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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                        |                                                                                                                                                                                                                                                                                                                                            |
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| <b>Part I</b>                                                                                          | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022             |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                    | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                        | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                    | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                           |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                      | <b>Basic Plan Information</b> —enter all requested information                                                                                                                            |
| <b>1a</b> Name of plan<br>BRACCO SAVINGS AND INVESTMENT PROGRAM                                                                                                                                                                                                                                                                                                     | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                     | <b>1c</b> Effective date of plan<br>08/01/1994                                                                                                                                            |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BRACCO DIAGNOSTICS INC.<br><br>259 PROSPECT PLAINS ROAD<br>BUILDING H<br>MONROE TOWNSHIP, NJ 08831 | <b>2b</b> Employer Identification Number (EIN)<br>22-3303691<br><br><b>2c</b> Plan Sponsor's telephone number<br>609-514-2362<br><br><b>2d</b> Business code (see instructions)<br>325410 |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/16/2023 | YETUNDE MARQUIS                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|--|--|--------------|-----|--------------|-----|-----------|---|-----------|-----|-----------|-----|-----------|---|-----------|-----|-----------|-----|-----------|---|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>BRACCO DIAGNOSTICS INC.<br><br>259 PROSPECT PLAINS ROAD<br>BUILDING H<br>MONROE TOWNSHIP, NJ 08831                                                                                                                                                                                                                    |     | <b>3b</b> Administrator's EIN<br>22-3303691                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |     | <b>3c</b> Administrator's telephone number<br>609-514-2362                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |     | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>5</b></td> <td style="width: 90%; text-align: right;">489</td> </tr> <tr> <td colspan="2" style="background-color: #f2f2f2;"> </td> </tr> <tr> <td><b>6a(1)</b></td> <td style="text-align: right;">341</td> </tr> <tr> <td><b>6a(2)</b></td> <td style="text-align: right;">332</td> </tr> <tr> <td><b>6b</b></td> <td style="text-align: right;">2</td> </tr> <tr> <td><b>6c</b></td> <td style="text-align: right;">153</td> </tr> <tr> <td><b>6d</b></td> <td style="text-align: right;">487</td> </tr> <tr> <td><b>6e</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6f</b></td> <td style="text-align: right;">487</td> </tr> <tr> <td><b>6g</b></td> <td style="text-align: right;">487</td> </tr> <tr> <td><b>6h</b></td> <td style="text-align: right;">4</td> </tr> </table> | <b>5</b> | 489 |  |  | <b>6a(1)</b> | 341 | <b>6a(2)</b> | 332 | <b>6b</b> | 2 | <b>6c</b> | 153 | <b>6d</b> | 487 | <b>6e</b> | 0 | <b>6f</b> | 487 | <b>6g</b> | 487 | <b>6h</b> | 4 |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | 489 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                               | 341 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                               | 332 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 2   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 153 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 487 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 0   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 487 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 487 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 4   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |     | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |     | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |     | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |     | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |     | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |     | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |     | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |     | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |     | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |     | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2J 2G 2K 2E 2F 3H 2T 2S 3D                                                                                                                                                                                                                                 |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |     | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |     |  |  |              |     |              |     |           |   |           |     |           |     |           |   |           |     |           |     |           |   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |     | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>1</b> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |
| A Name of plan<br>BRACCO SAVINGS AND INVESTMENT PROGRAM                                    | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BRACCO DIAGNOSTICS INC.          | D Employer Identification Number (EIN)<br>22-3303691 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY |
|--------------------------------------------------------------------------------------|

| (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     |
| 06-1050034 | 93629         | 037164                                | 487                                                                         | 01/01/2022              | 12/31/2022 |

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 |
| 0                                    | 0                             |

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 |                       |
|                                               |                                 |             |                       |

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

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

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

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

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

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

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

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

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

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| (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.

|          |                                                                                              |          |          |
|----------|----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 13598532 |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 8234044  |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                      |           |  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                       | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                 | <b>6c</b> |  |
| <b>d</b> | 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.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

|          |                                               |           |          |
|----------|-----------------------------------------------|-----------|----------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 11580235 |
|----------|-----------------------------------------------|-----------|----------|

|          |                                                              |              |         |  |
|----------|--------------------------------------------------------------|--------------|---------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 445039  |  |
|          | (2) Dividends and credits .....                              | <b>7c(2)</b> |         |  |
|          | (3) Interest credited during the year .....                  | <b>7c(3)</b> | 203961  |  |
|          | (4) Transferred from separate account .....                  | <b>7c(4)</b> | 2891026 |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | 1946961 |  |

▶ **LOAN REPAYMENTS MISCELLANEOUS IN TRANSFERS IN**

|                           |              |         |
|---------------------------|--------------|---------|
| (6) Total additions ..... | <b>7c(6)</b> | 5486987 |
|---------------------------|--------------|---------|

|          |                                                                              |           |          |
|----------|------------------------------------------------------------------------------|-----------|----------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 17067222 |
|----------|------------------------------------------------------------------------------|-----------|----------|

