Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF RECKITT BENCKISER LLC

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1973

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)
RECKITT BENCKISER LLC

399 INTERPACE PARKWAY
PARSIPPANY, NJ 07054-0225

2b Employer Identification Number (EIN)
16-1095651

2c Plan Sponsor's telephone number
973-404-2655

2d Business code (see instructions)
325600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	MAUREEN REYES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BENEFITS COMMITTEE OF RECKITT BENCKISER LLC

399 INTERPACE PARKWAY
PARSIPPANY, NJ 07054-0225

3b Administrator's EIN: 23-3002740

3c Administrator's telephone number: 973-404-2655

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3126
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)**	202
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	180
b	Retired or separated participants receiving benefits	**6b**	1096
c	Other retired or separated participants entitled to future benefits	**6c**	1471
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2747
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	245
f	Total. Add lines **6d** and **6e**.	**6f**	2992
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1I 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)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
RETIREMENT PLAN FOR EMPLOYEES OF RECKITT BENCKISER LLC

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RECKITT BENCKISER LLC

D Employer Identification Number (EIN)
16-1095651

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**	250774302
b Actuarial value	**2b**	257074554

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	1278	114933844	114933844
b For terminated vested participants	1660	130619115	130619115
c For active participants	202	33061777	33061777
d Total	3140	278614736	278614736

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	3060000
c Target normal cost	**6c**	3060000

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

07/14/2026
Date

SUZANNE HUGHES
Type or print name of actuary

26-07118
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

201-902-2300
Telephone number (including area code)

200 JEFFERSON PARK, 2ND FLOOR
WHIPPANY, NJ 07981
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	39576181
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3594124
9	Amount remaining (line 7 minus line 8)	0	35982057
10	Interest on line 9 using prior year's actual return of 0.65 %	0	233883
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 5.14 %		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	2833429
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	33382511

Part III Funding Percentages

14	Funding target attainment percentage	14	80.28 %
15	Adjusted funding target attainment percentage	15	80.28 %
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	94.36 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the 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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	3060000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	54922693	5252443
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**	8312443

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	8312443	8312443

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

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

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

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

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

SCHEDULE 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
RETIREMENT PLAN FOR EMPLOYEES OF RECKITT BENCKISER LLC

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
RECKITT BENCKISER LLC

D Employer Identification Number (EIN)
16-1095651

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

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

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

RUSSELL INVESTMENTS TRUST COMPANY

91-1116938

(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?
25 49 50 99	NONE KNOWN	744004	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

BUCK GLOBAL, LLC

13-3954297

(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 15 17 50	NONE KNOWN	528037	Yes [ ] No [X]	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
RETIREMENT PLAN FOR EMPLOYEES OF RECKITT BENCKISER LLC

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RECKITT BENCKISER LLC

D Employer Identification Number (EIN)
16-1095651

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: RECKITT BENCKISER LLC GENERAL PN MT

b Name of sponsor of entity listed in (a): RECKITT BENCKISER LLC GENERAL PENSION MASTER TRUST

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)
22-2967052-001	M	255156198

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
RETIREMENT PLAN FOR EMPLOYEES OF RECKITT BENCKISER LLC

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
RECKITT BENCKISER LLC

D Employer Identification Number (EIN)
16-1095651

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)		
(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)	250774302	255156198
(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	250774302	255156198
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	250774302	255156198

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
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)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		0
(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)		0

		(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)		23984589
(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		23984589
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16499565	
(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)		16499565
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	703669	
(7) Actuarial fees	2i(7)	528037	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1871422	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3103128
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		19602693
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4381896
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: PLANTE & MORAN,PLLC **(2)** EIN: 33-1498605

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		20000000
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**			
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 575565.

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
RETIREMENT PLAN FOR EMPLOYEES OF RECKITT BENCKISER LLC

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
RECKITT BENCKISER LLC

D Employer Identification Number (EIN)
16-1095651

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** 0

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): 91-1117282

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** 69

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 5.9 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 65.0 %
High-Yield Debt: 0.8 % Real Assets: 0.0 % Cash or Cash Equivalents: 28.2 % Other: 0.1 %

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_____.

Retirement Plan for Employees of Reckitt Benckiser LLC

Financial Report

December 31, 2025

Retirement Plan for Employees of Reckitt Benckiser LLC

Contents

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10 South Riverside Plaza
9th floor
Chicago, IL 60606
Tel: 312.207.1040
Fax: 312.207.1066
plantemoran.com

Independent Auditor's Report

To the Plan Administrator
Retirement Plan for Employees
of Reckitt Benckiser LLC

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (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 Audits 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 (GAAP).
- 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 Audits of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 audits 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 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information except for obtaining and reading the certifications, 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 GAAP.

Accordingly, the objective of the 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 GAAP.

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

To the Plan Administrator
Retirement Plan for Employees
of Reckitt Benckiser LLC

Supplemental Schedule Required by ERISA

The supplemental schedule of assets held at end of year as of December 31, 2025 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Plante & Moran, PLLC

Chicago, Illinois
October 8, 2026

Retirement Plan for Employees of Reckitt Benckiser LLC

Statement of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Net Assets Available for Benefits - Investments at fair value - Plan interest in Reckitt Benckiser LLC General Pension Master Trust	**$ 255,156,198**	**$ 250,774,302**

See notes to financial statements.

