Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COLGATE-PALMOLIVE COMPANY RETIREE MEDICAL PLAN

1b Three-digit plan number (PN) ▶ 526

1c Effective date of plan 01/01/1996

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)
COLGATE-PALMOLIVE COMPANY

300 PARK AVENUE
NEW YORK, NY 10022

2b Employer Identification Number (EIN)
13-1815595

2c Plan Sponsor's telephone number
212-310-2000

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.	10/15/2026	MARTY COLLINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3258
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	3255
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3255
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4Q

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] 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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
COLGATE-PALMOLIVE COMPANY RETIREE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 526

C Plan sponsor's name as shown on line 2a of Form 5500
COLGATE-PALMOLIVE COMPANY

D Employer Identification Number (EIN)
13-1815595

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AETNA HEALTH, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
22-2663623	95234	E00066721160	1	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	6959
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
COLGATE-PALMOLIVE COMPANY RETIREE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 526

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COLGATE-PALMOLIVE COMPANY

D Employer Identification Number (EIN)
13-1815595

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: COLGATE POST-RETIREMENT VEBA TRUST

b Name of sponsor of entity listed in (a): COLGATE-PALMOLIVE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-6972051-101	M	2080387

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

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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
COLGATE-PALMOLIVE COMPANY RETIREE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 526

C Plan sponsor's name as shown on line 2a of Form 5500
COLGATE-PALMOLIVE COMPANY

D Employer Identification Number (EIN)
13-1815595

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	194637	18743
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	451341	470455
(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)	1525333	2080387
(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	2171311	2569585
Liabilities			
1g Benefit claims payable	1g	2821142	2965572
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2821142	2965572
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	-649831	-395987

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)	46938317	
(B) Participants	2a(1)(B)	5853893	
(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)		52792210
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)		89510
(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		52881720
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	52627876	
(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)		52627876
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		52627876
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		253844
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: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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		25000000
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.) ..... ☐ Yes ☐ No ☐ Not determined

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

Financial Statements and Report of Independent Certified Public Accountants

Colgate-Palmolive Company
Retiree Medical Plan

December 31, 2025 and 2024

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees and Participants
Colgate-Palmolive Company Retiree Medical Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit
We have performed audits of the financial statements of Colgate-Palmolive Company Retiree Medical Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, the statements of plan benefit obligations as of December 31, 2025 and 2024, and the related statement of changes in plan benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

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

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

Grant Thornton LLP is a U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

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

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

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

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

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

Grant Thornton

In performing an audit in accordance with US GAAS, we:

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

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

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

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

Grant Thornton LLP

Philadelphia, Pennsylvania
October 13, 2026

Colgate-Palmolive Company Retiree Medical Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2025	2024
ASSETS		
Cash	$ 18,743	$ 194,637
Beneficial interest in the VEBA Trust	2,080,387	1,525,333
Participants' contributions receivable	470,455	451,341
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,569,585	$ 2,171,311

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

Colgate-Palmolive Company Retiree Medical Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2025

Additions	
Participants' contributions	$ 5,853,893
Sponsor contributions	46,938,317
Investment income from Plan's interest in the VEBA Trust	145,374
Total additions	52,937,584
Deductions	
Claim payments	52,476,723
Insurance premium payments	6,723
Administrative expenses	55,864
Total deductions	52,539,310
NET INCREASE	398,274
Net assets available for benefits	
Beginning of year	2,171,311
End of year	$ 2,569,585

The accompanying notes are an integral part of this financial statement.

