or separated participants receiving benefits	2,119
c	Other retired or separated participants entitled to future benefits	1,275
d	Subtotal. Add lines 6a(2), 6b, and 6c	3,506
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	638
f	Total. Add lines 6d and 6e	4,144
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

• Applicable month	September
• Interest rate basis	3-Segment Rates

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.34%	5.32%

Interest rates used to determine lump sums: Funding interest rates

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

Demographic Assumptions

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

Mortality

- Healthy and disabled — Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

SCHEDULE SB ATTACHMENTS

- Lump sums

For lump sums determined on the IRC §417(e) basis, the Applicable Mortality Table for the current year is used.

Termination

Rates varying by group and age

Representative termination rates are shown below:

Terminations per 1,000 participants		
Age	Pay-Based Formula	Dollar-Based Formula
20	120	140
25	120	140
30	120	140
35	110	140
40	99	120
45	89	90
50	78	70
55	50	50
60+	50	30

Participants commence annuity benefits at age 63 and lump sums upon termination.

Disability

Representative rates at which participants become disabled by age and gender are shown below:

Disablements per 1,000 participants		
Age	Males	Females
30	0.71	0.85
35	0.99	1.75
40	1.62	3.15
45	2.70	4.65
50	4.93	6.26
55	9.14	8.05
60	14.70	11.25

SCHEDULE SB ATTACHMENTS

Active retirement

Rates varying by group and age:

Retirements per 1,000 participants		
Age	Pay-Based Formula	Dollar-Based Formula
55	100	0
56	30	0
57	30	0
58	30	0
59	30	0
60	100	100
61	100	100
62	200	200
63	200	200
64	200	200
65	300	300
66	400	400
67	500	500
68+	1,000	1,000

Commencement of deferred benefits

Rates of commencement by age for current participants with deferred vested benefits are shown below:

Retirements per 1,000 participants	
Age	Rate
< 62	0
62	100
63	50
64	50
65	800
66-79	100
80+	1,000

SCHEDULE SB ATTACHMENTS

Form of Payments

Active participants in Core (Appendix A), Reed (Appendix H), and Fairmont (Appendix F):

- Benefits available as a lump sum:
  - 80% are assumed to elect a lump sum.
  - 20% are assumed to elect annuity forms of payment based on the allocation in the table below.
- All other benefits:
  - Participants are assumed to elect annuity forms of payment as per the table below.

All other active participants and all deferred inactive participants are assumed to elect annuity forms of payment based on the table below.

Location	SLA	J&S 50%	J&S 55%	J&S 75%	J&S 100%	5 C&L	10 C&L	15 C&L
Core (Appendix A)	30%	25%			30%		15%	
Sherwood (Appendix C)	50%	20%			20%		10%	
Tamper (Appendix D)		10%			20%	70%		
Heckett (Appendix G)	60%	10%		20%	10%			
Harsco Hourly (Appendix K)	70%	20%		10%				
SCI (Appendix B)	50%	20%			20%			10%
Track (Appendix I)	40%		30%	30%				
Reed (Appendix H)	40%				30%		10%	20%
Capitol (Appendix J)	70%			30%				
Tamper (Appendix D)	40%				60%			
Fairmont (Appendix F)					70%		30%	

SLA" = Single Life Annuity; "J&S" = Joint and Survivor annuity; "C&L" = Certain and Life annuity

Payments between the later of normal retirement date and termination date to the commencement date are accumulated with interest and distributed as a lump sum.

SCHEDULE SB ATTACHMENTS

Percent married	70%, for purposes of valuing pre-retirement surviving spouse benefits
Spouse age	Wife two years younger than husband
Administrative expenses	Estimated based on actual expenses during the prior year (adjusted for expected changes in current year expenses). The assumption for for 2025 is $1,506,599.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year (January 1)
Funding target	Present value of accrued benefits, as required by regulations under IRC § 430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year, as required by regulations under IRC § 430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	Effective for the Plan Year 2025 valuation, the Company elected an actuarial value of assets method equal to the market value of assets, phasing in over two years to the average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings. Based on this method, the actuarial value of assets as of January 1, 2025 is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions were valued. WTW has reviewed the plan provisions and, based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays automatic cashouts of small benefits with a present value up to $5,000 in a single lump sum payment, optional distributions for small present values in certain circumstances, and various actuarially equivalent annuity options. Such forms of payment are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Enviri Corporation through its third-party administrator furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by Enviri Corporation. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any such significant event, so no adjustments were made. For situations in which the status of a surviving beneficiary of a deceased participant is unavailable, a placeholder survivor record is valued.

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The following non-prescribed assumptions were changed since the prior valuation:

- Following Enviri's announcement that the Rail business will be included within continuing operations going forward, retirement and termination assumptions for Rail employees were updated from assumed immediate decrement to those used for the general participant population.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25
Change in Method

The following method change has been made since the prior valuation:

- The asset valuation method changed from the average of the fair market value of assets on the valuation date and the four immediately preceding semi-annual periods to the market value, phasing in to average value of adjusted market values.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25
Change in Method

The following method change has been made since the prior valuation:

- The asset valuation method changed from the average of the fair market value of assets on the valuation date and the four immediately preceding semi-annual periods to the market value, phasing in to average value of adjusted market values.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The following non-prescribed assumptions were changed since the prior valuation:

- Following Enviri's announcement that the Rail business will be included within continuing operations going forward, retirement and termination assumptions for Rail employees were updated from assumed immediate decrement to those used for the general participant population.