Retirement Plan for Employees of Reckitt Benckiser LLC

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions - Plan's share of Reckitt Benckiser LLC General Pension Master Trust investment income	$ 23,984,589	$ 1,666,577
Deductions		
Benefits paid directly to participants or beneficiaries	16,499,565	16,258,432
Administrative expenses	3,103,128	1,991,596
Total deductions	19,602,693	18,250,028
Net Increase (Decrease)	4,381,896	(16,583,451)
Net Assets Available for Benefits		
Beginning of year	250,774,302	267,357,753
End of year	**$ 255,156,198**	**$ 250,774,302**

See notes to financial statements.

Note 1 - Plan Description

The following description of Retirement Plan for Employees of Reckitt Benckiser LLC (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan covering all full-time nonunion employees of Reckitt Benckiser LLC (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2010, the Plan was frozen to all new entrants. All new hires on January 1, 2010 and thereafter now participate in an amended Savings Investment Plan for Employees of Reckitt Benckiser LLC, with a 4 percent profit-sharing component in addition to any savings contributions that they elect along with the Company's matching contribution, as defined by the savings plan provisions. Active participants in the Plan with a new hire date no later than December 31, 2009 accrued service credits with the appropriate contribution percentages under the current plan provisions through January 1, 2017.

Effective January 1, 2017, all participants do not accrue service credits. All participants on January 1, 2017 and thereafter accrue transitional credits in the savings plan through December 31, 2021. Beginning on January 1, 2022, those participants previously receiving the transitional credits were eligible to participate in a profit-sharing contribution in the savings plan, which is equal to 4 percent of eligible compensation.

Cash Balance Plan

As of January 1, 1996, the Company converted its prior defined benefit pension plans (except for the Reckitt Benckiser Retirement Plan for Union Employees) to a cash balance plan. The account balances of all participants were credited with the value of benefits that were already earned.

As the Plan represents a cash balance plan, it required that each month the Company credited an amount equal to a percentage of a participant's eligible salary to their plan account. The percentage applied to a participant's eligible salary was based on the years of service that had been rendered to the Company. Eligible salary for plan purposes included a participant's base pay, incentive bonus payments, sales bonuses and commission, overtime, shift differentials, and lump-sum merit increases. Excluded from this amount was severance and any other amounts being deferred under Reckitt Benckiser's Deferred Compensation Plan. The definition of eligible salary under the Plan may be further limited by certain rules governing pension plans.

The Company's service credits to a participant's plan account were based on eligible salary, as defined above, and years of service, as stated in the following table, through December 31, 2016. Effective January 1, 2017, all participants do not accrue service credits:

Years of Service	Company Credits (Percentage of Pay)
Less than 5	4.00 %
5 through 9	5.00
10 through 14	6.00
15 through 19	7.00
20 through 24	9.00
25 or more	12.00

In addition to the service credits, the Company will also credit participants' plan account balances with monthly interest. The interest rate for each calendar year will equal the rate for one-year Treasury bills on January 1 plus 1 percent. The interest rate in any year will not be lower than 5 percent. Although the Plan is frozen, active participants are still receiving interest credits.

Note 1 - Plan Description (Continued)

Pension Benefits

The normal retirement benefit is a monthly amount payable for life; however, participants have the option to select other methods of payment. The monthly benefit is based on the participant's earnings (as defined in the Plan) and years of service. Survivorship benefits of 50 percent joint annuity are available if certain criteria are met. Provisions are also made for early retirement, disability prior to retirement, and death benefits.

Contributions and Funding

Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA. In 2025 and 2024, minimum funding requirements of $8,312,443 and $3,594,124, respectively, were fully offset by over funding balances.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Russell Investments Trust Company or its affiliates. Russell Investments Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The fair value of the Plan's interest in Reckitt Benckiser LLC General Pension Master Trust (the "Master Trust") is equal to the proportionate share of assets allocated to the Plan. The Plan owns a 100 percent interest in the Master Trust. The investments held by the Master Trust consist of common/collective trust funds and an immediate participation guarantee contract at December 31, 2024 in the amount of $4,531. These investments are held at fair value. See Note 5 for additional information on investment fair value methodology.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

See Note 5 for further discussion of fair value measurements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to the following:

(a) Retired or terminated employees or their beneficiaries
(b) Beneficiaries of employees who have died
(c) Present employees or their beneficiaries

Benefits provided via annuity contracts are deducted from plan assets and from accumulated plan benefits.

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The actuarial valuation was completed using the beginning of the year method. Therefore, the accumulated plan benefits as of December 31, 2025 are presented from information provided by the actuary as of January 1, 2025.