**e** Deductions:

|          |                                                                                 |              |         |  |
|----------|---------------------------------------------------------------------------------|--------------|---------|--|
| <b>e</b> | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 284560  |  |
|          | (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 288     |  |
|          | (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 1853417 |  |
|          | (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 1330425 |  |

▶ **FORF. DR., TRANSFERS OUT LOAN INITIATIONS MISC. OUT**

|                            |              |         |
|----------------------------|--------------|---------|
| (5) Total deductions ..... | <b>7e(5)</b> | 3468690 |
|----------------------------|--------------|---------|

|          |                                                                                                |           |          |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 13598532 |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|

**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** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                           | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                  |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                      | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                         |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |  |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                          | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                   | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                           |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                 |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                            |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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 ☒ No

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>BRACCO SAVINGS AND INVESTMENT PROGRAM                                    | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BRACCO DIAGNOSTICS INC.          | D Employer Identification Number (EIN)<br>22-3303691 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| PRUDENTIAL RETIREMENT INSURANCE AND                                                                        |
| 06-1050034                                                                                                 |

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

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (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

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**(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

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**(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

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**(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

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

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

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

GLOBAL RETIREMENT PARTNERS LLC

47-1411118

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              | 55000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BDO USA, LLP

13-5381590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | NONE                                                                                              | 28355                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 15 37<br>50 64      | NONE                                                                                              | 6561                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PRUDENTIAL RETIREMENT INSURANCE AND                                 | 15 64                                                                                                                                                              | 0                                         |
| (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. |                                           |
| PRUDENTIAL RETIREMENT INSURANCE AND<br><br>06-1050034               | 5.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2022 TO 10/31/2022 GUARANTEED INCOME FUND                                                       |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>BRACCO SAVINGS AND INVESTMENT PROGRAM</b>                                    | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>BRACCO DIAGNOSTICS INC.</b>   | <b>D</b> Employer Identification Number (EIN)<br><b>22-3303691</b> |            |

|        |                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                     |                               |                                                                                                                    |  |  |
|-------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CORPORATE BD / PGIM FUND</b>      |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>PRUDENTIAL RETIREMENT INS.</b> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <b>06-1050034-038</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>       |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DRYDEN S&amp;P500 INDEX - ISP</b> |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>PRUDENTIAL RETIREMENT INS.</b> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <b>06-1050034-123</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>       |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTERNATIONAL VALUE I FND</b>     |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>PRUDENTIAL RETIREMENT INS.</b> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <b>06-1050034-080</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1266222</b> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTL GRO/ARTISAN</b>              |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>PRUDENTIAL RETIREMENT INS.</b> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <b>06-1050034-259</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>       |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MCG/FRONTIER CAPITAL</b>          |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>PRUDENTIAL RETIREMENT INS.</b> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <b>06-1050034-559</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>       |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MCV/ROBEKO FUND</b>               |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>PRUDENTIAL RETIREMENT INS.</b> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <b>06-1050034-440</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3489143</b> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRU DAY ONE 2015 FUND</b>         |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>PRUDENTIAL RETIREMENT INS.</b> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <b>06-1050034-678</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>       |  |  |

|                                                                              |                        |                                                                                                           |
|------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRU DAY ONE 2020 FUND         |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS. |                        |                                                                                                           |
| <b>c</b> EIN-PN 06-1050034-679                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRU DAY ONE 2025 FUND         |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS. |                        |                                                                                                           |
| <b>c</b> EIN-PN 06-1050034-680                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRU DAY ONE 2030 FUND         |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS. |                        |                                                                                                           |
| <b>c</b> EIN-PN 06-1050034-681                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRU DAY ONE 2035 FUND         |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS. |                        |                                                                                                           |
| <b>c</b> EIN-PN 06-1050034-682                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRU DAY ONE 2040 FUND         |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS. |                        |                                                                                                           |
| <b>c</b> EIN-PN 06-1050034-683                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRU DAY ONE 2045 FUND         |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS. |                        |                                                                                                           |
| <b>c</b> EIN-PN 06-1050034-684                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRU DAY ONE 2050 FUND         |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS. |                        |                                                                                                           |
| <b>c</b> EIN-PN 06-1050034-685                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRU DAY ONE 2055 FUND         |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS. |                        |                                                                                                           |
| <b>c</b> EIN-PN 06-1050034-686                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRU DAY ONE IFX TRGT BAL      |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS. |                        |                                                                                                           |
| <b>c</b> EIN-PN 06-1050034-697                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47394 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRU DAY ONE INCOME FUND       |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS. |                        |                                                                                                           |
| <b>c</b> EIN-PN 06-1050034-698                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0     |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE/AM CENTURY FD

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-438 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SA/INVESCO GLOBAL STRAT

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-308 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCG/TIMESSQUARE

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-132 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCV/INTEGRITY

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-439 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3431285 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP EQTY INC STGY

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-265 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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)**

(Complete as many entries as needed to report all participating plans)