Colgate-Palmolive Company Retiree Medical Plan

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

December 31,

	2025	2024
Amounts currently payable		
Claims payable, claims incurred but not reported, and premiums due to insurers	$ 2,965,572	$ 2,821,142
Postretirement benefit obligations, net of amounts currently payable		
Retired participants	428,085,417	412,966,301
Active employees not currently participating in the Plan		
Eligible to retire	51,565,768	47,465,683
Not eligible to retire	52,738,964	53,669,492
Postretirement benefit obligations, net of amounts currently payable	532,390,149	514,101,476
TOTAL PLAN BENEFIT OBLIGATIONS	$ 535,355,721	$ 516,922,618

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

Colgate-Palmolive Company Retiree Medical Plan

STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS

Year ended December 31, 2025

Amounts currently payable	
Balance at beginning of year	$ 2,821,142
Increase (decrease) during the year attributable to	
Claims and insurance premiums incurred	52,627,876
Claims and insurance premiums paid	(52,483,446)
Balance at end of year	2,965,572
Postretirement benefit obligation, net of amounts currently payable	
Balance at beginning of year	514,101,476
Increase (decrease) during the year attributable to:	
Benefits accumulated	5,776,324
Interest on liabilities	28,315,819
Benefits reclassified to amounts currently payable	(47,375,751)
Change of actuarial assumptions	15,078,943
Change of assumption	16,493,338
Balance at end of year	532,390,149
Total plan benefit obligation	$ 535,355,721

The accompanying notes are an integral part of this financial statement.

NOTE 1 - DESCRIPTION OF THE PLAN

General

The Colgate-Palmolive Company Retiree Medical Plan (the "Plan") covers eligible retired employees of Colgate-Palmolive Company (the "Sponsor" or "Plan Administrator"). The Plan provides retiree medical benefits for eligible retirees of the Sponsor, including those retirees who have contributed to the Colgate-Palmolive Company Post-Retirement Voluntary Employees' Beneficiary Association Trust ("VEBA Trust"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Under the Plan rules, employees of the Sponsor who are eligible to participate in the Plan generally include: (i) certain retired full-time employees who terminated employment at or after attaining age 55 with at least ten years of service prior to retirement, (ii) certain terminated or retired employees for whom the age and service eligibility requirements were met pursuant to the terms of certain programs or special events of the Sponsor, and (iii) certain eligible dependents of employees who die while in active service on or after age 55 with at least 10 years of service or of retirees who die while participating in the Plan. Eligibility rules for participation in the Plan have been amended from time to time, including as described further below.

Between December 31, 1990 and August 31, 2010, those eligible for and who elected to participate in the Plan, which was then known as the Colgate-Palmolive Company Medical Plan for VEBA-Funded Retirees, paid for a portion of the coverage through a one-time contribution to the VEBA Trust. After September 1, 2010, future retirees pay a portion of the cost of retiree medical coverage through monthly payments rather than paying lump sum amounts when they retire, except as described in the following paragraph. Additionally, after June 30, 2023, certain retirees and covered dependents who are age 65 or older no longer make monthly payments, as described further below.

Colgate employees with seven or more years of service who had reached the age of 52 on September 1, 2010 and who, upon retirement, are eligible to participate in the Plan are able to elect to pay for coverage either under the monthly payment method (prior to age 65) or through a one-time participant contribution to the VEBA Trust. Employees who elect to pay for coverage either under the monthly payment method or through a one-time contribution to the VEBA Trust are referred to as VEBA-Funded retirees.

Employees hired on or after October 1, 2022 and other employees who were not eligible for the Sponsor's U.S. benefits program as of October 1, 2022, are not eligible to participate in the Plan. Additionally, effective December 31, 2022, certain categories of employees are not eligible to participate in the Plan based on age and years of eligible service as of that date.

Effective July 1, 2023, certain Medicare-eligible retirees and covered dependents are no longer eligible for secondary medical coverage under the Plan after age 65 and do not make monthly payments to the Plan. Instead, such individuals ("HRA Participants") transitioned (or will transition at age 65) to purchasing secondary medical coverage through a private marketplace, with an annual Sponsor subsidy provided through a health reimbursement arrangement ("HRA") under the Plan. HRA Participants who enroll in secondary medical coverage through the private marketplace and satisfy all other eligibility requirements receive a notional credit to an HRA account, which provides reimbursement for the costs of secondary medical coverage purchased through the private marketplace and certain other eligible expenses.

