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. . . . . ▶ [X]

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
THE REVLON-UAW PENSION PLAN

1b Three-digit plan number (PN) ▶ 065

1c Effective date of plan 10/01/1991

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
REVLON CONSUMER PRODUCTS LLC

55 WATER STREET 43RD FLOOR
NEW YORK, NY 10041

2b Employer Identification Number (EIN)
13-3662953

2c Plan Sponsor's telephone number
212-527-4000

2d Business code (see instructions)
339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2026	GRETCHEN REED
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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**	1882
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)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	1351
c	Other retired or separated participants entitled to future benefits	**6c**	227
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1578
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	206
f	Total. Add lines **6d** and **6e**.	**6f**	1784
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**	
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
THE REVLON-UAW PENSION PLAN

B Three-digit plan number (PN) ▶ 065

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
REVLON CONSUMER PRODUCTS LLC

D Employer Identification Number (EIN)
13-3662953

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	53407481
b Actuarial value	**2b**	51153981

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	1566	45202588	45202588
b For terminated vested participants	316	6988712	6988712
c For active participants	0	0	0
d Total	1882	52191300	52191300

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**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	770000
c Target normal cost	**6c**	770000

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

09/18/2026
Date

DITAH RIMER
Type or print name of actuary

23-05562
Most recent enrollment number

AON CONSULTING, INC.
Firm name

212-441-2000
Telephone number (including area code)

MSC # 17837 P.O. BOX 6718
SOMERSET, NJ 08875

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)		659153
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		658620
9	Amount remaining (line 7 minus line 8)		533
10	Interest on line 9 using prior year's actual return of 8.06 %		43
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.00 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		576

Part III Funding Percentages

14	Funding target attainment percentage	14	98.01 %
15	Adjusted funding target attainment percentage	15	98.01 %
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	98.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/08/2025	368982				
07/10/2025	368982				
10/09/2025	166610				
			Totals ► 18(b)	904574	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	883185

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
0	0	0	0

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**	
22 Weighted average retirement age	**22**	

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**	
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**	770000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1037895	112946
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**	882946

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

36 Additional cash requirement (line 34 minus line 35)	**36**	882946
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	883185

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

a Total (excess, if any, of line 37 over line 36)	**38a**	239
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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
THE REVLON-UAW PENSION PLAN

B Three-digit plan number (PN) ▶ 065

C Plan sponsor's name as shown on line 2a of Form 5500
REVLON CONSUMER PRODUCTS LLC

D Employer Identification Number (EIN)
13-3662953

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17		244840	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DIMENSIONAL FUND ADVISORS, LP

30-0447847

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51		5120	Yes [X] No [ ]	Yes [ ] No [X]		Yes [ ] No [ ]

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

WELLINGTON MGMT COMPANY

30-0835489

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68		24243	Yes [X] No [ ]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

SILCHESTER INTL INVESTORS INC

45-3056700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 62		59297	Yes [X] No [ ]	Yes [ ] No [X]		Yes [ ] No [X]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62		54856	Yes [X] No [ ]	Yes [ ] No [X]		Yes [ ] No [X]

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

NEW ENGLAND PENSION CONSULT

86-1751460

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 71		83717	Yes [X] No [ ]	Yes [ ] No [X]		Yes [ ] No [X]

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)

LOOMIS, SAYLES

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51		24197	Yes [X] No [ ]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
THE REVLON-UAW PENSION PLAN

B Three-digit plan number (PN) ▶ 065

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
REVLON CONSUMER PRODUCTS LLC

D Employer Identification Number (EIN)
13-3662953

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): REVLON CONSUMER PRODUCTS LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-7370049-001	M	55737037

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
THE REVLON-UAW PENSION PLAN

B Three-digit plan number (PN) ▶ 065

C Plan sponsor's name as shown on line 2a of Form 5500
REVLON CONSUMER PRODUCTS LLC

D Employer Identification Number (EIN)
13-3662953

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	631118	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	52839534	55737037
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	53470652	55737037
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	50204	25471
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	50204	25471
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	53420448	55711566

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)	904574	
(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)		904574
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1135904	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1135904
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	64973	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		64973
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		6419299
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		226
d Total income. Add all **income** amounts in column (b) and enter total	2d		8524976
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5561625	
(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)		5561625
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)	672233	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		672233
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6233858
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2291118
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: WITHUMSMITH+BROWN, PC **(2)** EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**			

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 590872.

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
THE REVLON-UAW PENSION PLAN

B Three-digit plan number (PN) ▶ 065

C Plan sponsor's name as shown on line 2a of Form 5500
REVLON CONSUMER PRODUCTS LLC

D Employer Identification Number (EIN)
13-3662953

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 36-3046063

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 4

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

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

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	0
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	0
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	0

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 39.9 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 18.1 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 3.8 % Other: 38.2 %

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_____.