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
Harsco Employees Pension Plan

B Three-digit plan number (PN) ▶ 219

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Enviri Corporation

D Employer Identification Number (EIN)
23-1483991

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	183,272,237
b Actuarial value	**2b**	183,272,237

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	2,572	121,208,506	121,208,506
b For terminated vested participants	1,565	50,675,139	50,675,139
c For active participants	136	6,720,374	6,814,902
d Total	4,273	178,604,019	178,698,547

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**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,506,599
c Target normal cost	**6c**	1,506,599

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

SEPTEMBER 10, 2026
Date

David H Webber, FSA, EA
Type or print name of actuary

2606137
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3,866,406
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,540,000
9	Amount remaining (line 7 minus line 8)	0	1,326,406
10	Interest on line 9 using prior year's actual return of 6.69%	0	88,737
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,917
	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 5.07%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		128
	c Total available at beginning of current plan year to add to prefunding balance		2,045
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,415,143

Part III Funding Percentages

14	Funding target attainment percentage	14	101.76%
15	Adjusted funding target attainment percentage	15	102.55%
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	98.16%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the curren: year made in a timely manner? [X] 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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	1,506,599
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,506,599

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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 ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

Retirement rates varying by group and age are listed below:

	Retirements per 1,000 participants:	
Age	*Pay-Based Formula*	*Dollar-Based Formula*
55	100	0
56	30	0
57	30	0
58	30	0
59	30	0
60	100	100
61	100	100
62	200	200
63	200	200
64	200	200
65	300	300
66	400	400
67	500	500
68	1,000	1,000

For 1,000 theoretical participants, an expected retirement age was calculated for each group noted above, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The Plan's weighted average retirement age of 63 is the average of the expected retirement ages, weighted in proportion to the number of active participants in each group.

Plan Name: Harsco Employees Pension Plan
EIN / PN: 23-1483991/219
Plan Sponsor: Enviri Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

• Applicable month	September
• Interest rate basis	3-Segment Rates

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.34%	5.32%

Interest rates used to determine lump sums: Funding interest rates

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

Demographic Assumptions

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

Mortality

- Healthy and disabled — Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

SCHEDULE SB ATTACHMENTS

- Lump sums

For lump sums determined on the IRC §417(e) basis, the Applicable Mortality Table for the current year is used.

Termination

Rates varying by group and age

Representative termination rates are shown below:

Terminations per 1,000 participants		
Age	Pay-Based Formula	Dollar-Based Formula
20	120	140
25	120	140
30	120	140
35	110	140
40	99	120
45	89	90
50	78	70
55	50	50
60+	50	30

Participants commence annuity benefits at age 63 and lump sums upon termination.

Disability

Representative rates at which participants become disabled by age and gender are shown below:

Disablements per 1,000 participants		
Age	Males	Females
30	0.71	0.85
35	0.99	1.75
40	1.62	3.15
45	2.70	4.65
50	4.93	6.26
55	9.14	8.05
60	14.70	11.25

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Active retirement

Rates varying by group and age:

Retirements per 1,000 participants		
Age	Pay-Based Formula	Dollar-Based Formula
55	100	0
56	30	0
57	30	0
58	30	0
59	30	0
60	100	100
61	100	100
62	200	200
63	200	200
64	200	200
65	300	300
66	400	400
67	500	500
68+	1,000	1,000

Commencement of deferred benefits

Rates of commencement by age for current participants with deferred vested benefits are shown below:

Retirements per 1,000 participants	
Age	Rate
< 62	0
62	100
63	50
64	50
65	800
66-79	100
80+	1,000

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Form of Payments

Active participants in Core (Appendix A), Reed (Appendix H), and Fairmont (Appendix F):

- Benefits available as a lump sum:
  - 80% are assumed to elect a lump sum.
  - 20% are assumed to elect annuity forms of payment based on the allocation in the table below.
- All other benefits:
  - Participants are assumed to elect annuity forms of payment as per the table below.

All other active participants and all deferred inactive participants are assumed to elect annuity forms of payment based on the table below.

Location	SLA	J&S 50%	J&S 55%	J&S 75%	J&S 100%	5 C&L	10 C&L	15 C&L
Core (Appendix A)	30%	25%			30%		15%	
Sherwood (Appendix C)	50%	20%			20%		10%	
Tamper (Appendix D)		10%			20%	70%		
Heckett (Appendix G)	60%	10%		20%	10%			
Harsco Hourly (Appendix K)	70%	20%		10%				
SCI (Appendix B)	50%	20%			20%			10%
Track (Appendix I)	40%		30%	30%				
Reed (Appendix H)	40%				30%		10%	20%
Capitol (Appendix J)	70%			30%				
Tamper (Appendix D)	40%				60%			
Fairmont (Appendix F)					70%		30%	

SLA" = Single Life Annuity; "J&S" = Joint and Survivor annuity; "C&L" = Certain and Life annuity

Payments between the later of normal retirement date and termination date to the commencement date are accumulated with interest and distributed as a lump sum.

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Percent married	70%, for purposes of valuing pre-retirement surviving spouse benefits
Spouse age	Wife two years younger than husband
Administrative expenses	Estimated based on actual expenses during the prior year (adjusted for expected changes in current year expenses). The assumption for for 2025 is $1,506,599.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year (January 1)
Funding target	Present value of accrued benefits, as required by regulations under IRC § 430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year, as required by regulations under IRC § 430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	Effective for the Plan Year 2025 valuation, the Company elected an actuarial value of assets method equal to the market value of assets, phasing in over two years to the average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings. Based on this method, the actuarial value of assets as of January 1, 2025 is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions were valued. WTW has reviewed the plan provisions and, based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays automatic cashouts of small benefits with a present value up to $5,000 in a single lump sum payment, optional distributions for small present values in certain circumstances, and various actuarially equivalent annuity options. Such forms of payment are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

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Sources of Data and Other Information

Enviri Corporation through its third-party administrator furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by Enviri Corporation. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any such significant event, so no adjustments were made. For situations in which the status of a surviving beneficiary of a deceased participant is unavailable, a placeholder survivor record is valued.