**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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>BRACCO SAVINGS AND INVESTMENT PROGRAM</u>                                                                                                                                                                                                    | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BRACCO DIAGNOSTICS INC.</u>                                                                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br><u>22-3303691</u>                                                                                                                                                                                                           |                                                                                           |

| <b>Part I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Asset and Liability Statement</b> |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                      |                       |                 |
| <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                            |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                         | 330715                | 357605          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                         |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                         |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                         |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                         |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>                      |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>                      |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>                      |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>                      |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                         |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                         |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                         |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                         | 601044                | 571891          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                         |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                        | 84302753              | 8234044         |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>                        |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                        |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                        | 45256008              | 100130292       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                        | 11580235              | 13598532        |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                        |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 142070755             | 122892364       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 142070755 | 122892364 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2233216    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 4942510    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 977703     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 8153429   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 28681      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 203961     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 232642    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1285116    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1285116   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 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)  |            | -16297272 |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | -7232861  |
| c Other income .....                                                                            | 2c     |            | 8364      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -13850582 |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 5325042    |           |
| (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)  |            | 5325042   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 0         |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 0          |           |
| (4) Other .....                                                                                 | 2i(4)  | 2767       |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 2767      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 5327809   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -19178391 |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: BDO USA, P.C.

(2) EIN: 13-5381590

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 546716 |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</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.) |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>c</b> 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.)                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>d</b> 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.)                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>g</b> 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?                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>h</b> 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?                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>j</b> 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.)                                                                                     |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>n</b> 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.                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |         |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>BRACCO SAVINGS AND INVESTMENT PROGRAM                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BRACCO DIAGNOSTICS INC.                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>22-3303691                                            |
| 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):<br><br>EIN(s): 22-1211670                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?.....                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| 11 a Does the ESOP hold any preferred stock?.....                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> 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.).....                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

# **Bracco Savings and Investment Program**

Financial Statements  
and ERISA-Required Supplemental Schedules  
Years Ended December 31, 2022 and 2021

## **Bracco Savings and Investment Program**

---

Financial Statements and ERISA-Required Supplemental Schedules  
Years Ended December 31, 2022 and 2021

# Bracco Savings and Investment Program

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622 Third Ave, Suite 3100  
New York, NY 10017

## **Independent Auditor's Report**

The Plan Administrator  
Bracco Savings and Investment Program  
Monroe Township, New Jersey

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

We have performed audits of the financial statements of Bracco Savings and Investment Program (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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021, and for the years then ended, 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 the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report:

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



### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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



In performing an audit in accordance with GAAS, we:

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

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

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

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental Schedule H (Form 5500), Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2022 and the supplemental Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and



other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are 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 schedules, other than the information in the supplemental schedules 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 certified investment information in the supplemental schedules agrees to or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 13, 2023

## Financial Statements

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## Bracco Savings and Investment Program

### Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | <b>2022</b>           | <b>2021</b>           |
|------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                            |                       |                       |
| Investments:                             |                       |                       |
| Investments, at fair value               | \$ 108,364,336        | \$ 129,558,761        |
| Investment, at contract value            | 13,598,532            | 11,580,235            |
| <b>Total Investments</b>                 | <b>121,962,868</b>    | <b>141,138,996</b>    |
| Receivables:                             |                       |                       |
| Notes receivable - participant loans     | 571,891               | 601,044               |
| Employer contributions                   | 357,605               | 330,715               |
| <b>Total Receivables</b>                 | <b>929,496</b>        | <b>931,759</b>        |
| <b>Net Assets Available for Benefits</b> | <b>\$ 122,892,364</b> | <b>\$ 142,070,755</b> |

*See accompanying notes to financial statements.*

# Bracco Savings and Investment Program

## Statements of Changes in Net Assets Available for Benefits

| <i>Year ended December 31,</i>                               | <b>2022</b>           | <b>2021</b>           |
|--------------------------------------------------------------|-----------------------|-----------------------|
| <b>Additions</b>                                             |                       |                       |
| Contributions:                                               |                       |                       |
| Employer                                                     | \$ 2,233,216          | \$ 2,111,264          |
| Participant                                                  | 4,942,510             | 4,713,995             |
| Rollovers                                                    | 977,703               | 856,954               |
| <b>Total Contributions</b>                                   | <b>8,153,429</b>      | <b>7,682,213</b>      |
| Investment (loss) income:                                    |                       |                       |
| Interest income from investment contract                     | 203,961               | 196,345               |
| Dividend income                                              | 1,285,116             | 398,848               |
| Net (depreciation) appreciation in fair value of investments | (23,521,769)          | 21,237,002            |
| <b>Net Investment (Loss) Income</b>                          | <b>(22,032,692)</b>   | <b>21,832,195</b>     |
| Interest from notes receivable - participant loans           | 28,681                | 28,905                |
| <b>Total (Reductions) Additions</b>                          | <b>(13,850,582)</b>   | <b>29,543,313</b>     |
| <b>Deductions</b>                                            |                       |                       |
| Benefit paid to participants                                 | 5,325,042             | 18,037,866            |
| Administrative charges                                       | 2,767                 | 3,551                 |
| Deemed distributions                                         | -                     | 37,485                |
| <b>Total Deductions</b>                                      | <b>5,327,809</b>      | <b>18,078,902</b>     |
| <b>Net (Decrease) Increase</b>                               | <b>(19,178,391)</b>   | <b>11,464,411</b>     |
| <b>Net Assets Available for Benefits, beginning of year</b>  | <b>142,070,755</b>    | <b>130,606,344</b>    |
| <b>Net Assets Available for Benefits, end of year</b>        | <b>\$ 122,892,364</b> | <b>\$ 142,070,755</b> |