Structured Attachment	Schedule SB, line 26b	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Expected Benefit Payments**	This Form is Open to Public Inspection

Name of Plan	THE REVLON-UAW PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	13-3662953	PN	065

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total

Name of Plan	THE REVLON-UAW PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	13-3662953	PN	065

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total

THE REVLON-UAW PENSION PLAN

Financial Statements

As of December 31, 2025 and 2024

and for the Years Ended December 31, 2025 and 2024

(With Independent Auditor's Report Thereon)

THE REVLON-UAW PENSION PLAN
December 31, 2025 and 2024

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Independent Auditor's Report

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

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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



September 23, 2026

THE REVLON-UAW PENSION PLAN

Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024
(dollars in thousands)

	December 31,	
	2025	**2024**
Assets:		
Investments, at fair value:		
Plan's interest in Master Trust, as certified (See Notes 3(a) and 3(b))	$ 55,737	$ 52,840
Employer contribution receivable	—	631
Total assets	55,737	53,471
Liabilities:		
Accrued administrative expenses	25	50
Net assets available for benefits	$ 55,712	$ 53,421

See accompanying notes to the Plan's financial statements.

THE REVLON-UAW PENSION PLAN

Statements of Changes in Net Assets Available for Benefits
For the years ended December 31, 2025 and 2024
(dollars in thousands)

	Year Ended December 31,	
	2025	**2024**
Additions to net assets:		
Investment income allocated from the Master Trust, as certified (Note 3(c)):		
Net appreciation in fair value of investments	$ 6,419	$ 3,238
Interest income	1,136	1,006
Dividend income	65	64
Total investment income	7,620	4,308
Employer contributions	905	871
Total additions to net assets	8,525	5,179
Deductions from net assets:		
Benefits paid, net (Notes 1(c) and 6)	5,562	5,584
Administrative expenses (Note 2(e))	672	934
Total deductions from net assets	6,234	6,518
Net increase (decrease) in net assets available for benefits	2,291	(1,339)
Net assets available for benefits:		
Beginning of year	53,421	54,760
End of year	$ 55,712	$ 53,421

See accompanying notes to the Plan’s financial statements.

NOTE 1. Description of the Plan

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

(a) General

The Plan is a defined benefit pension plan, subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is sponsored by Revlon Consumer Products LLC ("RCP LLC", or the "Plan Sponsor"), a Delaware limited liability company and together with its participating subsidiaries, the ("Company").

In April 2019, the Company's Phoenix, AZ location closed (the "2019 Plant Closure"). All participants are fully vested, and there are no active participants accruing additional benefits under the Plan.

(b) Administration of the Plan

The Plan Administrator is RCP LLC.

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

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

(c) Summary of Plan Benefits

Before giving effect to the 2019 Plant Closure, monthly benefits under the Plan were based on rates, which were determined by years and fractional years (based on 1,650 hours equaling one year for years beginning on or after January 1, 2003; and 1,750 hours equaling one year for years beginning before January 1, 2003) of credited service, applied to final average compensation of up to $20 thousand, but not less than $6 thousand, for the plan year up to 1995. Effective January 1, 1996, the Plan was amended to take into account compensation of up to $21 thousand in 1996, $22 thousand in 1997 and $23 thousand after 1997 for RCP LLC's participants employed at its former Holmdel, N.J. facility only. Effective May 1998, the Plan was amended to take into account compensation of up to $23 thousand in 1998, $25 thousand in 1999, $27 thousand in 2001 and $28 thousand after 2001 for its Phoenix, AZ location. The final average compensation was defined as the highest average annual compensation based on

any five calendar years, whether or not consecutive, during the last fifteen years of credited service.

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

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

(d) Eligibility

Under the terms of the agreement between the Company and Local 509 of the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (formerly the District 65 of the U.A.W., AFL-CIO, and hereafter, the "Union"), the Company's employees who were eligible to participate in the Plan consisted of: (1) active participants in the Plan on September 30, 1991; (2) specifically designated employees who were terminated with vesting or had retired prior to October 1, 1991; (3) covered Union employees hired by the Company on or after October 1, 1991; and (4) all remaining active plan participants on April 1, 2019 who were terminated, which all non-vested participants becoming fully vested.

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

NOTE 2. Summary of Significant Accounting Policies

(a) Basis of Presentation

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

(b) Use of Estimates

The preparation of the Plan's financial statements in accordance with the DOL's ERISA Rules and U.S. GAAP requires the Plan's management to make certain estimates and assumptions that affect the reported amounts of the Plan's assets and liabilities, the disclosure of contingent assets and liabilities at the date of the Plan's financial statements, the actuarial present value of accumulated Plan benefits at the date of the Plan's financial statements and the reported

amounts of additions to and deductions from the Plan's net assets during the reporting period. Actual results could differ from those estimates.