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2025 and 2024 are summarized as follows:

	January 1, 2025	January 1, 2024
Actuarial cost method	Unit Credit Method	Unit Credit Method
Assumed rate of return	6.00 percent per annum	5.40 percent per annum
Mortality basis	Pri-2012 Total Dataset Mortality Table, projected generationally with Scale MP-2021	Pri-2012 Total Dataset Mortality Table, projected generationally with Scale MP-2021
Incident of retirement	Age graded rates, with 100% leaving at age 70	Age graded rates, with 100% leaving at age 70

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Company.

Risks and Uncertainties

Contributions to the Plan and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 8, 2026, which is the date the financial statements were available to be issued.

Note 3 - Certified Information

The trustee of the Master Trust, Russell Investments Trust Company (the "Trustee"), holds the Plan's investments and executes all related investment transactions. The investment balances and related investment results included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information certified by the Trustee.

Note 4 - Interest in Master Trust

The Plan's assets are held in Reckitt Benckiser LLC General Pension Master Trust, which is wholly owned by the Plan.

At December 31, 2025 and 2024, the Plan's interest in the Master Trust was as follows:

	2025	2024
Common/collective trust funds	$ 254,081,446	$ 248,315,177
Immediate participation guarantee contract	-	4,531
Total investment in the Master Trust	254,081,446	248,319,708
Receivables from securities sold	1,074,752	2,454,594
Total plan interest in the Master Trust	$ 255,156,198	$ 250,774,302

The Plan's interest in the Master Trust's income for the years ended December 31, 2025 and 2024 was as follows:

	2025	2024
Net realized and unrealized income on investments	$ 23,984,577	$ 1,666,438
Dividend and interest income	12	139
Total plan interest in income of the Master Trust	$ 23,984,589	$ 1,666,577

Note 5 - Investments

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Master Trust/Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Note 5 - Investments (Continued)

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Master Trust/Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following methodologies have been used to value the Plan's investments:

Common/Collective Trust Funds

The common/collective trust funds are valued at net asset value per share (NAV) or its equivalent of the funds, which is based on the fair value of the funds' underlying assets. There are no redemption restrictions or unfunded commitments on these investments.

Immediate Participation Guarantee Contract

The investment is valued at various contract costs, which represent contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Active market inputs utilized to value this contract are not readily determinable; thus, this investment is considered to be a Level 2 investment.

The following tables present information about the Plan's net assets held within the Mater Trust at December 31, 2025, and 2024:

	Assets Held Within the Master Trust Measured at Fair Value at December 31, 2025			
	Master Trust Balance	Level 1	Level 2	Level 3
Investments measured at NAV - Common/collective trust funds	$ 254,081,446			

	Assets Held Within the Master Trust Measured at Fair Value at December 31, 2024			
	Master Trust Balances	Level 1	Level 2	Level 3
Immediate participation guarantee contract	$ 4,531	$ -	$ 4,531	$ -
Investments measured at NAV - Common/collective trust funds	248,315,177			
Total	$ 248,319,708			

Note 6 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the actuarial present value of accumulated plan benefits attributable to participants in the Plan, which were made as of and for the years ended January 1, 2025 and 2024, the most recent actuarial valuations, are as follows:

	2025	2024
Actuarial present value of accumulated plan benefits -		
Actuarial present value of accumulated plan benefits - Vested benefits:		
Participants currently receiving benefit payments	$ 110,000,406	$ 111,995,851
Terminated vested participants	122,939,497	125,136,434
Active participants	232,939,903	237,132,285
Total actuarial present value of accumulated plan benefits	$ 232,939,903	$ 237,132,285

A summary of significant changes in the actuarial present value of accumulated plan benefits during the year ended January 1, 2025 is as follows:

Actuarial present value of accumulated plan benefits - Beginning of year	$ 273,965,353
Increase (decrease) during the year attributable to:	
Benefits accumulated	2,533,430
Benefits paid	(16,258,432)
Interest due to the decrease in the discount period	14,360,816
Changes in actuarial assumptions	(10,559,367)
Net decrease	(9,923,553)
Actuarial present value of accumulated plan benefits - End of year	$ 264,041,800

The changes in actuarial assumptions line item above primarily results from an increase in the assumed discount rate from 5.40 to 6.00 percent. This discount rate is based on the expected long-term return on plan assets.

Note 7 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 8 - Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA.

The Pension Benefit Guaranty Corporation (PBGC) guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Retirement Plan for Employees of Reckitt Benckiser LLC
EIN / PN: 16-1095651 / 005

Schedule SB, Line 26a – Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up
Under 25										
25 - 29										
30 - 34										
35 - 39			3	1						
40 - 44			12	8	2					
45 - 49			19	8	4					
50 - 54			9	7	12	4	1			
55 - 59			11	10	11	8	6			
60 - 64			6	3	13	6	11	4	2	
65 - 69			5	6	4	2	3			
70 & up			1							
Total			66	43	46	20	21	4	2	

Retirement Plan for Employees of Reckitt Benckiser LLC
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Funding assumptions and methods selection and rationale

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

The non-prescribed assumptions having a significant impact on the measurement of the Funding Target are the frequency of optional forms of payment, retirement rates and withdrawal rates. We perform periodic experience studies to assess the reasonableness of the retirement rates, termination rates, and the optional form elections assumed in our valuation. We review these studies with the plan sponsor and set these rates based on the analysis and our discussions. We monitor these assumptions annually through gain/loss analyses.