Participants' Contributions

As described above, certain retirees are eligible to make a one-time contribution to the VEBA Trust. If they elected to participate and paid for coverage through a one-time contribution at retirement, the amount of their required contribution is determined by the Sponsor based on the lower of: (1) the estimated cost of providing medical benefits to the retiree and his/her covered dependents, if any, for their remaining lives,

or (2) the value of the retiree's Retiree Insurance Account ("RIA") under the Sponsor's Savings & Investment Plan as of their date of retirement reduced by assumed income taxes of 40%.

Effective July 1, 2023, retirees who participate in the Plan and are below age 65 (or have a covered dependent below age 65) or have attained age 65 and are not HRA Participants, but who did not pay for coverage via a one-time contribution, make monthly contributions in the amount determined by the Sponsor, which are deposited into the VEBA Trust. Certain retirees who retired before 1991 are not required to make any contributions either via lump sum or monthly in order to participate in the Plan.

Prior to July 1, 2023, both pre- and post-age 65 retirees who elected to Participate in the Plan, but who did not pay for coverage via a one-time contribution, made monthly contributions in the amount determined by the Sponsor, which were deposited into the VEBA Trust.

HRA Participants do not make contributions to the Plan.

Sponsor Contributions

The Sponsor does not contribute directly to the VEBA Trust. Costs of medical coverage are paid directly by the VEBA Trust or by the Sponsor to the extent the Plan's beneficial interest in the VEBA Trust does not cover the total cost of medical coverage for the current period. In addition, the Sponsor pays the cost for other Plan retirees to the extent not covered by monthly employee contributions, and effective July 1, 2023, the Sponsor pays the cost of reimbursements through the HRA. During 2025 and 2024, Sponsor contributions included $2,396,772 and $2,107,156, respectively, related to HRA reimbursements.

Benefits

The Plan provides health benefits (medical, prescription, hospital, surgical and major medical) to eligible retirees and their covered dependents. The participants are offered an Exclusive Provider Organization ("EPO") option, a Preferred Provider Organization ("PPO") option, or a High Deductible Health Plan ("HDHP") option. Certain retirees and covered dependents are covered by an indemnity option or by a limited number of Health Maintenance Organizations ("HMOs").

HRA Participants are only eligible to participate in the HRA component of the Plan, and are not eligible for the EPO, PPO, HDHP, indemnity or HMO coverage referenced above. Any coverage purchased through the private marketplace is not part of the Plan or any other plan sponsored by the Sponsor.

Plan Administration

The Plan is administered by the Sponsor for the benefit of all participants. The VEBA Trust's assets are held by JPMorgan Chase Bank, N.A. ("JPMorgan Chase"), the trustee of the VEBA Trust.

For participants in the self-insured portion of the Plan, the Plan pays all acceptable claims and maintains stop loss insurance for the non-Medicare population, for claims exceeding a specified ceiling through Empire HealthChoice Assurance, Inc. Costs in excess of the specified ceiling are refunded to the Sponsor. Insurance premiums due to Empire HealthChoice Assurance, Inc. are paid directly by the Sponsor. A limited number of participants receive coverage through HMOs.

HRA Participants are reimbursed under the HRA component of the Plan for eligible secondary medical coverage and certain other eligible expenses.

Retiree Medical Benefit Funding Account

The Colgate-Palmolive Company Employees' Retirement Income Plan ("Retirement Plan") includes a medical-benefit component in addition to normal retirement benefits in accordance with Section 401(h) of the Internal Revenue Code through the establishment and maintenance of a separate account (the "Retiree Medical Benefit Funding Account" or the "401(h) Account") for the payment of postretirement medical and prescription drug benefits for qualified retirees.