(c) Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis (generally the date on which the security trade is executed). Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date (the date before which a stockholder must hold a security in order to be entitled to receive a dividend).

(d) Payments of Benefits

Benefit payments are recorded when paid.

(e) Administrative Expenses

Actuarial, investment management and trust expenses incurred by the Plan are paid from the Plan's assets only to the extent permitted by the Plan document and DOL's regulations. The Company has paid other administrative expenses permitted to be paid by the Plan, such as certain accounting and legal fees of the Plan. For the years ended December 31, 2025 and 2024, the Master Trust's total administrative expenses were $672 thousand and $934 thousand, respectively, of which, $232 thousand and $165 thousand, respectively, were allocated to the Plan based on the Plan's percentage interest in the Master Trust (as described in Note 3, below).

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

The Plan participates in the Revlon Master Trust (the "Master Trust") (formerly, the MacAndrews & Forbes Incorporated Master Trust) for which The Northern Trust Company is the trustee (the "Trustee").

As of December 31, 2025 and 2024, the Master Trust was comprised of assets related to certain plans sponsored by RCP LLC. The assets held in the Master Trust related to the Plan are only available for the Plan and such assets are reported herein at either fair value or amounts approximating fair value. (See Note 4, "*Fair Value of Master Trust Investments*").

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

(a) Master Trust Investments

The fair value of the Plan's interest in the Master Trust, as of December 31, 2025 and 2024, was $55,737 thousand and $52,840 thousand, respectively, which represented 18.5% and 18.4%, respectively, of the total Master Trust, based on the Trustee's certifications. The remaining balance relates to another RCP LLC sponsored plan within the Master Trust.

As of December 31, 2025 and 2024, the Plan's interest in the Master Trust was calculated by the Trustee as a percentage of certain of the Master Trust's assets for which the Company's plans had an undivided interest.

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

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

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

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

As of December 31, 2025 and 2024, the fair values of the Master Trust and the Plan's interest in the Master Trust's investments, net of accrued investment related expenses, are categorized as presented in the table below:

	Master Trust Balances		Plan's Interest in Master Trust Balances	
	2025	**2024**	**2025**	**2024**
Cash and cash equivalents	$ 10,881	$ 8,638	$ 2,015	$ 1,590
Mutual funds	113,993	84,413	21,109	15,542
Common and collective funds	106,265	130,358	19,678	24,003
Fixed income securities	54,450	50,744	10,083	9,343
Hedge funds	15,402	12,829	2,852	2,362
Total investments at fair value	$ 300,991	$ 286,982	$ 55,737	$ 52,840
Accrued expenses	111	231	25	50
Total	$ 300,880	$ 286,751	$ 55,712	$ 52,790

(c) Master Trust Investment Income (Loss)

The following represents the investment income of the Master Trust for the years ended December 31, 2025 and 2024:

	Master Trust	
	2025	**2024**
Net appreciation (depreciation) in fair value of investments:		
Cash and other investments	$ —	$ 3
Mutual funds	8,261	1,888
Common and collective funds	23,222	17,705
Fixed income securities	768	(3,488)
Hedge funds	2,574	1,040
Net appreciation	34,825	17,148
Interest income	6,173	5,396
Dividend income	351	349
Other income	1	—
Total investment income	$ 41,350	$ 22,893

The Plan's interest in the total investment income of the Master Trust was $7,620 thousand and $4,308 thousand for the years ended December 31, 2025 and 2024, respectively.

The Trustee has provided the Plan with certifications, from Northern Trust Company, as to the accuracy and completeness of the cost and fair value of the Plan's investments as of December 31, 2025 and 2024 and the Plan's investment activities for the years ended December 31, 2025 and 2024, which are consistent with the amounts reflected in the Plan's accompanying financial statements.

NOTE 4. Fair Value of Master Trust Investments

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

- Level 1: Fair value of the asset or liability is determined using observable inputs, such as quoted or published prices in active markets for identical assets or liabilities;

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

- Level 3: Fair value of the asset or liability is determined using unobservable inputs that reflect the Company's own assumptions regarding the applicable asset or liability.

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

- Cash and cash equivalents: Cash and cash equivalents are measured at cost, which approximates fair value. The Company classifies cash and cash equivalents within Level 1 of the fair value hierarchy.

- Mutual funds: The fair values of the investments included in the mutual funds' asset class are determined using net asset value ("NAV") provided by the administrator of the funds. The NAV is based on the closing price reported on the major market where the individual securities within the mutual fund are traded. The Company classifies mutual fund investments within Level 1 of the fair value hierarchy.