*See accompanying notes to financial statements.*

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### 1. Description of the Plan

The following description of the Bracco Savings and Investment Program (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### *General*

The Plan is a defined contribution plan established August 1, 1994. Covered employees of Bracco Diagnostics Inc. and Bracco Research U.S.A. Inc. (collectively, the Company) become eligible to participate on the first day of the month following his or her date of hire, and for part-time employees, upon completion of 1,000 hours of service, with the Company, as defined. Prudential Retirement Insurance and Annuity Company (Prudential) and Prudential Bank and Trust, F.S.B. (Prudential Trust) serve as the custodian and trustee, respectively, of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

On April 1, 2022, Empower Annuity Insurance Company of America (EAICA), formerly known as Great-West Life and Annuity Insurance Company, the parent company of Empower Retirement, LLC (Empower), acquired the full-service retirement business of Prudential Financial, Inc. In connection with the transaction, Prudential and Prudential Trust were acquired by Empower. On October 3, 2022, Prudential was renamed Empower Annuity Insurance Company. Effective March 31, 2023, Prudential Trust merged into Empower Trust Company, LLC, an Empower affiliate, and all services performed by Prudential Trust were assumed by Empower Trust Company, LLC.

#### *Contributions*

Participants may contribute an amount equal to no more than 50% of their compensation, as defined by the Plan document subject to certain Internal Revenue Code (IRC) limitations. Participants may also make rollover contributions from other qualified defined contribution or defined benefit plans (rollovers). Participant contributions are recorded in the period during which the Company makes payroll deductions from the participant's earnings. Eligible participants may make catch-up contributions.

Effective February 1, 2018, the Plan was amended to make it easier to save for retirement by offering an automatic enrollment program, wherein automatic contributions will be 3% of eligible pay or compensation for each pay period. The participants will be automatically enrolled into the Plan starting February 1, 2018 if the participants have not made an affirmative election to contribute to the Plan or not to contribute to the Plan.

The Company makes matching contributions in an amount equal to \$.75 for each \$1.00 of the first 6% contributed by a participant, up to a maximum of 4.5% of the participant's eligible compensation. The Company may also contribute a true-up contribution for each participant at the end of the Plan year so that the total matching contribution for each participant is calculated on an annual basis. Company matching contributions are recorded in the same period as employee contributions. The Company made true-up contributions of \$357,605 and \$330,715 for the years ended December 31, 2022 and 2021, respectively, and are recorded as employer contributions receivable in the accompanying statements of net assets available for benefits.

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### ***Participant Accounts***

Each participant's account is credited with the participant's contribution and Company matching contributions. Earnings are allocated by investment options based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### ***Investment Options***

Participants direct the investment of both their contributions and the Company matching contributions into the various investment options offered by the Plan. The Plan currently offers pooled separate accounts, mutual funds, and a guaranteed investment contract, all offered by Empower.

### ***Vesting***

Participants are immediately vested in their own contributions plus actual earnings thereon. Vesting in the Company's contribution portion of participants' accounts is based on years of service, as defined. A participant becomes 20% vested after one year of service, 40% after two years of service, 60% after three years of service, 80% after four years of service, and 100% vested after five years of service. However, if an active participant dies prior to attaining the normal retirement age, the participant's account becomes 100% vested.

### ***Payment of Benefits***

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of the vested portion of their account. Participants or their beneficiaries may elect a lump-sum payment or installment payments upon separation from service or death, respectively.

### ***Forfeited Accounts***

Forfeitures result from non-vested matching Company contributions remaining in the Plan from terminated employees. During the years ended December 31, 2022 and 2021, employer matching contributions were reduced by \$108,106 and \$119,827, respectively, from forfeited non-vested accounts. As of December 31, 2022 and 2021, \$853 and \$9,087, respectively, in cumulative forfeited amounts were available to offset future employer matching contributions.

### ***Notes Receivable - Participant Loans***

Participants may borrow from their account balance up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Borrowings are repaid over a period of not more than five years, except in limited circumstances, such as the purchase of a principal residence. The loans are generally re-paid through payroll deductions. Loans calculated on a fully amortized basis are measured at their unpaid principal balance plus any accrued but unpaid interest. A loan is collateralized by the balance in the participant's account and bears interest at a rate commensurate with the market rates for similar loans, as defined (4.25% to 8.00% for the year ended December 31, 2022 and 4.25% to 6.5% for the year ended December 31, 2021).

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### ***Administrative Expenses***

Administrative expenses of the Plan are paid by the Plan or the Company, as provided in the Plan document. Expenses that are paid by the Company are excluded from these financial statements. Transaction charges for loan and benefit payment transactions are paid by the Plan by reducing the balances of those participants initiating the transactions and reflected in the statements of changes of net assets available for benefits as administrative charges.