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

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Schedule SB, Line 24
Change in Actuarial Assumptions

The following non-prescribed assumptions were changed since the prior valuation:

- Following Enviri's announcement that the Rail business will be included within continuing operations going forward, retirement and termination assumptions for Rail employees were updated from assumed immediate decrement to those used for the general participant population.

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Schedule SB, Line 25
Change in Method

The following method change has been made since the prior valuation:

- The asset valuation method changed from the average of the fair market value of assets on the valuation date and the four immediately preceding semi-annual periods to the market value, phasing in to average value of adjusted market values.

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Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Effective Date and Most Recent Amendment

Amended and restated effective January 1, 2017, including amendments adopted through July 30, 2021

Covered Employees

- HEPP Core

  Employees covered by the primary plan, including:

  - Capitol Manufacturing and Taylor Wharton Gas Equipment units of the Company's Gas & Fluid Control Group Division
  - Patent Construction Systems Patterson-Kelley units of the Company's Infrastructure Group Division
  - Heckett MultiServ West unit of the Company's Mill Service Group Division
  - Locations: Fremont, Ohio, Bloomfield, Iowa, Jessup, Georgia, and West Jordan, Utah of the American Welding and Tank Unit of the Company's Gas & Fluid Control Group Division
  - SCI unit of the Company's Gas & Fluid Control Group Division
  - Locations: Fairmont (Minnesota),Tamper (South Carolina), Ludington, Michigan of the Harsco Track and Technologies unit of the Infrastructure Group Division

- Appendix A

  Employees covered under Appendix A of the plan, including:

  - Bowen-McLaughlin-York Co. Salaried Employees (BMY)
  - Broderick Co. Salaried Employees
  - Harrisburg Steel Co. Salaried Employees
  - Heckett Engineering Co. Salaried and Hourly Employees
  - Clerical and Supervisory Co. Salaried Employees
  - Patent Scaffolding Co. Salaried Employees
  - Quaker AlloyCasting Co. Salaried Employees
  - Taylor- Wharton Co. Salaried Employees

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- Appendix B (SCI) — Employees covered under Appendix B of the plan including:
  - Salaried employees of the SCI Division of the Taylor Wharton Gas Equipment group
  - Hourly employees of the SCI Division of the Taylor Wharton Gas Equipment group
- Appendix C (Sherwood) — Employees covered under Appendix C of the plan, specifically the Sherwood Division of Enviri Corporation
- Appendix D (Tamper) — Employees covered under Appendix D of the plan including:
  - HTT- Harsco Track and Technologies
  - Fairmont Tamper Division of Enviri Corporation
  - Hourly and salaried Ludington, Michigan employees
- Appendix E (Harrisburg Steel) — Employees covered under Appendix E of the plan, specifically hourly employees covered under the Harrisburg Steel Hourly Employees Pension Plan who became salaried employees on or before April 20, 1992
- Appendix F (Fairmont) — Employees covered under Appendix F of the plan, specifically hourly paid employees covered by a collectively bargained agreement between the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America UAW and its Local 1016
- Appendix G (Heckett) — Employees covered under Appendix G of the plan, specifically hourly employees of Heckett Multiserv covered by any Labor Agreement referenced in the plan document.
- Appendix H (Reed) — Employees covered under Appendix H of the plan, specifically employees of the Reed Minerals division
- Appendix I (HTT UAW) — Employees covered under Appendix I of the plan, specifically hourly paid employees covered by a collective bargaining agreement between the International Union United Automobile, Aerospace and Agricultural Implement Workers of America UAW and its Local 811
- Appendix J (Capitol) — Employees covered under Appendix J of the plan, specifically members of the International Association of Machinist and Aerospace Workers AFL-CIO Local 2306
- Appendix K (Harsco Hourly) — Employees covered under Appendix K of the plan including hourly employees of Patent Construction and closed divisions referenced in the plan document.

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Definitions

Vesting service

• HEPP Core, App. A, E (Harrisburg Steel), G (Heckett)	Years and completed months from the later of date of hire or the January 1 in the year in which the participant attains age 18
• Appendix B (SCI), C (Sherwood), D (Tamper), F (Fairmont), I (HTT UAW)	One year of service for 1,000 hours in a plan year, commencing at the participant's employment date
• Appendix H (Reed)	Prior to September 28, 1978, complete years as credited under the former pension plan. Beginning September 28, 1978, one year of service for 1,000 hours in a plan year, including the short plan year from September 28, 1978 to December 31, 1978.
• Appendix J (Capitol), K (Harsco Hourly)	One year of service for 1,000 hours in a plan year, beginning at the later of date of hire or age 18

Benefit service

• HEPP Core, App. A/ App. E (Harrisburg Steel)	Continuous Service in years and completed months from date of hire, including the month of termination if termination occurs after the first day of the month. Accrual service is limited to 40 years. Benefit service is frozen as of December 31, 2003.
• Appendix B (SCI)	One year of service for 1,000 hours in a plan year, commencing at the participant's employment date. If less than 1,000 hours are worked, 1/12th of a year for each 84 period of service during the year. Benefit service is limited to 35 years. Benefit service for salaried employees is frozen as of December 31, 2003.
• Appendix C (Sherwood)	One year of service for 1,800 hours in a plan year, commencing at the participant's employment date. Accrual service is limited to 35 years. Benefit service for salaried employees is frozen at December 31, 2003. Benefit service for hourly employees is frozen at December 31, 2001.
• Appendix D (Tamper)	Continuous Service in years and completed months from date of hire, including the month of termination if termination occurs after the first day of the month. Benefit service for salaried employees is frozen as of December 31, 2003. Benefit service for hourly employees is frozen as of December 31, 2006.
• Appendix F (Fairmont)	Actual hours worked during a plan year divided by 1,700, rounded to the nearest tenth, subject to a maximum of 1. Benefit service for salaried employees is frozen as of December 31, 2006.