- Common and collective funds: The fair values of the investments included in the common and collective funds asset class are determined using NAV provided by the administrator of the funds. The NAV is based on the value of the underlying assets owned by the common and collective fund, minus its liabilities, and then divided by the number of shares outstanding. The redemption frequencies for the Master Trust's investments in the common and collective funds asset class range from daily to monthly, with redemption notice periods that range from 2 to 10 business days. The Company classifies common and collective fund investments within Level 1 or Level 2 of the fair value hierarchy.

- Fixed income securities: The fair values of the investments included in the fixed income securities asset class are based on a compilation of primarily observable market information and/or broker quotes. The Company classifies fixed income securities investments within Level 2 of the fair value hierarchy.

- Hedge funds: The hedge funds asset class includes hedge funds that primarily invest in a grouping of equities, fixed income instruments, currencies, derivatives and/or commodities. The fair values of investments included in the hedge funds class are determined using NAV provided by the administrator of the funds. The Master Trust's investments in the hedge funds asset class may employ leverage, generally can be sold on a quarterly or monthly basis and have redemption notice periods that range up to 90 business days. Hedge fund investments are generally recorded using NAV per share or its equivalent, as permitted by the practical expedient under U.S. GAAP, and are not assigned a fair value hierarchy level.

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

As of December 31, 2025, the fair values of the Master Trust's investments are categorized as presented in the table below:

	Total	Level 1	Level 2	Level 3
Master Trust Assets:				
Cash and Cash Equivalents	$ 10,881	$ 10,881	$ —	$ —
Mutual Funds [(a)]:				
Corporate Bonds	28,588	28,588	—	—
Government Bonds	61,306	61,306	—	—
U.S. Large Cap Equity	118	118	—	—
International Equities	4,600	4,600	—	—
Emerging Markets International Equity	12,148	12,148	—	—
U.S. Small/Mid Cap Equity	4,869	4,869	—	—
Cash and Cash Equivalents	71	71	—	—
Other [(b)]	2,293	2,293	—	—
Common and Collective Funds [(a)]:				
Corporate Bonds	4,783	4,783	—	—
Government Bonds	1,161	1,161	—	—
U.S. Large Cap Equity	54,008	54,008	—	—
U.S. Small/Mid Cap Equity	4,761	4,761	—	—
International Equities	35,853	—	35,853	—
Emerging Markets International Equity	5,554	—	5,554	—
Cash and Cash Equivalents	145	145	—	—
Fixed Income Securities:				
Government Bonds	54,450	—	54,450	—
Total Master Trust Assets in the fair value hierarchy	$ 285,589	$ 189,732	$ 95,857	$ —
Investments measured at Net Asset Value [(c)]:				
Hedge Fund	15,402			
Total Master Trust Assets measured at Net Asset Value	$ 15,402			
Total Master Trust Assets at Fair Value	$ 300,991	$ 189,732	$ 95,857	$ —

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

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

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

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

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

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

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

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

There were no transfers into or out of Level 3 assets in the Master Trust's fair value hierarchy during both 2025 and 2024.

The Master Trust had no unfunded commitments to its investments as of December 31, 2025 or 2024. The Plan generally has the ability to redeem its investments on a monthly basis; however, certain hedge fund investments are subject to a redemption notice period of up to 90 days.

The Master Trust had no additional receivables or payables as of December 31, 2025 or 2024.

NOTE 5. Funding

For funding purposes in 2025 and 2024, the Company's contributions to the Plan took into account future wage increases and future service increments. Following the 2019 Plant Closure, future wage increases and future service increments after such event are not considered for funding purposes or in the calculation of the present value of accumulated Plan benefits.

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

The Company's contributions are designed to comply with the minimum standards set forth by ERISA, plus such additional amounts as the Company may deem to be appropriate from time-to-time. The Company met ERISA's 2025 and 2024 minimum funding requirements.

NOTE 6. Risks and Uncertainties

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of these investment securities will occur and that such changes could materially affect the amounts reported in the Plan's Statements of Net Assets Available for Benefits. The Plan's exposure to a concentration of credit risk is reasonably designed to be mitigated by the diversification of investments within the Master Trust. However, it cannot be determined whether the diversification of investments will be effective in protecting and maintaining the Plan's net assets available for benefits. As of December 31, 2025 and 2024, four investments represented 76% and 66%, respectively, of the net assets available for benefits.