## **2. Summary of Accounting Policies**

### ***Basis of Accounting***

The accompanying financial statements have been prepared under the accrual basis of accounting.

### ***Use of Estimates***

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### ***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. The fair value of a financial instrument is the amount 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. See Note 3 for a discussion of fair value measurements. The investment contract is fully benefit-responsive and reported at contract value (see Note 5).

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Investment expenses charged to the Plan for investments in pooled separate accounts are deducted from income earned on a daily basis and are not separately reflected. Consequently, investment expenses are reflected as a reduction of investment return for such investments.

### ***Payment of Benefits***

Benefit payments to participants are recorded when paid. There were no material amounts allocated to participants who have elected to withdraw from the Plan but have not yet been paid as of December 31, 2022 and 2021, respectively.

### ***Notes Receivable - Participant Loans***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### 3. Fair Value Measurements

The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, defines fair value 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.

GAAP establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring the most observable units to be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumption about inputs market participants would use at the measurement date.

The fair value hierarchy is categorized into three levels based on inputs as follows:

*Level 1* - This level consists of valuations based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2* - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* - This level consists of valuations based on inputs that are unobservable and significant to the overall fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2022 and 2021.

*Pooled Separate Accounts* - These assets are valued at their accumulation unit value (AUV), which approximates fair value as determined by Empower. The AUV is determined daily based on the net asset values (NAV) of shares of the underlying fund, the fund's dividends, and the separate account charges (i.e., the daily asset charge). The Plan's investments in the pooled separate accounts may be redeemed daily. There are no redemption fees or notice periods and no unfunded commitments.

# Bracco Savings and Investment Program

## Notes to Financial Statements

*Mutual Funds* - Fair value is determined as the total market value of the underlying assets based on published market prices as of the close of the last day of the Plan year. These values represent the NAV of the shares held by the Plan.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement as of the reporting date.

As required by ASC 820, assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value.

### December 31, 2022

| Investments at Fair Value         |                       |             |             |                       |
|-----------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                   | Level 1               | Level 2     | Level 3     | Total                 |
| Mutual funds                      | \$ 100,130,291        | \$ -        | \$ -        | \$ 100,130,291        |
| Pooled separate accounts, at NAV* |                       |             |             | 8,234,045             |
| <b>Total Investments</b>          | <b>\$ 100,130,291</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 108,364,336</b> |

### December 31, 2021

| Investments at Fair Value         |                      |             |             |                       |
|-----------------------------------|----------------------|-------------|-------------|-----------------------|
|                                   | Level 1              | Level 2     | Level 3     | Total                 |
| Mutual funds                      | \$ 45,256,008        | \$ -        | \$ -        | \$ 45,256,008         |
| Pooled separate accounts, at NAV* |                      |             |             | 84,302,753            |
| <b>Total Investments</b>          | <b>\$ 45,256,008</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 129,558,761</b> |

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) have not been classified in the fair value hierarchy in accordance with the adoption of Accounting Standards Update (ASU) 2015-07. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchies to the line items presented in the statements of net assets available for benefits.

## 4. Certified Investment Information

The Plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Empower and Prudential Trust, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments, at fair value, investment, at contract value, and notes receivable - participant loans as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Net (depreciation) appreciation in fair value of investments, interest income from investment contract, dividend income, and interest from notes receivable - participant loans

# Bracco Savings and Investment Program

## Notes to Financial Statements

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as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021.

- Investment information included in the Schedule of Assets (Held at End of Year) as of December 31, 2022, as shown on the ERISA-required supplemental schedule.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

### 5. Investment Contract with Insurance Company

The Plan has a fully benefit-responsive investment contract with Empower through an investment in the Empower Guaranteed Income Fund (GIF), totaling \$13,598,532 and \$11,580,235, respectively, at December 31, 2022 and 2021. The GIF maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The contract has certain restrictions that impact the ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable. The GIF may not terminate the contract at any amount less than contract value.

### 6. Related-Party and Party-in-Interest Transactions

Plan assets include investments in funds managed by Empower and Prudential Trust. Empower is the Plan's custodian and, as such, transactions with the custodian qualifies as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each investment option.

Certain employees and officers of the Company, who may also be participants in the Plan, perform administrative services for the Plan at no cost to the Plan. Notes receivable from participants also qualify as party-in-interest transactions.

### 7. Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 participants' account balances and amounts reported in the financial statements.

The Plan invests in various investment options that invest in securities of foreign companies, which involve special risk and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and

# Bracco Savings and Investment Program

## Notes to Financial Statements

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economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

### 8. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

### 9. Federal Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company, by a letter dated March 30, 2018, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Company is responsible for reviewing the annual Required Amendments List (RAL) issued by the IRS for individually designed plans to retain qualified tax status. Although the Plan has been amended since receiving the determination letter, the Company and the Plan administrator believe that the Plan is currently designed and is operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 10. Late Remittances

During the Plan year ended December 31, 2022, employee withholdings totaling \$546,716 were not remitted within the appropriate time period by the Company. These transactions constitute prohibited transactions, as defined by ERISA. The Company is taking the appropriate steps to correct the situation and has further implemented a procedure to ensure all future remittances are done within the prescribed time period.