The net assets of the Retiree Medical Benefit Funding Account, which consist of an interest in the Colgate-Palmolive Retirement Trust (the "Retirement Trust"), are used for providing postretirement medical and prescription drug benefits and may not be used for any other purpose. As of December 31, 2025 and 2024, the balance in the Retiree Medical Benefit Funding Account was $0. During 2025, no amounts were used for the payment of postretirement medical and prescription drug benefits.

Other

The Sponsor has the right under the Plan to modify the benefits provided to participants and to terminate the Plan subject to the provisions set forth in ERISA. Should the Plan terminate, the assets representing the Plan's beneficial interest in the VEBA Trust are to be applied first to the payment of administrative expenses and then to satisfy all liabilities for benefits to existing participants. Any remaining assets are to be used to provide benefits permitted under the Internal Revenue Code and regulations to the beneficiaries of the VEBA Trust in the manner determined by the Sponsor on the basis of non-discriminatory, objective and reasonable standards.

The above description of the Plan provides general information. Participants are referred to the Plan document for a complete description of the Plan's provisions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") except for claim and insurance premium payments, which are recorded when paid.

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires the Sponsor to use judgment and make estimates that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims and insurance premiums payable, claims incurred but not reported, and disclosure of contingent gains and losses at the date of the financial statements. Actual results could differ from those estimates.

VEBA Trust Investments

Deposits generally consist of participants' contributions as calculated in accordance with the terms of the Plan. Withdrawals consist of insurance premiums, administrative expenses and claims paid by the Plan. The investments of the VEBA Trust currently consist entirely of cash reserve funds and are valued at cost plus accrued interest, which approximates fair value, as determined by the trustee. A summary of the VEBA Trust's activities for the year ended December 31, 2025 is included in Note 5.

Postretirement Benefit Obligation

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits at December 31, 2025 and 2024. Postretirement benefits include future benefits expected to be paid to or for participants and their dependents.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's actuary. The postretirement benefit obligation is calculated by applying actuarial assumptions to historical cost data in order to estimate future annual claim and insurance premium costs per participant and to then adjust such estimates for the time value of money and the probability of payment between the valuation date and the expected date of payment. The assumptions pertain to interest rates, inflation rates and employee demographics, all of which are subject to change.

The following were the significant assumptions used in the valuations:

	2025	2024
Discount rate	5.56%	5.74%
Current medical cost trend rate	7.00%	7.00%
Ultimate medical cost trend rate	4.50%	4.50%
Medical cost trend rate decreases ratably to ultimate in year	2031	2029
Mortality table	Pri-2012 sex-distinct, employee/annuitant/ contingent survivor distinct headcount weighted tables without collar adjustment projected forward from 2012 with Scale MP-2019 generational projection with a long-term improvement rate of 0.75%	Pri-2012 sex-distinct, employee/annuitant/ contingent survivor distinct headcount weighted tables without collar adjustment projected forward from 2012 with Scale MP-2019 generational projection with a long-term improvement rate of 0.75%
Average retirement age	62	62

The change of actuarial assumptions of $15,078,943, as presented in the statement of changes in plan benefit obligations, is primarily a result of the change in discount rate between December 31, 2025 and 2024, and trend sensitivity.

The health care cost trend rate assumption has a significant effect on the amount reported. A one percentage point increase in the assumed rate would increase the postretirement benefit obligation, net of amounts currently payable, by approximately $48.7 million and $47.0 million as of December 31, 2025 and 2024, respectively.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate or change significantly, different assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Beginning in 2006, a subsidy from the Federal government for certain prescription drug costs incurred by qualifying retirees in 2006 and subsequent years ("Medicare subsidy") was created as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The Medicare subsidy expected to be received by the Sponsor equals approximately $13.7 million and $13.2 million as of December 31, 2025 and 2024, respectively. The reduction in the Sponsor's retiree medical liability is approximately $13.7 million

as of December 31, 2025. The Plan's postretirement benefit obligation does not reflect an amount associated with the Medicare subsidy because the Plan is not directly entitled to the Medicare subsidy.