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

NOTE 7. Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated Plan benefits (the "Accumulated Benefit Obligation") is determined by the Plan's actuary (which, for the period covered by these financial statements, was Aon (the "Actuary")) and is the amount which results from applying actuarial assumptions to the accumulated Plan benefits to reflect the time value of money (through discounts for interest), and the probability of payment (taking into account decrements due to death, disability, withdrawal or retirement), between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation of the Accumulated Benefit Obligation as of December 31, 2025 included: (a) an assumed liability discount rate of 5.18%, compounded annually; (b) assumed retirement age of 64 for terminated vested participants; and (c) assumed mortality rates based upon the Pri-2012 Fully Generational Healthy Mortality Table, projected with improvement scale November 2025 U.S. Adjusted Mortality Improvement Scale MP-2021, with Blue Collar adjustment. The significant actuarial assumptions used in the valuation of the Accumulated Benefit Obligation as of December 31, 2024 included: (a) an assumed liability discount rate of 5.54%, compounded annually; (b) assumed retirement age of 64 for terminated vested participants; and (c) assumed mortality rates based upon the Pri-2012 Fully Generational Healthy Mortality Table, projected with improvement scale MP-2021 with Aon's 2024 COVID-19 Endemic Adjustment, with Blue Collar adjustment.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the Plan's Accumulated Benefit Obligation. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2026. Had the valuation been performed as of December 31, 2025, there would be no material difference.

As of December 31, 2025 and 2024, the Accumulated Benefit Obligation expected to be paid to Plan participants who have retired or have terminated with vested rights are summarized as follows:

	December 31,	
	2025	**2024**
Vested benefits:		
Participants currently receiving benefits	$ 42,516	$ 43,771
Other participants	6,318	6,746
Total Accumulated Benefit Obligation	$ 48,834	$ 50,517

The information as of December 31, 2025 and 2024 has been derived by the Actuary from data relating solely to amounts applicable to Plan participants on each such date.

The significant factors affecting the change in the Accumulated Benefit Obligation from January 1, 2024 to December 31, 2025 were as follows:

Accumulated Benefit Obligation at January 1, 2024	$ 56,981
Benefits paid	(5,584)
Changes in actuarial assumptions [(a)]	(2,319)
Other changes, including accrued interest and actuarial gains and losses	1,439
Accumulated Benefit Obligation at December 31, 2024	50,517
Benefits paid	(5,562)
Changes in actuarial assumptions [(b)]	1,220
Other changes, including accrued interest and actuarial gains and losses	2,659
Accumulated Benefit Obligation at December 31, 2025	$ 48,834

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

(b) The increase due to changes in actuarial assumptions in 2025 is primarily related to the decrease in the discount rate from 5.54% to 5.18% on December 31, 2025, partially offset by the change in the mortality projection scale from MP-2021 with Aon's 2024 COVID-19 Endemic Adjustment to November 2025 U.S. Adjusted Mortality Improvement Scale MP-2021. The change in the discount rates used for 2025 was primarily due to observed decreases in long-term interest yields on high-quality corporate bonds during 2025.

NOTE 8. Distribution in the Event of Plan Termination

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

(a) To Plan participants or their beneficiaries whose benefits are derived from employee contributions, if any;

(b) To Plan participants or their beneficiaries who were retired or eligible to retire three years prior to the termination of the Plan;

(c) To Plan participants or their beneficiaries whose benefits are guaranteed under ERISA's termination insurance provisions;

(d) To other Plan participants or their beneficiaries with vested benefits; and

(e) To all other Plan participants or their beneficiaries.

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

Vested benefits under the Plan are guaranteed by the PBGC at the level in effect on the date of the Plan termination. In addition, liberalizations of benefits are phased into the PBGC guarantee at a rate of 20% per year from the date of certain amendments. Therefore, the incremental vested benefits due to certain amendments put into effect during the five years preceding any Plan termination would not be fully guaranteed by the PBGC. There is, however, a ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The ceiling in effect for 2025 for benefits commencing at age 65 is $8 thousand per month (the amount is adjusted for benefits commencing before or after age 65). If the Plan were to terminate at some future time, whether all Plan participants would receive their full Plan benefits, would depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits then guaranteed by the PBGC. The PBGC is a governmental authority over which the Company has no influence or control and there is a risk that the PBGC may change, amend, and/or terminate its guarantee of Plan benefits at any time.

NOTE 9. Federal Income Tax Status

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

U.S. GAAP requires the Plan Sponsor to evaluate tax positions taken by the Plan and recognize a tax liability (or tax asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there were no uncertain positions taken or expected to be taken that would require recognition of a tax liability (or a tax asset) or other disclosure in the Plan's financial statements.