### 11. Subsequent Events

For purposes of determining the effect of subsequent events on these financial statements, management has evaluated events requiring adjustment to the financial statements or disclosures, as stated herein, subsequent to December 31, 2022 and through October 13, 2023, the date on which the financial statements were available to be issued. No material subsequent events were noted, other than those disclosed in Note 1.

## **ERISA-Required Supplemental Schedules**

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# Bracco Savings and Investment Program

## Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN: 22-3303691

Plan Number: 001

Year ended December 31, 2022

|                                                                                                              | Participant<br>Contributions<br>Transferred<br>Late to Plan | Total That Constitutes Nonexempt<br>Prohibited Transactions |                                                |                                                    | Total Fully<br>Corrected<br>Under VFCP*<br>and PTE<br>2002-51 |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|
|                                                                                                              |                                                             | Contributions<br>Not<br>Corrected                           | Contributions<br>Corrected<br>Outside<br>VFCP* | Contributions<br>Pending<br>Correction in<br>VFCP* |                                                               |
| Check here if late<br>participant loan<br>repayments are<br>included:<br><input checked="" type="checkbox"/> |                                                             |                                                             |                                                |                                                    |                                                               |
| 2022                                                                                                         | \$ 546,716                                                  | \$ 546,716                                                  | \$ -                                           | \$ -                                               | \$ -                                                          |

\* Voluntary Fiduciary Correction Program (DOL)

# Bracco Savings and Investment Program

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 22-3303691

Plan Number: 001

December 31, 2022

| (a)                                   | (b)                                                       | (c)                                                                                                            | (d)  | (e)           |
|---------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------|---------------|
|                                       | Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment,<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost | Current Value |
| <b>Investment Contract</b>            |                                                           |                                                                                                                |      |               |
| *                                     | Empower Annuity Insurance Company                         | Guaranteed Income Fund                                                                                         |      | \$ 13,598,532 |
| <b>Mutual Funds</b>                   |                                                           |                                                                                                                |      |               |
|                                       | BlackRock                                                 | Blckrck Mid-Cap Gro Eq K                                                                                       |      | 2,126,670     |
|                                       | Vanguard                                                  | Van Small Cap Index Admir                                                                                      |      | 1,156,662     |
|                                       | Vanguard                                                  | Vanguard Equ Inco Admiral                                                                                      |      | 8,546,966     |
|                                       | Vanguard                                                  | Vangu Wellington Admiral                                                                                       |      | 10,840,201    |
|                                       | American Century                                          | Amer Funds 2010 Target R6                                                                                      |      | 444,914       |
|                                       | American Century                                          | Amer Funds 2015 Target R6                                                                                      |      | 110,347       |
|                                       | American Century                                          | Amer Funds 2020 Target R6                                                                                      |      | 2,075,831     |
|                                       | American Century                                          | Amer Funds 2025 Target R6                                                                                      |      | 1,961,093     |
|                                       | American Century                                          | Amer Funds 2030 Target R6                                                                                      |      | 12,985,808    |
|                                       | American Century                                          | Amer Funds 2035 Target R6                                                                                      |      | 1,364,868     |
|                                       | American Century                                          | Amer Funds 2040 Target R6                                                                                      |      | 6,911,836     |
|                                       | American Century                                          | Amer Funds 2045 Target R6                                                                                      |      | 1,041,800     |
|                                       | American Century                                          | Amer Funds 2050 Target R6                                                                                      |      | 2,445,708     |
|                                       | American Century                                          | Amer Funds 2055 Target R6                                                                                      |      | 948,246       |
|                                       | CIBC                                                      | At Disciplined Eq Instl                                                                                        |      | 3,362,397     |
|                                       | American Century                                          | Amer Fund New Perspect R6                                                                                      |      | 2,524,981     |
|                                       | Baron                                                     | Baron Discovery Instl                                                                                          |      | 3,515,105     |
|                                       | Fidelity                                                  | Fidelity 500 Index Fund                                                                                        |      | 11,286,667    |
|                                       | Vanguard                                                  | Vangrd Inter Grth Fd Admi                                                                                      |      | 2,170,274     |
|                                       | Vanguard                                                  | Vanguard Mid Cap Index Fd                                                                                      |      | 1,253,026     |
|                                       | Dodge & Cox                                               | Dodge and Cox Income - X                                                                                       |      | 3,519,862     |
|                                       | American Century                                          | Dfa Real Estate Securitie                                                                                      |      | 1,673,489     |
|                                       | Vanguard                                                  | Vanguard Tot Stk Admiral                                                                                       |      | 891,212       |
|                                       | BlackRock                                                 | Blackrock Infl Prot Bond                                                                                       |      | 1,432,989     |
|                                       | Vanguard                                                  | Van Russ 1000 Gr Indx Ins                                                                                      |      | 15,539,339    |
| <b>Total Mutual Funds</b>             |                                                           |                                                                                                                |      | 100,130,291   |
| <b>Pooled Separate Accounts</b>       |                                                           |                                                                                                                |      |               |
| *                                     | Empower Annuity Insurance Company                         | Mid Cap Value/Robeco Fund                                                                                      |      | 3,489,143     |
| *                                     | Empower Annuity Insurance Company                         | Small Cap Value/Integrity                                                                                      |      | 3,431,285     |
| *                                     | Empower Annuity Insurance Company                         | International Value I Fund                                                                                     |      | 1,266,223     |
| *                                     | Empower Annuity Insurance Company                         | Prudential Day One IFX Target Balance                                                                          |      | 47,394        |
| <b>Total Pooled Separate Accounts</b> |                                                           |                                                                                                                |      | 8,234,045     |
| <b>Total Investments</b>              |                                                           |                                                                                                                |      | 121,962,868   |
| *                                     | <b>Participant Loans</b>                                  | Interest rates range from 4.25% - 8.00%                                                                        | -    | 571,891       |
| <b>Total</b>                          |                                                           |                                                                                                                |      | \$122,534,759 |