Use of Models

Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, an assessment of risks for the plan was performed.

Retirement Plan for Employees of Reckitt Benckiser LLC
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2025 Plan Year	2024 Plan Year
Funding Rates – Constrained*		
First Segment Rate	5.00%	4.75%
Second Segment Rate	5.27%	4.96%
Third Segment Rate	5.50%	5.59%
Effective Interest Rate	5.34%	5.14%
Funding Rates – Unconstrained**		
First Segment Rate	5.00%	4.37%
Second Segment Rate	5.27%	4.96%
Third Segment Rate	5.40%	4.95%
Effective Interest Rate	5.30%	4.90%

* Used for minimum funding and benefit restriction purposes.

** Used for maximum tax-deduction, ERISA 4010 reporting, and for PBGC purposes.

The interest rates used for funding purposes are the Segment Rates with no lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Lump Sum interest and mortality:

Interest Rate:	Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality:	2025 IRC 417(e) Applicable Mortality table, as amended by IRS Notice 2024-42

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service as of December 31, 2016. The Target Normal Cost is the expected administrative expenses to be paid from plan assets during the year.

2016 Maximum Annual Pension Limit under IRC Section 415(b) as of plan freeze:

$210,000

Retirement Plan for Employees of Reckitt Benckiser LLC
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

Expenses

Expected plan related expenses of $3,060,000 were added to the Target Normal Cost.[1]

Salary increases

N/A

Interest Credits

5.17% for 2025, 5.34% for 2026, 5.57% for years 2027 through 2028, 5.77% for years 2029 through 2030, 5.86% for years 2031 through 2033, 6.32% for years 2034 through 2038, 6.33% for years 2039 through 2043 and 5.47% thereafter.

The above rates are based on the one-year Treasury rate in effect on January 1 of the plan year plus 1% and to recognize a short term increase in inflation and market interest rates for 1-year Treasuries based on the forward rates for 1-Year Treasuries published by Bloomberg as of December 31, 2024.

Cost-of-living

N/A

Social Security

N/A

[1] The expense load is the average of actual expenses (including trustee fees) paid in the prior 3 years (except PBGC premiums which is based on expected amount to be paid in current year). The total is rounded to nearest ten thousand.

Retirement Plan for Employees of Reckitt Benckiser LLC
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Frequency of optional payment forms

Prior Salaried Plan TVs[1]	Assumption
Lump Sum	75.00%
Single Life Annuity	12.00%
100% Joint and Survivor	6.50%
50% Joint and Survivor	6.50%

Cash Balance Plan TVs	Assumption
Lump Sum	50.00%
Single Life Annuity	20.00%
100% Joint and Survivor	20.00%
50% Joint and Survivor	10.00%

Cash Balance Plan Actives under age 55 - immediate	Assumption
Lump Sum	100.00%
Single Life Annuity	N/A
100% Joint and Survivor	N/A
50% Joint and Survivor	N/A

Cash Balance Plan Actives over age 55 & under age 55 - deferred	Assumption
Lump Sum	50.00%
Single Life Annuity	20.00%
100% Joint and Survivor	20.00%
50% Joint and Survivor	10.00%

These rates are based on a July 2024 study of Reckitt withdrawal and retirement experience from 2019-2023.

Marital percentage

80% of male participants and 50% of female participants are assumed to be married; female spouses are assumed to be 3 years younger than male spouses.

[1] Applicable to former employees who terminated under the plans prior to the cash balance conversion.

Retirement Plan for Employees of Reckitt Benckiser LLC
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates

Age	Assumption	Age	Assumption	Age	Assumption
55	5.00%	61	15.00%	67	50.00%
56	5.00%	62	15.00%	68	50.00%
57	5.00%	63	20.00%	69	50.00%
58	5.00%	64	33.00%	70	100.00%
59	15.00%	65	33.00%		
60	15.00%	66	50.00%		

These rates are based on a July 2024 study of Reckitt withdrawal and retirement experience from 2019-2023.

Withdrawal rates for active participants not eligible for retirement

Age	Assumption	Age	Assumption
36	10.00%	46	10.00%
37	10.00%	47	8.00%
38	10.00%	48	8.00%
39	10.00%	49	8.00%
40	10.00%	50	7.00%
41	10.00%	51	6.00%
42	10.00%	52	5.00%
43	10.00%	53	4.00%
44	10.00%	54	3.00%
45	10.00%		

Upon withdrawal, active participants who are vested are assumed to commence receiving benefits in accordance with the following schedule:

Percentage	Commencement Age
50.00%	Immediate upon termination
50.00%	Age 65

Current terminated vested participants are assumed to commence receiving benefits in accordance with the following schedule:

Current Age	Commencement Age
Under age 65	Age 65
Over age 65*	Age 70 or current age if older

*Prior Salaried Plan TVs are valued with an actuarially increased benefit and Cash Balance Plan TVs continue to receive Interest Credits.

These rates are based on a July 2024 study of Reckitt withdrawal and retirement experience from 2019-2023.