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

NOTE 10. Parties-in-Interest

Certain Plan investments in government bonds and securities are managed by the Trustee. The Plan's assets are evaluated to determine minimum funding requirements by the Actuary. The Trustee is a party-in-interest as a provider of investment management and accounting services to the Plan and the Actuary is a party-in-interest as a provider of actuarial services to the Plan. Therefore, transactions with the Trustee or Trustee-sponsored funds and the Actuary qualify as party-in-interest transactions. These transactions are exempt from the prohibited transactions rules of ERISA. Trustee-sponsored funds represented approximately 3.7% and 3.0% of the Master Trust assets as of December 31, 2025 and 2024, respectively.

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

NOTE 11. Subsequent Events

The Plan Sponsor performed an evaluation of subsequent events from December 31, 2025 through September 23, 2026, the date the financial statements were available to be issued.

During the first quarter of 2026, the Administrative Committee of the Plan Sponsor approved the termination of the the Revlon-UAW Pension Plan. Participants were notified in May 2026 and the Pension Plan is expected to be terminated by the end of the first quarter of 2027, subject to regulatory approval. The Company expects to settle its obligations under the Pension Plan through the purchase of a group annuity contract from an insurance company by the end of the first quarter of 2027, after which time the insurance company will be responsible for all participant benefit payments.

No others events were identified that required disclosure or adjustment in the financial statements.

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
THE REVLON - UAW PENSION PLAN

B Three-digit plan number (PN) ▶ 065

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Revlon Consumer Products LLC

D Employer Identification Number (EIN)
13-3662953

E Type of plan: [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**	53,407,481
b Actuarial value	**2b**	51,153,981

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,566	45,202,588	45,202,588
b For terminated vested participants	316	6,988,712	6,988,712
c For active participants	0	0	0
d Total	1,882	52,191,300	52,191,300

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**	5.32%

6 Target normal cost

a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	770,000
c Target normal cost	**6c**	770,000

Statement by Enrolled Actuary

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

SIGN HERE

DITAH RIMER

Signature of actuary

09/18/2026
Date

DITAH RIMER
Type or print name of actuary

2605562
Most recent enrollment number

AON CONSULTING, INC.
Firm name

212-441-2000
Telephone number (including area code)

MSC# 17837, P.O. Box 6718

SOMERSET NJ 08875
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	659,153
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	658,620
9	Amount remaining (line 7 minus line 8)	0	533
10	Interest on line 9 using prior year's actual return of 8.06 %	0	43
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.00 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	576

Part III Funding Percentages

14	Funding target attainment percentage	14	98.01 %
15	Adjusted funding target attainment percentage	15	98.01 %
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	98.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/08/2025	368,982	0			
07/10/2025	368,982	0			
10/09/2025	166,610	0			
			Totals ► 18(b)	904,574	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	883,185

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
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:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

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

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**	770,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,037,895	112,946
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**	882,946

	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**	882,946
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	883,185

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

a Total (excess, if any, of line 37 over line 36)	**38a**	239
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB Attachment (Form 5500) — 2025 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.32%	Interest Adjusted Contribution
April 8, 2025	$ 368,982	97	$ 363,934
July 10, 2025	368,982	190	359,159
October 9, 2025	166,610	281	160,092
Total Contribution	$ 904,574		$ 883,185

Schedule SB Attachment (Form 5500) — 2025 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 2,466,567	January 1, 2023	13	$ 253,503
Shortfall	$ (1,664,839)	January 1, 2024	14	$ (162,577)
Shortfall	$ 236,167	January 1, 2025	15	$ 22,020

Schedule SB Attachment (Form 5500) — 2025 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Schedule SB, Part V — Summary of Plan Provisions

History of the Plan

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

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

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

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

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

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

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

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

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

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

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

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

Schedule SB Attachment (Form 5500) — 2025 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Summary of Plan Provisions

Effective Date	October 1, 1991.
Participation	Employees who were participants in the District 65 Multiemployer Plan before October 1, 1991. After that date, employees covered by a union agreement which provides for their participation become participants on their employment date.
Plan Year	January 1 to December 31.
Normal Retirement	
Eligibility	The later of age 65 or fifth anniversary of date of participation.
Monthly Benefit	
Participant on June 30, 1969	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table II.
Participant on/after July 1, 1969	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table I.
Early Retirement	
Eligibility	Age 55 with 10 years of credited service; 30 years of credited service (regardless of age).
Monthly Benefit	
Retired Prior to Age 62 and Less Than 30 Years of Credited Service	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table I. The benefit is actuarially reduced for commencement prior to age 62.
Retired at Age 62 or Later or With 30 or More Years of Credited Service	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table I. There is no adjustment for commencement prior to age 65. If the employee was a participant on June 30, 1969, and is age 63 or 64 with 10 years of credited service, the benefit payable is the greater of (1) or (2): (1) The product of one-twelfth of final average compensation and the appropriate rate set forth in Table II. The benefit is actuarially reduced for commencement prior to age 65. (2) The product of one-twelfth of final average compensation and the appropriate rate set forth in Table 1.