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• Appendix G (Heckett)	Elapsed time from the later of date of hire or the date in which the participant attains age 20½ with 6 months of service. From date of hire for Central East. Benefit service for all locations under Appendix G are frozen.
• Appendix H (Reed)	Prior to September 28, 1978, complete years as credited under the former pension plan. For the short plan year from September 28, 1978 to December 31, 1978, ¼ of a year of service is granted if the participant worked at least 250 hours. Beginning January 1, 1979, one year of service for 1,000 hours in a plan year. See table for benefit service freeze dates by location.
• Appendix I (HTT UAW)	One year of service for 1,800 hours in a plan year, or a fraction of a year for fewer than 1,800 hours, commencing at the participant's employment date. Benefit service is frozen at December 31, 2007.
• Appendix J (Capitol)	One year of service for 1,000 hours in a plan year, beginning at the later of date of hire or age 20½.
• Appendix K (Harsco Hourly)	One year of service for 1,000 hours in a plan year, commencing at participation. Benefit service is frozen at December 31, 2009.

Compensation

• HEPP Core, App. A, E (Harrisburg Steel)	Base salary, including commissions, tips, overtime, premium pay and non-Discretionary Incentive Compensation (incentive pay included is 100% prior to 12/31/2002 and 50% post 12/31/2002), excluding severance and value of stock options. Compensation after December 31, 2008 will not be considered in calculating pension benefits.
• Appendix B (SCI)	Base salary, including commissions, tips, overtime, premium pay and non-Discretionary Incentive Compensation (incentive pay included is 100% prior to 12/31/2002 and 50% post 12/31/2002), excluding severance and value of stock options.
• Appendix C (Sherwood)	Base salary, excluding commissions, tips, overtime, premium pay and non-Discretionary Incentive Compensation, severance and value of stock options.
• Appendix D (Tamper)	Base salary, including leadman and dual operator premiums and gain sharing payments, excluding overtime, shift premiums, and bonuses.
• Appendix H (Reed)	Fixed rate of monthly pay as of January 1, excluding commissions, overtime, and bonuses. See table for compensation freeze dates by location.

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Average compensation

• HEPP Core/Appendix A	Highest 60 full consecutive months in the final 120 (or fewer) full consecutive months of employment. If the employee has completed less than 60 months of service then the average compensation for all completed calendar months. Average compensation is frozen effective December 31, 2008.
• Appendix C (Sherwood)	Highest 60 full consecutive months in the final 120 (or fewer) full consecutive months of employment. If the employee has completed less than 60 months of service then the average compensation for all completed calendar months. Average compensation for hourly employees is frozen effective December 31, 2001.
• Appendix H (Reed)	Average of compensation during the last 5 consecutive calendar years. See table for average compensation freeze dates by location.

Eligibility for Benefits

• HEPP Core/Appendix A	Covered employees who have attained age 20½ and completed 1,000 hours of service during 12 consecutive months become participants on the following January 1. Employees hired after December 31, 2003 are not eligible.
• Appendix B (SCI)	Covered employees who have completed 1,000 hours of service during 12 consecutive months become participants on the following January 1. Salaried employees hired after December 31, 2003 are not eligible.
• Appendix C (Sherwood)	Covered employees who have completed 1,000 hours of service during 12 consecutive months become participants on the following January 1. Hourly employees hired after December 31, 2001 and salaried employees hired after December 31, 2003 are not eligible.
• Appendix D (Tamper)	Covered employees who have completed 1,000 hours of service during 12 consecutive months become participants on the first day of the following month. Salaried employees hired after December 31, 2003 and hourly employees hired after December 31, 2006 are not eligible.
• Appendix E (Harrisburg Steel)	Group now closed to new participants on April 20, 1992
• Appendix F (Fairmont)	Covered employees become participants on their date of hire. Employees hired after December 31, 2006 are not eligible.

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• Appendix G (Heckett)	Employees in a bargaining unit covered by any Labor Agreement described in the plan document who have attained age 20½ and completed 6 months of credited service during 12 consecutive months. Participation for all locations under Appendix G is frozen.
• Appendix H (Reed)	Covered employees who have attained age 20½ and completed 1,000 hours of service during 12 consecutive months become participants on the following January 1. See table for eligibility freeze dates by group.
• Appendix I (HTT UAW)	Hourly-paid employees covered by a collective bargaining agreement between the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW) and its Local No. 811. Such employees become participants in the plan on the first of the month following employment. Employees hired after December 31, 2007 are not eligible.
• Appendix J (Capitol)	Employees in a bargaining unit covered by any Labor Agreement which incorporates this plan by reference, who have attained age 20½ and completed 1,000 hours of service during 12 consecutive months. No actives are currently covered under this plan.
• Appendix K (Harsco Hourly)	Hourly-paid employees of Patent Construction who have attained age 20½ and completed 1,000 hours of service during 12 consecutive calendar months become participants on the following January 1. Other divisions are frozen and have no active participants. Employees hired after December 31, 2009 are not eligible.

Benefits Paid Upon the Following Events

Monthly pension benefit

• HEPP Core	Benefit is (i) + (ii) where: (i) 1.2% times average compensation times benefit service (to a maximum of 33 years) (ii) 1.5% times (i), times benefit service in excess of 33 years, but not over 40 The amount above cannot be less than the minimum benefit determined at December 31, 2002 of (i) + (ii) where: (i) 1.3% times average compensation times benefit service (to a maximum of 33 years) (ii) 1.5% times (i), times benefit service in excess of 33 years, but not over 40

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- Appendix A

  Same as main group, subject to the minimum benefits below:

  Minimum for Quaker Alloy Casting Co. Plan

  (1.25% up $4,200 of average compensation + 1% of the excess over $4,200) x years of continuous service (max 33)

  If the employee was a participant prior to January 1, 1976, the minimum benefit at that date is:

  30% of average compensation

  For this purpose, average compensation is the average of 5 highest years from January 1, 1966 to January 1, 1976 with a $25,000 maximum salary recognized each year.