Retirement Plan for Employees of Reckitt Benckiser LLC
EIN / PN: 16-1095651 / 005

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2024 Expected Return	6.20%	5.59%	5.59%
2023 Expected Return	6.40%	5.74%	5.74%

The actuary's expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant at each measurement date. For the 2024 expected return, we assumed allocations of 18% equities, 79% bonds and 3% real estate, consistent with the sponsor's policy as of December 31, 2023 as stated on the Annual Funding Notice for the 2023 plan year. The assumed allocations for the 2023 expected return were 15% equities, 76% bonds and 5% real estate, consistent with the allocations as of December 31, 2022 shown on the Annual Funding Notice for the 2022 plan year.

In selecting the expected return on assets ("EROA") assumption, the actuary used economic information provided by Gallagher's Investment Consulting and Financial Risk Management practices along with an analysis of expected long term return assumptions performed by the plan sponsor's investment consultants. Gallagher's Capital Market Assumptions provide relevant expected returns, standard deviations, and correlations. Projected returns are then developed for the portfolio using the GEMS® Economic Scenario Generator from Conning & Company. This sophisticated model (disclosed below under Use of Models) uses a multifactor approach to create internally consistent, realistic economic scenarios (paths) for all asset classes that reflect the current economic environment as a starting point. Equity returns include stochastic volatility with jumps ("SVJ") to reflect extreme infrequent events; however, such scenarios do not typically impact the 5th through 95th percentiles. Corporate bond yields are generated by adding credit spreads to the corresponding zero-coupon treasury yield. The credit spread is driven by several factors, including equity returns, and also contains a shock process to allow the model to generate scenarios like the 2008 Financial Crisis. GEMS® does not, however, model specific risks such as war, pandemics, political risks, severe economic dislocations occurring with greater frequency or severity than predicted by the model, or the risk that relationships among macroeconomic variables may be different than in the past. From these scenarios, a probabilistic model of expected returns is created reflecting the duration (horizon) of investment and the approximate allocation of assets in the portfolio to various asset classes. Under current calibrations, GEMS® will show a greater divergence between arithmetic and geometric average returns the higher the standard deviation of portfolio return.

Based on the actuary's analysis, including consistency with other assumptions used in the valuation, and discussions with Gallagher's investment consultants and information supplied by the plan's investment advisors, the actuary selected a rate between the median and 55th percentile of returns generated by the GEMS® model which aligned with the expected median return analysis provided by the plan sponsor's investment consultants at the 20-year time horizon.

Retirement Plan for Employees of Reckitt Benckiser LLC
EIN / PN: 16-1095651 / 005

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Summary of Changes from the January 1, 2024 Valuation

- The interest rate basis for computing funding liabilities was updated to the current rates as specified by IRS Regulations 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation.
- The mortality assumption was updated according to the projection as specified by IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2024-42, applied on a fully generational basis.
- The lump sum mortality was updated to the 2025 Applicable IRS Mortality Table under IRS Section 417(e), the Pri-2012 mortality table, projected with the 2024 Adjusted Scale MP-2021 as described in Appendix of IRS Notice 2024-42.
- Expected administrative expense load to Target Normal Cost was increased from $2,130,000 to $3,060,000 to reflect expense information available as of the valuation date. The increase is mainly attributable to the increase in the PBGC premium.
- Where applicable, actuarial increase factors were updated to use the applicable mortality and interest rates prescribed by IRS Section 417(e) for the 2025 plan year.
- The cash balance interest crediting rate assumption was updated from 5.80% for 2024, 5.00% for years 2025 through 2033, 5.70% for years 2034 through 2043 and 5.00% thereafter to 5.17% for 2025, 5.34% for 2026, 5.57% for years 2027 through 2028, 5.77% for years 2029 through 2030, 5.86% for years 2031 through 2033, 6.32% for years 2034 through 2038, 6.33% for years 2039 through 2043 and 5.47% thereafter.
- The retirement and withdrawal rates for active participants and optional form of payment elections for active participants aged 55 and over and deferred vested participants were updated as a result of an experience study conducted in July 2024.
- The expected return on assets changed from 6.40% in 2023 to 6.20% in 2024 to reflect updated capital market assumptions as discussed above.
- The changes in prescribed and non-prescribed assumptions between 1/1/2024 and 1/1/2025 increased the Funding Target by 3.59%.

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
RETIREMENT PLAN FOR EMPLOYEES OF RECKITT BENCKISER LLC

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RECKITT BENCKISER LLC

D Employer Identification Number (EIN)
16-1095651

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**	250,774,302
b Actuarial value	**2b**	257,074,554

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	1,278	114,933,844	114,933,844
b For terminated vested participants	1,660	130,619,115	130,619,115
c For active participants	202	33,061,777	33,061,777
d Total	3,140	278,614,736	278,614,736

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	3,060,000
c Target normal cost	**6c**	3,060,000

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

Suzanne Hughes SCH
Signature of actuary

7/14/2026
Date

SUZANNE HUGHES
Type or print name of actuary

2607118
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

201-902-2300
Telephone number (including area code)