Disability Retirement

Eligibility	Disabled employees with 10 years of credited service.
Monthly Benefit	
Participant on June 30, 1969	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table II.
Participant on/after July 1, 1969	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table I. The above calculation is based on credited service as of the date of disability. The benefit is not reduced for commencement prior to normal retirement date and is paid for life or until recovery.

Late Retirement

Eligibility	After normal retirement age.
Monthly Benefit	Same as Normal Retirement Benefit.

Vested Deferred Termination

Eligibility	Full vesting after five years of service.
Monthly Benefit	
Participant on June 30, 1969	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table II.
Participant on/after July 1, 1969	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table I. Benefits are not payable before normal retirement age unless the employee meets the requirements for early retirement. The amount above is actuarially reduced for commencement prior to age 65.

Death Benefit

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

Definitions

Normal Form of Retirement Benefits

Unmarried Participants	Five-year certain and life with two-third continued to beneficiary for the remainder of the certain period in the event of death during certain period.
Married Participants	50% joint and survivor annuity actuarially equivalent to the normal form of the benefit payable to an unmarried participant.

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 . . . . . ▶ [X]

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
THE REVLON-UAW PENSION PLAN

1b Three-digit plan number (PN) ▶ 065

1c Effective date of plan 10/01/1991

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

REVLON CONSUMER PRODUCTS LLC

55 WATER STREET 43RD FLOOR
NEW YORK, NY 10041

2b Employer Identification Number (EIN) 13-3662953

2c Plan Sponsor's telephone number 212-527-4000

2d Business code (see instructions) 339900

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

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

SIGN HERE	[signature]	9/24/2026	GRETCHEN REED
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN: 13-3662953

3c Administrator's telephone number: 212-527-4000

4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b** EIN	
a	Sponsor's name	**4d** PN	
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	1882
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)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	1351
c	Other retired or separated participants entitled to future benefits	**6c**	227
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1578
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	206
f	Total. Add lines **6d** and **6e**.	**6f**	1784
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)**	0
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)**	0
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 Attachment (Form 5500) — 2025 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumptions changes:

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

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

Schedule SB Attachment (Form 5500) — 2025 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	0	195,777	5,349,243	5,545,020
2026	0	248,445	5,058,437	5,306,882
2027	0	309,230	4,812,968	5,122,198
2028	0	349,444	4,563,622	4,913,066
2029	0	401,995	4,319,248	4,721,243
2030	0	434,481	4,075,691	4,510,172
2031	0	494,672	3,835,113	4,329,785
2032	0	527,721	3,596,519	4,124,240
2033	0	567,913	3,360,598	3,928,511
2034	0	579,426	3,128,104	3,707,530
2035	0	594,826	2,899,834	3,494,660
2036	0	587,602	2,676,600	3,264,202
2037	0	582,141	2,459,223	3,041,364
2038	0	570,251	2,248,511	2,818,762
2039	0	559,145	2,045,220	2,604,365
2040	0	548,192	1,850,062	2,398,254
2041	0	534,157	1,663,693	2,197,850
2042	0	519,043	1,486,714	2,005,757
2043	0	507,317	1,319,657	1,826,974
2044	0	493,954	1,162,977	1,656,931
2045	0	480,090	1,017,050	1,497,140
2046	0	463,535	882,170	1,345,705
2047	0	443,065	758,544	1,201,609
2048	0	423,086	646,271	1,069,357
2049	0	400,418	545,329	945,747
2050	0	376,776	455,555	832,331
2051	0	352,315	376,625	728,940
2052	0	327,218	308,058	635,276
2053	0	301,651	249,240	550,891
2054	0	275,901	199,433	475,334
2055	0	250,230	157,811	408,041
2056	0	224,926	123,490	348,416
2057	0	200,287	95,572	295,859
2058	0	176,603	73,168	249,771
2059	0	154,146	55,435	209,581

Schedule SB Attachment (Form 5500) — 2025 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	0	133,157	41,582	174,739
2061	0	113,828	30,900	144,728
2062	0	96,298	22,765	119,063
2063	0	80,646	16,641	97,287
2064	0	66,883	12,079	78,962
2065	0	54,965	8,714	63,679
2066	0	44,795	6,252	51,047
2067	0	36,233	4,465	40,698
2068	0	29,117	3,175	32,292
2069	0	23,268	2,249	25,517
2070	0	18,508	1,587	20,095
2071	0	14,665	1,116	15,781
2072	0	11,583	782	12,365
2073	0	9,121	545	9,666
2074	0	7,159	379	7,538