  Minimum for Bowen-McLaughlin-York Co. Plan

  If an employee was a participant on December 1, 1967, had 15 years of continuous service at that date, and retires on or after normal retirement, the applicable minimum benefit is:

  10% of average compensation up to $4,800 + 30% in excess of $4,800.

  For this purpose, average compensation is the average of 5 highest years from December 1, 1957 to December 1, 1967 with a $25,000 maximum salary recognized each year.

- Appendix B (SCI)

  Career pay benefit, with a maximum of 35 years credited. The benefit is determined as the sum of (a) and (b) below:

  (a) Prior to 1/1/1989

  0.75% of plan year compensation +1.4% of plan year compensation in excess of the Social Security wage base

  (b) Post 1/1/1989

  1.0% of plan year compensation up to the Social Security wage base +1.4% of plan year comp. in excess of Social Security wage base

  If the participant retires on or after his normal retirement date, but prior to his Social Security normal retirement date, the 1.4% above is changed to 1.39% or 1.36% for participants with a Social Security normal retirement age of 66 or 67, respectively.

  Accruals are frozen effective December 31, 2003 for salaried participants.

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• Appendix C (Sherwood)	0.6% up to $6,600 of average compensation times benefit service, maximum 35 years + 0.9% of average compensation in excess of $6,600 times benefit service, maximum 35 years Pay and service accruals are frozen effective December 31, 2001 for hourly participants. Service accruals are frozen effective December 31, 2003 for salaried participants.
• Appendix D (Tamper)	Career pay benefit of 1.25% of compensation up to $23,100 for 1992 and $39,600 for all years thereafter Accruals begin in 2001 for former Pandrol Jackson employees based upon 1.25% of compensation up to $39,600. Accruals are frozen effective December 31, 2003 for salaried participants. Accruals are frozen effective December 31, 2006 for hourly participants.
• Appendix E (Harrisburg Steel)	Total benefit from the main plan or offset total benefit with Actuarial Equivalent Harrisburg Steel benefit.
• Appendix F (Fairmont)	Monthly benefit unit times benefit service maximum 40 years. See table of monthly benefit amounts. Accruals are frozen effective December 31, 2006.
• Appendix G (Heckett)	Monthly benefit unit times benefit service. See table of monthly benefit amounts. Accruals for all locations under Appendix G are frozen.
• Appendix H (Reed)	See exhibit for listing of accrual freeze dates by location.
○ Social Security benefit	The projected amount of the participant's Social Security benefit at age 65 assuming level earnings and a level wage base after termination. For the purpose of determining the Social Security benefit, the salary in the year prior to normal retirement is assumed to be the greater of that year's compensation or average compensation. For all other prior years, the actual earnings history will be used, where available. To the extent that prior earnings are unavailable, a 6% salary scale is used to generate historical earnings.
○ Accrued pension adjustment	Determined as (a) divided by (b), not greater than 1 where: (a) Benefit service at date of termination in complete months (b) Benefit service projected to normal retirement date in complete months

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○ Short service percentage	Determined as (a) divided by (b), not greater than 1 where: (a) Benefit service projected to normal retirement date in complete months (b) 240
○ Monthly pension benefit	Determined as (a) times (b) times (c) where: (a) 50% of average compensation minus 66.67% of Social Security benefit (b) Accrued pension adjustment (c) Short service percentage
• Appendix I (HTT UAW)	Monthly benefit unit times benefit service. See table of monthly benefit amounts. Accruals are frozen effective December 31, 2007.
• Appendix J (Capitol)	Monthly benefit unit times benefit service. See table of monthly benefit amounts.
• Appendix K (Harsco Hourly)	Monthly benefit unit times benefit service maximum 40 years. See table of monthly benefit amounts. Accruals are frozen effective December 31, 2009.

Benefit	Age	Vesting Service	Benefit Service	Description
Normal retirement:				
• All except Appendix F, G, I	65		5	Accrued benefit payable immediately
• Appendix F (Fairmont) and Appendix G (Heckett)	65	5		Accrued benefit payable immediately
• Appendix I (HTT UAW)	65			Accrued benefit payable immediately
Early retirement:				
• HEPP Core, Appendix A, App. E (Harrisburg Steel)	55		15	Benefit reduced 0.3% for each month prior to 65
	55		30	Benefit reduced 0.3% for each month prior to 62
• Appendix B (SCI)	50		10	The base portion of the benefit is reduced 0.3% for each month prior to 65. The excess portion of the benefit is reduced 2/3% for each month prior to 65.

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• Appendix C (Sherwood)	60		15	Benefit is actuarially reduced for payment prior to age 65.
• Appendix D (Tamper)	55		5	Benefit reduced 2% per year from 65 to 60, and 6% per year from 60 to 55. For former Pandrol Jackson participants the benefit is reduced 6.67% per year prior to 65.
• Appendix F (Fairmont)	60	10		Benefit reduced 0.25% for each month prior to 65
	62	30		Unreduced accrued benefit payable immediately
• Appendix G (Heckett)	60	15		Benefit reduced 0.6% for each month prior to 65
	62	30		Unreduced accrued benefit payable immediately (excludes Non-union location)
• Appendix H (Reed)	55	10		Benefit reduced 0.3% for each month prior to 65. Prior to January 1, 1995 the early retirement reduction was 1/180th for each month from 65 to 60 and 1/360th for each month from 60 to 55.
• Appendix I (HTT UAW)	60	5		Benefit reduced 0.556% for each month prior to 65
	62	10		Benefit reduced 0.333% for each month prior to 65
• Appendix J (Capitol)				
○ Houston	60		15	Benefit reduced 0.5% for each month prior to 62
	62		30	Unreduced accrued benefit payable immediately
○ Local 2306	55		10	Benefit reduced 0.5% for each month prior to 65
• Appendix K (Harsco Hourly)	60	15		Benefit reduced 0.6% for each month prior to 65