\* A party-in-interest, as defined by ERISA.

\*\*Cost information is not required for participant-directed investments and, therefore, is not disclosed.

# **Bracco Savings and Investment Program**

Financial Statements  
and ERISA-Required Supplemental Schedules  
Years Ended December 31, 2022 and 2021

## **Bracco Savings and Investment Program**

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Financial Statements and ERISA-Required Supplemental Schedules  
Years Ended December 31, 2022 and 2021

# Bracco Savings and Investment Program

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## **Independent Auditor's Report**

The Plan Administrator  
Bracco Savings and Investment Program  
Monroe Township, New Jersey

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

We have performed audits of the financial statements of Bracco Savings and Investment Program (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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021, and for the years then ended, 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 the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report:

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



### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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



In performing an audit in accordance with GAAS, we:

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

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

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

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental Schedule H (Form 5500), Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2022 and the supplemental Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and



other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are 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 schedules, other than the information in the supplemental schedules 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 certified investment information in the supplemental schedules agrees to or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 13, 2023

## Financial Statements

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# Bracco Savings and Investment Program

## Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | <b>2022</b>           | <b>2021</b>           |
|------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                            |                       |                       |
| Investments:                             |                       |                       |
| Investments, at fair value               | \$ 108,364,336        | \$ 129,558,761        |
| Investment, at contract value            | 13,598,532            | 11,580,235            |
| <b>Total Investments</b>                 | <b>121,962,868</b>    | <b>141,138,996</b>    |
| Receivables:                             |                       |                       |
| Notes receivable - participant loans     | 571,891               | 601,044               |
| Employer contributions                   | 357,605               | 330,715               |
| <b>Total Receivables</b>                 | <b>929,496</b>        | <b>931,759</b>        |
| <b>Net Assets Available for Benefits</b> | <b>\$ 122,892,364</b> | <b>\$ 142,070,755</b> |

*See accompanying notes to financial statements.*

# Bracco Savings and Investment Program

## Statements of Changes in Net Assets Available for Benefits

| <i>Year ended December 31,</i>                               | <b>2022</b>           | <b>2021</b>           |
|--------------------------------------------------------------|-----------------------|-----------------------|
| <b>Additions</b>                                             |                       |                       |
| Contributions:                                               |                       |                       |
| Employer                                                     | \$ 2,233,216          | \$ 2,111,264          |
| Participant                                                  | 4,942,510             | 4,713,995             |
| Rollovers                                                    | 977,703               | 856,954               |
| <b>Total Contributions</b>                                   | <b>8,153,429</b>      | <b>7,682,213</b>      |
| Investment (loss) income:                                    |                       |                       |
| Interest income from investment contract                     | 203,961               | 196,345               |
| Dividend income                                              | 1,285,116             | 398,848               |
| Net (depreciation) appreciation in fair value of investments | (23,521,769)          | 21,237,002            |
| <b>Net Investment (Loss) Income</b>                          | <b>(22,032,692)</b>   | <b>21,832,195</b>     |
| Interest from notes receivable - participant loans           | 28,681                | 28,905                |
| <b>Total (Reductions) Additions</b>                          | <b>(13,850,582)</b>   | <b>29,543,313</b>     |
| <b>Deductions</b>                                            |                       |                       |
| Benefit paid to participants                                 | 5,325,042             | 18,037,866            |
| Administrative charges                                       | 2,767                 | 3,551                 |
| Deemed distributions                                         | -                     | 37,485                |
| <b>Total Deductions</b>                                      | <b>5,327,809</b>      | <b>18,078,902</b>     |
| <b>Net (Decrease) Increase</b>                               | <b>(19,178,391)</b>   | <b>11,464,411</b>     |
| <b>Net Assets Available for Benefits, beginning of year</b>  | <b>142,070,755</b>    | <b>130,606,344</b>    |
| <b>Net Assets Available for Benefits, end of year</b>        | <b>\$ 122,892,364</b> | <b>\$ 142,070,755</b> |