Schedule SB Attachment (Form 5500) — 2025 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

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

Interest Rates for Minimum Funding Purposes	Based on Post-ARPA segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Optional Payment Form Election Percentage	Normal Form 40% elect a 5-year certain and life annuity with 2/3 continued to the beneficiary for the remainder of the certain period. Optional Forms 30% elect single life annuity 15% elect 50% joint and survivor (J&S) annuity 5% elect 50% J&S annuity with restoration 10% elect 100% J&S annuity with restoration
Retirement Age	
Active Participants	N/A
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	N/A
Disability Rates	N/A
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year

Schedule SB Attachment (Form 5500) — 2025 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Surviving Spouse Benefit	90% of males and 70% of females are assumed to have an eligible spouse, and males are assumed to be three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.80%, limited to 5.74%
2024 Plan Year	6.70%, limited to 5.59%
2025 Plan Year	6.80%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	Prior year's administrative expenses rounded up to the next $5,000 are added to the Target Normal Cost.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) — 2025 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Schedule SB, Part V — Summary of Plan Provisions

History of the Plan

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

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

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

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

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

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

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

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

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

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

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

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

Schedule SB Attachment (Form 5500) — 2025 Plan Year
The Revlon – UAW Pension Plan
EIN: 133662953 PN: 065

Summary of Plan Provisions

Effective Date	October 1, 1991.
Participation	Employees who were participants in the District 65 Multiemployer Plan before October 1, 1991. After that date, employees covered by a union agreement which provides for their participation become participants on their employment date.
Plan Year	January 1 to December 31.
Normal Retirement	
Eligibility	The later of age 65 or fifth anniversary of date of participation.
Monthly Benefit	
Participant on June 30, 1969	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table II.
Participant on/after July 1, 1969	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table I.
Early Retirement	
Eligibility	Age 55 with 10 years of credited service; 30 years of credited service (regardless of age).
Monthly Benefit	
Retired Prior to Age 62 and Less Than 30 Years of Credited Service	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table I. The benefit is actuarially reduced for commencement prior to age 62.
Retired at Age 62 or Later or With 30 or More Years of Credited Service	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table I. There is no adjustment for commencement prior to age 65. If the employee was a participant on June 30, 1969, and is age 63 or 64 with 10 years of credited service, the benefit payable is the greater of (1) or (2): (1) The product of one-twelfth of final average compensation and the appropriate rate set forth in Table II. The benefit is actuarially reduced for commencement prior to age 65. (2) The product of one-twelfth of final average compensation and the appropriate rate set forth in Table 1.

Disability Retirement

Eligibility	Disabled employees with 10 years of credited service.
Monthly Benefit	
Participant on June 30, 1969	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table II.
Participant on/after July 1, 1969	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table I. The above calculation is based on credited service as of the date of disability. The benefit is not reduced for commencement prior to normal retirement date and is paid for life or until recovery.

Late Retirement

Eligibility	After normal retirement age.
Monthly Benefit	Same as Normal Retirement Benefit.

Vested Deferred Termination

Eligibility	Full vesting after five years of service.
Monthly Benefit	
Participant on June 30, 1969	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table II.
Participant on/after July 1, 1969	The product of one-twelfth of final average compensation and the appropriate rate set forth in Table I. Benefits are not payable before normal retirement age unless the employee meets the requirements for early retirement. The amount above is actuarially reduced for commencement prior to age 65.

Death Benefit

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

Definitions

Normal Form of Retirement Benefits

Unmarried Participants	Five-year certain and life with two-third continued to beneficiary for the remainder of the certain period in the event of death during certain period.
Married Participants	50% joint and survivor annuity actuarially equivalent to the normal form of the benefit payable to an unmarried participant.

Service

Granted in accordance with the following schedule:

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

Credited Service

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

Compensation

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

Final Average Compensation

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

Benefit Schedule

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

Benefit Schedule (continued)

	Table I	Table II
Years of Credited Service	**Annual Pension Percentage of Final Average Compensation**	**Annual Pension Percentage of Final Average Compensation**
34	50.00	50.00
35	51.00	51.50
36	52.00	53.00
37	53.00	54.50
38	54.00	56.00
39	55.00	57.50
40	56.00	59.00
41	57.00	60.00
42	58.00	61.00
43	59.00	62.00
44	60.00	63.00
45	61.00	64.00
46	62.00	65.00
47	63.00	66.00
48	64.00	67.00
49	65.00	68.00
50	66.00	69.00

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- A change in the mortality basis for lump sum payments from the 2024 plan year IRC section 417(e)(3) mortality table to the 2025 plan year IRC section 417(e)(3) mortality table.

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

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