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Postponed retirement:				
• All Groups except Appendix G, H, I, J, K	>65	5		Greater of the accrued benefit determined at the postponed retirement date and the actuarially increased normal retirement benefit, payable immediately
• Appendix G (Heckett)	>65	5		Accrued benefit payable immediately
• Appendix H (Reed), Appendix I (HTT UAW)	>65			Greater of the accrued benefit determined at the postponed retirement date and the actuarially increased normal retirement benefit, payable immediately
• Appendix J (Capitol)	>65	5		Accrued benefit payable immediately
• Appendix K (Harsco Hourly)	>65		5	Accrued benefit payable immediately
Vested termination – All Groups		5		Accrued benefit payable unreduced at age 65. If the participant is eligible for early retirement, the accrued benefit payable prior to age 65 is reduced for early commencement as indicated on the preceding page.
Disability retirement:				
• All Groups except Appendix F, G, H, I, K			15	Accrued benefit payable unreduced at age 65, reduced for early commencement from age 65 to age 55 as indicated above and actuarially reduced prior to age 55 (reduction does not apply for Appendix G, and a minimum $175 per month applies for Central East). A participant qualifies for this benefit after becoming permanently disabled. Disability benefits cease at the earlier of the participant's recovery from disability or the participant's normal retirement date. The benefit payable at the participant's normal retirement date is the normal retirement benefit.
• Appendix F (Fairmont)			10	
• Appendices G (Heckett), H (Reed), and K (Harsco Hourly)		15		

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• Appendix I (HTT UAW)		
○ If not receiving Social Security disability benefits	5	$450 per month payable until the participant begins receiving a Social Security disability benefit
○ If receiving Social Security disability benefits	5	Accrued benefit payable immediately, continuing until the earlier of the date the participant recovers from disability, the date the participant dies, or the participant's normal retirement date. The benefit payable at the participant's normal retirement date is the normal retirement benefit.
Pre-retirement survivor's benefit:		
• All Groups except Appendix I	5	If married, the pre-retirement survivor annuity is payable for the life of the spouse. The amount of the death benefit is 50% of the amount that would have been payable to the participant at his earliest retirement date if he elected a 50% joint and survivor annuity, reduced for early commencement, prior to his death.
• Appendix I (HTT UAW)	5	If married, the pre-retirement survivor annuity is payable for the life of the spouse. The amount of the death benefit is 55% of the amount that would have been payable to the participant at his earliest retirement date if he elected a 55% joint and survivor annuity, reduced for early commencement, prior to his death.
Maximum on benefits and pay – All Groups:		All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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Forms of Payment

Normal forms:	Single Participant	Married Participant
• HEPP Core/Appendix A	10 year certain and life annuity	50% joint and survivor annuity
• Appendix B (SCI)	Life annuity	50% joint and survivor annuity
• Appendix C (Sherwood)	Life annuity	50% joint and survivor annuity
• Appendix D (Tamper)	5 year certain and life annuity	50% joint and survivor annuity
• Appendix E (Harrisburg Steel)	10 year certain and life annuity	50% joint and survivor annuity
• Appendix F (Fairmont)	Life annuity	50% joint and survivor annuity
• Appendix G (Heckett)	Life annuity	50% joint and survivor annuity
• Appendix H (Reed)	10 year certain and life annuity	50% joint and survivor annuity
• Appendix I (HTT UAW)	Life annuity	55% joint and survivor annuity
• Appendix J (Capitol)	Life annuity	50% joint and survivor annuity
• Appendix K (Harsco Hourly)	Life annuity	50% joint and survivor annuity

Optional forms:

• Annuities	Optional forms of payment generally available under the plan include a single life annuity, 5, 10, and 15 year certain and continuous annuities, 50%, 55%, 66 2/3%, 75%, and 100% joint and survivor annuities. Not all participants may be eligible for all optional forms of payment.

• Lump Sums	Corporate (Core plan document), and Reed Minerals Salaried (Appendix H) participants who terminated after 2008 and Fairmont (Appendix F) participants may elect to take their entire benefit as a lump sum. Corporate (Core plan document), SCI (Appendix B) and Reed Minerals Salaried/Hourly (Appendix H) participants may elect to take their benefits accrued before December 31, 1994 as a lump sum. Central East and Newport KY (Appendix G) and Patent (Appendix K) participants may elect a lump sum if the present value is less than $15,000 and $7,000, respectively. If participants are not early, normal, or postponed retirement eligible as of termination, the lump sum generally must be taken within one year of termination (in all cases for Fairmont; there is no restriction for Central East/Newport KY). Central East participants may elect a lump sum with a present value greater than $15,000 in the event of a shutdown (which must be taken within one year).

Optional form conversion basis:

• Annuities	For all groups except HTT UAW (Appendix I): 1983 Group Annuity Mortality Table for Males, with an age setback of one year for the Participant and five years for the co-pensioner or spouse, and an annual interest rate of 6%. For HTT UAW (Appendix I): UP 1984 Unisex Mortality Table, with an age setback of four years for the co-pensioner or spouse, and an annual interest rate of 7%.
• Lump Sums	For PBGC basis: 1983 Group Annuity Mortality Table for Males, with an age setback of one year for the Participant and five years for the co-pensioner or spouse, and the applicable IRC § 417(e) interest rates. For IRC § 417(e) basis: IRC § 417(e) minimum lump sum value.

Future Plan Changes

WTW is not aware of any future plan changes which are required to be valued.