200 Jefferson Park, 2nd Floor
Whippany NJ 07981
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	39,576,181
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3,594,124
9	Amount remaining (line 7 minus line 8)	0	35,982,057
10	Interest on line 9 using prior year's actual return of 0.65 %	0	233,883
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 5.14 %		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	2,833,429
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	33,382,511

Part III Funding Percentages

14	Funding target attainment percentage	14	80.28 %
15	Adjusted funding target attainment percentage	15	80.28 %
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	94.36 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the 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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	3,060,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	54,922,693	5,252,443
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**	8,312,443

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	8,312,443	8,312,443

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

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

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

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

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

Retirement Plan for Employees of Reckitt Benckiser LLC
EIN / PN: 16-1095651 / 005

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	63.6977	0.0500	3.1849	175.1686
56	63.3973	0.0500	3.1699	177.5125
57	69.1006	0.0500	3.4550	196.9367
58	80.4907	0.0500	4.0245	233.4230
59	84.2643	0.1500	12.6396	745.7392
60	84.3942	0.1500	12.6591	759.5481
61	78.4778	0.1500	11.7717	718.0716
62	75.4424	0.1500	11.3164	701.6145
63	71.8547	0.2000	14.3709	905.3687
64	69.2014	0.3300	22.8364	1,461.5325
65	54.0755	0.3300	17.8449	1,159.9197
66	40.9858	0.5000	20.4929	1,352.5326
67	25.2919	0.5000	12.6459	847.2775
68	14.5085	0.5000	7.2543	493.2893
69	9.1648	0.5000	4.5824	316.1869
70	5.5175	1.0000	5.5175	386.2227
Total			**167.7664**	**10,630.3439**
Weighted Average Retirement Age = 10,630.3439 / 167.7664				**63.36**
Rounded Weighted Average Retirement Age				**63**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Retirement Plan for Employees of Reckitt Benckiser LLC
EIN / PN: 16-1095651 / 005

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	$ 2,574,253	$ 8,477,984	$ 11,879,316	$ 22,931,553
2026	$ 2,522,446	$ 7,755,678	$ 11,456,458	$ 21,734,582
2027	$ 2,471,612	$ 7,937,740	$ 11,044,997	$ 21,454,349
2028	$ 2,386,217	$ 8,076,176	$ 10,629,284	$ 21,091,677
2029	$ 2,308,261	$ 9,112,350	$ 10,213,839	$ 21,634,450
2030	$ 2,239,266	$ 9,030,014	$ 9,794,698	$ 21,063,978
2031	$ 2,252,693	$ 7,933,132	$ 9,351,086	$ 19,536,911
2032	$ 2,114,459	$ 8,055,077	$ 8,928,678	$ 19,098,214
2033	$ 2,038,249	$ 7,321,309	$ 8,505,321	$ 17,864,879
2034	$ 1,994,347	$ 6,768,969	$ 8,081,856	$ 16,845,172
2035	$ 1,977,523	$ 9,007,143	$ 7,654,310	$ 18,638,976
2036	$ 1,977,438	$ 8,558,947	$ 7,235,504	$ 17,771,889
2037	$ 1,985,021	$ 8,348,589	$ 6,817,202	$ 17,150,812
2038	$ 1,942,537	$ 7,836,498	$ 6,399,868	$ 16,178,903
2039	$ 1,894,747	$ 7,845,325	$ 5,984,220	$ 15,724,292
2040	$ 1,898,812	$ 9,584,735	$ 5,571,250	$ 17,054,797
2041	$ 1,930,932	$ 8,049,610	$ 5,162,217	$ 15,142,759
2042	$ 1,861,706	$ 8,760,031	$ 4,758,673	$ 15,380,410
2043	$ 1,926,754	$ 8,473,541	$ 4,362,402	$ 14,762,697
2044	$ 1,897,402	$ 8,702,632	$ 3,975,387	$ 14,575,421
2045	$ 1,878,249	$ 8,296,391	$ 3,599,716	$ 13,774,356
2046	$ 1,735,699	$ 8,980,019	$ 3,237,517	$ 13,953,235
2047	$ 1,722,406	$ 7,914,416	$ 2,890,911	$ 12,527,733
2048	$ 1,592,205	$ 8,024,306	$ 2,561,933	$ 12,178,444
2049	$ 1,591,826	$ 6,490,855	$ 2,252,465	$ 10,335,146
2050	$ 1,625,807	$ 6,545,992	$ 1,964,117	$ 10,135,916
2051	$ 1,411,365	$ 6,032,223	$ 1,698,128	$ 9,141,716
2052	$ 1,308,304	$ 5,658,285	$ 1,455,309	$ 8,421,898
2053	$ 1,279,544	$ 5,432,882	$ 1,235,984	$ 7,948,410
2054	$ 1,174,568	$ 4,865,446	$ 1,040,049	$ 7,080,063
2055	$ 1,105,605	$ 4,608,919	$ 866,975	$ 6,581,499
2056	$ 1,035,302	$ 4,354,266	$ 715,849	$ 6,105,417
2057	$ 966,245	$ 4,102,594	$ 585,452	$ 5,654,291
2058	$ 898,015	$ 3,854,853	$ 474,300	$ 5,227,168
2059	$ 830,449	$ 3,611,817	$ 380,712	$ 4,822,978
2060	$ 764,629	$ 3,374,088	$ 302,905	$ 4,441,622
2061	$ 700,816	$ 3,142,157	$ 239,032	$ 4,082,005
2062	$ 639,437	$ 2,916,434	$ 187,259	$ 3,743,130
2063	$ 580,824	$ 2,697,210	$ 145,823	$ 3,423,857
2064	$ 525,226	$ 2,484,731	$ 113,065	$ 3,123,022
2065	$ 472,800	$ 2,279,224	$ 87,482	$ 2,839,506
2066	$ 423,628	$ 2,080,914	$ 67,740	$ 2,572,282
2067	$ 377,744	$ 1,890,061	$ 52,681	$ 2,320,486
2068	$ 335,119	$ 1,706,945	$ 41,320	$ 2,083,384
2069	$ 295,697	$ 1,531,916	$ 32,831	$ 1,860,444
2070	$ 259,402	$ 1,365,372	$ 26,536	$ 1,651,310
2071	$ 226,137	$ 1,207,766	$ 21,892	$ 1,455,795
2072	$ 195,807	$ 1,059,606	$ 18,468	$ 1,273,881
2073	$ 168,301	$ 921,398	$ 15,929	$ 1,105,628
2074	$ 143,507	$ 793,615	$ 14,020	$ 951,142