Claims Incurred but not Reported

Plan obligations at December 31 for claims incurred but not reported are estimated by the Plan's actuary in accordance with the accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Administration

Administrative expenses are paid by the Plan.

NOTE 3 - INCOME TAX STATUS

The VEBA Trust, established on May 13, 1991, is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code and, accordingly, the VEBA Trust's net investment income is exempt from income taxes. The Sponsor has obtained a favorable tax exemption letter dated May 25, 1993 from the Internal Revenue Service, and the Sponsor believes that the VEBA Trust continues to qualify and to operate as designed.

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

NOTE 4 - CERTIFIED INFORMATION

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, JPMorgan Chase, trustee of the VEBA Trust and of the Retirement Trust, has certified that the following data included in the accompanying financial statements is complete and accurate:

- Beneficial interest in the VEBA Trust as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.
- Investment income from Plan's interest in the VEBA Trust as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2025.

NOTE 5 - INTEREST IN THE VEBA TRUST AND FAIR VALUE MEASUREMENTS

The VEBA Trust's investments were $2,080,388 and $1,525,333 as of December 31, 2025 and 2024, respectively, and consisted solely of cash reserve funds and are valued at cost plus accrued interest, which approximates fair value.

As of December 31, 2025 and 2024, the Plan's beneficial ownership interest in the VEBA Trust assets was 100%.

The Plan's assets carried at fair value are classified and disclosed in one of the following three categories:

Level 1 - Based upon quoted market prices in active markets for identical assets or liabilities.

Level 2 - Based upon observable market-based inputs or unobservable inputs that are corroborated by market data.

Level 3 - Based upon unobservable inputs reflecting the reporting entity's own assumptions.

The following table represents the activities of the VEBA Trust for the year ended December 31, 2025:

Additions	
Deposits	$ 5,817,351
Investment income	145,374
Total additions	5,962,725
Deductions	
Withdrawals	5,351,806
Administrative expenses	55,864
Total deductions	5,407,670
Net increase	$ 555,055

NOTE 6 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The net assets of the Retiree Medical Benefit Funding Account are included in these financial statements but are excluded from the Form 5500. Such assets are included in the Form 5500 for the Retirement Plan. See Note 1 for further information on the Retiree Medical Benefit Funding Account.

For reporting to the Department of Labor, benefit claims that have been processed and approved as of December 31 but not yet paid, are reported as benefits payable. For financial statement purposes, benefits are recorded only when paid by the VEBA Trust or the Sponsor.

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	2025	2024
Net assets available for benefits per the financial statements	$ 2,569,585	$ 2,171,311
Claims payable, claims incurred but not reported, and premiums due to insurers	(2,965,572)	(2,821,142)
Net assets available for benefits per Form 5500	$ (395,987)	$ (649,831)

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per Form 5500 for the year ended December 31, 2025:

Net increase in net assets available for benefits per the financial statements	$	398,274
Change in claims payable claims incurred but not reported, and premiums due to insurers		(144,430)
Net income per Form 5500	$	253,844

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Investments within the VEBA Trust consist of cash reserve funds managed by JPMorgan Chase, the trustee of the VEBA Trust. As of December 31, 2025 and 2024, the Plan has $2,080,388 and $1,525,333, respectively, invested in the VEBA Trust. JPMorgan Chase administrative and trustee fees incurred by the Plan were $0 for both the years ended December 31, 2025 and 2024. JPMorgan Chase investment management fees incurred by the Plan for the years ended December 31, 2025 and 2024 were $2,949 and $3,129, respectively. These transactions qualify as party-in-interest transactions that are exempt from the ERISA prohibited transaction rules.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

NOTE 9 - SUBSEQUENT EVENTS

The Plan evaluated events occurring subsequent to December 31, 2025 and through October 13, 2026, the date the financial statements were available to be issued. There were no subsequent events that would require recognition or disclosure in the Plan’s financial statements.