Changes in Plan Provisions and Benefits Valued Since Prior Year

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

SCHEDULE SB ATTACHMENTS

Harsco Employees Pension Plan

Fairmont (Appendix F) - Frozen

Effective Date	Benefit Level
January 1, 1992	$16.00
January 1, 1993	$17.00
January 1, 1994	$18.00
January 1, 1995	$19.00
January 1, 1996	$20.00
January 1, 1997	$21.00
January 1, 1998	$22.00
January 1, 1999	$23.00
January 1, 2000	$24.00
January 1, 2001	$25.00
January 1, 2002	$26.00
January 1, 2003	$26.00
January 1, 2004	$26.00
January 1, 2005	$26.50
January 1, 2006	$27.00

HTT UAW (Appendix I) - Frozen

Effective Date	Benefit Level
June 1, 1989	$13.00
June 1, 1990	$13.50
June 1, 1991	$14.00
June 1, 1992	$15.00
June 1, 1993	$16.00
June 1, 1994	$18.00
June 2, 1998	$25.00
June 1, 1999	$26.00
June 1, 2000	$27.00
June 5, 2001	$28.00
June 1, 2002	$29.00
June 1, 2003	$30.00
June 1, 2004	$31.00
June 1, 2005	$32.00
June 1, 2006	$33.00

Heckett Hourly (Appendix G) - Frozen

Location	Code	Effective Date	Benefit Level
Central East	CEN	January 1, 2002	$38.00
		May 1, 2002	$42.00
		May 1, 2007	$43.00
Non-Union			
Kentucky	NON	January 1, 2002	$28.00
Iowa	NON	January 1, 2002	$15.00
Arkansas	NON	January 1, 2002	$15.00
Alabama		January 1, 2002	$25.00
Aliquippa		January 1, 2002	$12.00
Baytown		January 1, 2002	$11.00
Chicago Clerks		January 1, 2002	$14.00
Fontana		January 1, 2002	$9.00
Lyndora		January 1, 2002	$25.00
Midwest Clerks		January 1, 2002	$12.00
Riverdale	RIV	January 1, 2002	$29.25
Slippery Rock, PA		January 1, 2002	$20.00
Southside		January 1, 2002	$12.00
Steelton		January 1, 2002	$7.00

Capitol (Appendix J) - Frozen

Employer/ Locatior	Code	Effective Date	Benefit Level
Houston			$14.00
Local 2306			$21.00

Harsco Hourly (Appendix K) - Frozen

Employer/ Location	Code	Effective Date	Benefit Level
Patent Construction			
Houston, TX	PSN	January 1, 2001	$5.00
All Other Locations	PTN	January 1, 2001	$8.00
Can-Tex Industries			
Rolla, MO		January 1, 1994	$9.00
Reno, NV		January 1, 1994	$9.00
Former Capitol Manufacturing			
Baltimore, MD		January 1, 1994	$10.00
Chicago, IL		January 1, 2001	$12.00
Crowley, LA		January 1, 1994	$12.00
New Haven, CT		January 1, 1994	$12.00
Lansing, OH		January 1, 2001	$12.00
Fitchburg, MA		January 1, 1994	$10.00
Atlanta, GA		January 1, 1994	$10.00
Houston, TX		January 1, 2001	$12.00
Westerville, OH		January 1, 2001	$12.00
Patent Construction Systems			
Beaumont, TX		January 1, 1994	$8.00
Wallington, NJ		January 1, 2001	$8.00
Corpus Christi, TX		January 1, 2001	$8.00
SGB USA (closed)			
All Locations		January 1, 2002	$8.00
IKG Industries (Non-Union)		January 1, 2001	$12.00
Charlotte, NC			
Madera, CA			
Tulsa, OK			
Marlboro, NJ			
Texas-FRP-North			

Plan Name: Harsco Employees Pension Plan
EIN / PN: 23-1483991/219
Plan Sponsor: Enviri Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Reed Minerals (Appendix H) Freeze Dates by Location

Location	Participation / Benefit Service Freeze Date	Compensation Freeze Date
Salaried	December 31, 2003	December 31, 2008
Pawnee	December 31, 2007	December 31, 2007
Drakesboro	March 31, 2008	March 31, 2008
Gallipolis	June 30, 2008	June 30, 2008
Beverly	September 30, 2008	September 30, 2008
Rockdale	July 31, 2009	July 31, 2009
Hourly Nonunion	December 31, 2009	December 31, 2009
Moundsville	January 31, 2010	January 31, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	1	0	0	0	0	0	0	0	0	1
40-44	0	1	1	0	0	0	0	0	0	0	2
45-49	3	3	2	2	0	0	0	0	0	0	10
50-54	2	6	8	3	3	1	1	0	0	0	24
55-59	1	3	12	7	9	3	1	0	0	0	36
60-64	0	4	7	11	14	7	0	0	0	0	43
65-69	0	1	3	2	2	3	3	0	1	0	15
70 & over	0	0	0	2	1	0	1	1	0	0	5
Total	6	19	33	27	29	14	6	1	1	0	136
Average:	Age	59									
	Service	13									