Retirement Plan for Employees of Reckitt Benckiser LLC
EIN / PN: 16-1095651 / 005

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

The Cash Balance Plan was effective January 1, 1996. Amended and restated as of January 1, 2010; last amended to freeze pay-based credits after December 31, 2016.

Covered Employees

All salaried and non-union hourly employees of Reckitt hired prior to January 1, 2010.

Eligibility for Participation

Each person who becomes an employee on or after January 1, 1996 and prior to January 1, 2010 shall become a participant effective on the employee's date of employment.

All employees who were participants in the Benckiser Salaried Plan became participants as of January 1, 2001 and became eligible for the cash balance formula as of January 1, 2002.

Definitions

Period of Service

The period of time, during which an employee renders any services, commencing with their employment date. For former L&F Employees this shall include all service credited for benefit accrual purposes as of December 31, 1994 under the Kodak Retirement Income Plan. For former Benckiser employees, this shall include all service credited for benefit accrual purposes as of December 31, 2000 under the Benckiser Salaried Plan.

Compensation

Participant's earnings received in the calendar year including bonuses, commissions, overtime pay and tax-deferred contributions made pursuant to a salary reduction election under an IRC Section 401(k) arrangement.

Account Balance

An account balance for each participant shall be credited at the end of each month with a Benefit Credit, an Interest Credit, and for certain participants, Transition Credits. Benefit credits shall also be credited to the account of participant who is a disabled participant or who is on the first 12-month leave of absence.

Benefit Credits

Before 1996, 5% of pensionable pay. Effective 1/1/96, a percentage of participant's compensation received during the month in accordance with the following schedule, based upon the attained Period of Service as of the preceding month:

Period of Service	Benefit Credit %
0 – 4 years	4%
5 – 9 years	5%
10 – 14 years	6%
15 – 19 years	7%
20 – 24 years	9%
25+ years	12%

After December 31, 2016, all pay-based credits have ceased.

Retirement Plan for Employees of Reckitt Benckiser LLC
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Interest Credits

One-year Treasury constant maturities rate in effect on January 1 of the plan year, increased by 1% per annum. The minimum interest credit is 5%.

Initial Account Balances

Employees at Wayne based operations - For all participants who were active as of January 1, 1995, an initial account balance was established equal to the present value of the benefit accrued to December 31, 1994 in the prior plan.

Employees at Montvale based operations - For all participants who were active as of January 1, 1996, an initial account balance was established equal to the present value of the benefit accrued to December 31, 1995 under the Kodak Retirement Income Plan.

Former employees participating in the Benckiser Salaried Plan who were active as of January 1, 2002 had an initial account balance established equal to the present value of the benefit accrued as of December 31, 2001 under their prior plan.

Eligibility for Benefits

Normal Retirement

Attainment of age 65 by a participant.

Deferred Vested

A participant who terminates employment (for reasons other than retirement or death) before normal retirement age and after completion of 3 years of service shall be 100% vested in his Account Balance.

Pre-retirement Death

Death while eligible for benefit before their benefit commencement date.

Post-retirement Death

The beneficiary of any retired participant who had elected a survivorship form of payment is eligible for a monthly benefit upon the death of the participant.

$5,000 Death Benefit

Upon death of a participant who terminated employment on or before December 31, 1994 and who was receiving or eligible to receive a Normal Retirement benefit as of December 31, 1994, a lump sum payment of $5,000 shall be made to the participant’s beneficiary.

Retirement Plan for Employees of Reckitt Benckiser LLC
EIN / PN: 16-1095651 / 005

Schedule SB, Part V – Summary of Plan Provisions (continued)

Retirement Benefits

Normal Retirement

(a) Lump sum of Account Balance; or
(b) Annuity equal to the Actuarial Equivalent of the Account Balance

Deferred Vested

(a) Lump sum of Account Balance; or
(b) Annuity equal to the Actuarial Equivalent of the Account Balance

Pre-retirement Death

(a) Lump sum of Account Balance; or
(b) Annuity equal to the Actuarial Equivalent of the Account Balance shall be paid to his beneficiary.
(c) Prior plan terminated vesteds' eligible spouses are entitled to 50% of joint and survivor annuity based on the Actuarial Equivalent of the participant's accrued benefit commencing at earliest retirement date.

Transitional Retirement Benefit

A former L&F employee who was a participant in the KRIP as of December 31, 1995 may elect either:

(a) Lump sum of Account Balance or accrued benefit equal to the Actuarial Equivalent of Account Balance or
(b) Accrued benefit determined under the Kodak Retirement Income Plan effective December 31, 1995 for service rendered to the actual termination date or December 31, 1997 if earlier.

For a former Benckiser employee who was a participant in the Benckiser Salaried Plan as of December 31, 2000, their benefit will be the greater of (a) and (b):

(a) Lump sum of Account Balance or accrued benefit equal to the Actuarial Equivalent of Account Balance, or
(b) Accrued benefit determined under the Benckiser Salaried Plan in effect December 31, 2000 for all service rendered at Benckiser Consumer Products, LLC, as well as Reckitt, to the actual termination date.

Former employees who terminated under the plans prior to the cash balance conversion receive the benefits accrued under the prior plans.

Forms of Payment

Normal Form

The normal form is an Actuarial Equivalent 50% joint and survivor annuity for married participants and life annuity for all other participants.

Optional Forms

Optional forms include a lump sum, a life annuity, an Actuarial Equivalent 50%, 60%, 70%, 75%, 80%, 90% or 100% joint and survivorship annuity or a 5 or 10-year certain and continuous option.

Retirement Plan for Employees of Reckitt Benckiser LLC
EIN / PN: 16-1095651 / 005

Schedule SB, Part V – Summary of Plan Provisions (continued)

Funding

All plan costs shall be met by Company contributions and earnings thereon.

Plan Year

January 1 to December 31.

Amendment

Amended to freeze all pay-based benefit credits after December 31, 2016.

Account Balance Conversion

Actuarial Equivalence shall be determined on the basis that produces the greater benefit:

	Mortality Table	Applicable Interest Rate
(a)	Basic GA – 1983 Mortality Table for males projected to 1988 with Scale H	7.50% per annum
(b)	Applicable mortality table under section 417(e) of the Code	Guided by section 417(e) of the Code. The applicable interest rate used shall be the rate in effect for the November of the Plan Year preceding the Plan Year in which the Participant's Benefit Commencement Date occurs

Actuarial Equivalence

The Plan's optional form factors are computed as follows:

Mortality Table

Basic GA – 1983 Mortality Table for males projected to 1988 with Scale H.

Applicable Interest Rate:

Optional Form	Interest Rate
Single Life Annuity	7.5%
Joint & Survivor	8.0%
Certain & Life	7.5%

Summary of Changes from the January 1, 2024 Valuation

None.

Retirement Plan for Employees of Reckitt Benckiser LLC

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 16-1095651, Plan No. 005
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Interest in Reckitt Benckiser LLC General Pension Master Trust	Various investments and investment proceeds receivable	$ 228,362,238	$ 255,156,198

Retirement Plan for Employees of Reckitt Benckiser LLC
EIN / PN: 16-1095651 / 005

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type of Base	Remaining Installments	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2025
1/1/2025	Shortfall	15	$3,788,319	$40,732,317
1/1/2024	Shortfall	14	($170,938)	($1,754,653)
1/1/2023	Shortfall	13	$1,635,062	$15,945,029

Retirement Plan for Employees of Reckitt Benckiser LLC
EIN / PN: 16-1095651 / 005

Schedule SB, Line 24 – Change in Non-Prescribed Actuarial Assumptions

Summary of Changes from the January 1, 2024 Valuation

- Expected administrative expense load to Target Normal Cost was increased from $2,130,000 to $3,060,000 to reflect expense information available as of the valuation date. The increase is mainly attributable to the increase in the PBGC premium.
- The expected return on assets changed from 6.40% in 2023 to 6.20% in 2024 to reflect updated capital market assumptions.
- The above-mentioned changes had no impact on the Funding Target.
- The cash balance interest crediting rate assumption was updated from 5.80% for 2024, 5.00% for years 2025 through 2033, 5.70% for years 2034 through 2043 and 5.00% thereafter to 5.17% for 2025, 5.34% for 2026, 5.57% for years 2027 through 2028, 5.77% for years 2029 through 2030, 5.86% for years 2031 through 2033, 6.32% for years 2034 through 2038, 6.33% for years 2039 through 2043 and 5.47% thereafter.
- The retirement and withdrawal rates for active participants and optional form of payment elections for active participants aged 55 and over and deferred vested participants were updated as a result of an experience study conducted in July 2024.