Census data as of January 1, 2025

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Harsco Employees Pension Plan
EIN / PN: 23-1483991/219
Plan Sponsor: Enviri Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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
2025	906,373	3,817,123	12,294,217	17,017,713
2026	627,552	1,374,268	11,986,942	13,988,762
2027	487,624	1,883,757	11,645,548	14,016,929
2028	531,621	2,044,964	11,281,233	13,857,818
2029	432,104	2,472,730	10,896,695	13,801,529
2030	437,297	2,889,870	10,495,311	13,822,478
2031	442,197	3,062,647	10,081,773	13,586,617
2032	427,121	3,571,624	9,652,868	13,651,613
2033	400,036	3,667,738	9,208,486	13,276,260
2034	415,000	3,828,488	8,749,974	12,993,462
2035	390,559	3,774,692	8,281,054	12,446,305
2036	390,215	3,930,059	7,809,126	12,129,400
2037	389,341	3,942,180	7,334,762	11,666,283
2038	388,471	4,384,046	6,855,986	11,628,503
2039	382,445	4,309,312	6,378,233	11,069,990
2040	376,237	3,953,980	5,903,703	10,233,920
2041	363,457	3,943,160	5,435,774	9,742,391
2042	355,867	3,845,196	4,976,620	9,177,683
2043	346,653	3,847,408	4,527,991	8,722,052
2044	334,862	3,717,793	4,092,579	8,145,234
2045	323,589	3,573,041	3,673,032	7,569,662
2046	312,136	3,471,195	3,271,895	7,055,226
2047	300,070	3,281,535	2,891,557	6,473,162
2048	286,514	3,159,763	2,534,150	5,980,427
2049	272,330	2,971,491	2,201,532	5,445,353
2050	257,620	2,886,197	1,895,211	5,039,028
2051	242,362	2,688,053	1,616,230	4,546,645
2052	227,027	2,496,106	1,365,136	4,088,269
2053	211,388	2,344,329	1,141,913	3,697,630

Plan Name: Harsco Employees Pension Plan
EIN / PN: 23-1483991/219
Plan Sponsor: Enviri Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

2054	195,334	2,154,230	945,969	3,295,533
2055	179,263	1,979,958	776,184	2,935,405
2056	163,321	1,797,896	630,960	2,592,177
2057	147,673	1,634,767	508,328	2,290,768
2058	132,475	1,464,571	406,074	2,003,120
2059	117,877	1,317,962	321,864	1,757,703
2060	104,016	1,157,425	253,339	1,514,780
2061	91,004	1,021,278	198,204	1,310,486
2062	78,931	895,180	154,309	1,128,420
2063	67,855	772,183	119,693	959,731
2064	57,813	665,506	92,617	815,936
2065	48,811	565,284	71,583	685,678
2066	40,835	479,815	55,329	575,979
2067	33,853	400,210	42,811	476,874
2068	27,811	335,526	33,191	396,528
2069	22,646	273,931	25,805	322,382
2070	18,281	223,883	20,129	262,293
2071	14,636	180,082	15,762	210,480
2072	11,626	144,219	12,396	168,241
2073	9,170	114,474	9,792	133,436
2074	7,184	90,081	7,770	105,035

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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) _____

B This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ ☐

D Check box if filing under: ☒ 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
HARSCO EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 219

1c Effective date of plan 01/01/1976

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)
ENVIRI CORPORATION

350 POPLAR CHURCH ROAD

CAMP HILL PA 17011

2b Employer Identification Number (EIN) 23-1483991

2c Plan Sponsor's telephone number 717-763-7064

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	K. Rushefsky	9/30/2026	KATHRINE RUSHEFSKY
	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 (2025)
v. 250312

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
ENVIRI CORPORATION
HARSCO EMPLOYEES PENSION PLAN
EMPLOYEE IDENTIFICATION NUMBER - 23-1483991
THREE-DIGIT PLAN NUMBER - 219
YEAR ENDED DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Identity of Party Involved	**Description of Asset**	**Purchase Price**	**Selling Price**	**Cost of Asset**	**Current Value of Asset on Transaction Date**	**Net Gain (Loss)**
Category (i) - Single transaction exceeds 5% of the current value of Plan assets.						
SEI Institutional Investments Fund	Mutual Fund	10,958,216	—	10,958,216	10,958,216	—
U.S. Treasury Bond Strip (maturity date: 11/15/2035) (912833X96)	U.S. Treasuries and collateralized securities	9,271,437	—	9,271,437	9,271,437	—
Category (iii) - Series of transactions in the same security exceeds 5% of the current value of Plan assets.						
First American Government Obligations Fund Class Z	Money Market Fund	24,868,150	—	24,868,150	24,868,150	—
		—	24,859,944	24,859,944	24,859,944	—
SEI Global Managed Volatility Fund	Mutual Fund	8,250,979	—	8,250,979	8,250,979	—
		—	14,784,496	10,507,422	14,784,496	4,277,074
SEI Long Duration Credit Fund	Mutual Fund	9,802,099	—	9,802,099	9,802,099	—
SEI Institutional Investments Fund	Mutual Fund	16,755,216	—	16,755,216	16,755,216	—
		—	5,976,649	5,962,014	5,976,649	14,635
U.S. Treasury Bond Strip (maturity date: 11/15/2035) (912833X96)	U.S. Treasuries and collateralized securities	10,879,550	—	10,879,550	10,879,550	—

There were no category (ii) or (iv) transactions.

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
Harsco Employees Pension Plan

B Three-digit plan number (PN) ▶ 219

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Enviri Corporation

D Employer Identification Number (EIN)
23-1483991

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	183,272,237
b Actuarial value	**2b**	183,272,237

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	2,572	121,208,506	121,208,506
b For terminated vested participants	1,565	50,675,139	50,675,139
c For active participants	136	6,720,374	6,814,902
d Total	4,273	178,604,019	178,698,547

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**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,506,599
c Target normal cost	**6c**	1,506,599

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

SEPTEMBER 10, 2026
Date

David H Webber, FSA, EA
Type or print name of actuary

2606137
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3,866,406
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,540,000
9	Amount remaining (line 7 minus line 8)	0	1,326,406
10	Interest on line 9 using prior year's actual return of 6.69%	0	88,737
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,917
	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 5.07%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		128
	c Total available at beginning of current plan year to add to prefunding balance		2,045
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,415,143

Part III Funding Percentages

14	Funding target attainment percentage	14	101.76%
15	Adjusted funding target attainment percentage	15	102.55%
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	98.16%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the curren: year made in a timely manner? [X] 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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	1,506,599
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,506,599

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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