*See accompanying notes to financial statements.*

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### 1. Description of the Plan

The following description of the Bracco Savings and Investment Program (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### *General*

The Plan is a defined contribution plan established August 1, 1994. Covered employees of Bracco Diagnostics Inc. and Bracco Research U.S.A. Inc. (collectively, the Company) become eligible to participate on the first day of the month following his or her date of hire, and for part-time employees, upon completion of 1,000 hours of service, with the Company, as defined. Prudential Retirement Insurance and Annuity Company (Prudential) and Prudential Bank and Trust, F.S.B. (Prudential Trust) serve as the custodian and trustee, respectively, of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

On April 1, 2022, Empower Annuity Insurance Company of America (EAICA), formerly known as Great-West Life and Annuity Insurance Company, the parent company of Empower Retirement, LLC (Empower), acquired the full-service retirement business of Prudential Financial, Inc. In connection with the transaction, Prudential and Prudential Trust were acquired by Empower. On October 3, 2022, Prudential was renamed Empower Annuity Insurance Company. Effective March 31, 2023, Prudential Trust merged into Empower Trust Company, LLC, an Empower affiliate, and all services performed by Prudential Trust were assumed by Empower Trust Company, LLC.

#### *Contributions*

Participants may contribute an amount equal to no more than 50% of their compensation, as defined by the Plan document subject to certain Internal Revenue Code (IRC) limitations. Participants may also make rollover contributions from other qualified defined contribution or defined benefit plans (rollovers). Participant contributions are recorded in the period during which the Company makes payroll deductions from the participant's earnings. Eligible participants may make catch-up contributions.

Effective February 1, 2018, the Plan was amended to make it easier to save for retirement by offering an automatic enrollment program, wherein automatic contributions will be 3% of eligible pay or compensation for each pay period. The participants will be automatically enrolled into the Plan starting February 1, 2018 if the participants have not made an affirmative election to contribute to the Plan or not to contribute to the Plan.

The Company makes matching contributions in an amount equal to \$.75 for each \$1.00 of the first 6% contributed by a participant, up to a maximum of 4.5% of the participant's eligible compensation. The Company may also contribute a true-up contribution for each participant at the end of the Plan year so that the total matching contribution for each participant is calculated on an annual basis. Company matching contributions are recorded in the same period as employee contributions. The Company made true-up contributions of \$357,605 and \$330,715 for the years ended December 31, 2022 and 2021, respectively, and are recorded as employer contributions receivable in the accompanying statements of net assets available for benefits.

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### ***Participant Accounts***

Each participant's account is credited with the participant's contribution and Company matching contributions. Earnings are allocated by investment options based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### ***Investment Options***

Participants direct the investment of both their contributions and the Company matching contributions into the various investment options offered by the Plan. The Plan currently offers pooled separate accounts, mutual funds, and a guaranteed investment contract, all offered by Empower.

### ***Vesting***

Participants are immediately vested in their own contributions plus actual earnings thereon. Vesting in the Company's contribution portion of participants' accounts is based on years of service, as defined. A participant becomes 20% vested after one year of service, 40% after two years of service, 60% after three years of service, 80% after four years of service, and 100% vested after five years of service. However, if an active participant dies prior to attaining the normal retirement age, the participant's account becomes 100% vested.

### ***Payment of Benefits***

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of the vested portion of their account. Participants or their beneficiaries may elect a lump-sum payment or installment payments upon separation from service or death, respectively.

### ***Forfeited Accounts***

Forfeitures result from non-vested matching Company contributions remaining in the Plan from terminated employees. During the years ended December 31, 2022 and 2021, employer matching contributions were reduced by \$108,106 and \$119,827, respectively, from forfeited non-vested accounts. As of December 31, 2022 and 2021, \$853 and \$9,087, respectively, in cumulative forfeited amounts were available to offset future employer matching contributions.

### ***Notes Receivable - Participant Loans***

Participants may borrow from their account balance up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Borrowings are repaid over a period of not more than five years, except in limited circumstances, such as the purchase of a principal residence. The loans are generally re-paid through payroll deductions. Loans calculated on a fully amortized basis are measured at their unpaid principal balance plus any accrued but unpaid interest. A loan is collateralized by the balance in the participant's account and bears interest at a rate commensurate with the market rates for similar loans, as defined (4.25% to 8.00% for the year ended December 31, 2022 and 4.25% to 6.5% for the year ended December 31, 2021).

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### ***Administrative Expenses***

Administrative expenses of the Plan are paid by the Plan or the Company, as provided in the Plan document. Expenses that are paid by the Company are excluded from these financial statements. Transaction charges for loan and benefit payment transactions are paid by the Plan by reducing the balances of those participants initiating the transactions and reflected in the statements of changes of net assets available for benefits as administrative charges.

## **2. Summary of Accounting Policies**

### ***Basis of Accounting***

The accompanying financial statements have been prepared under the accrual basis of accounting.

### ***Use of Estimates***

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### ***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. The fair value of a financial instrument is the amount 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. See Note 3 for a discussion of fair value measurements. The investment contract is fully benefit-responsive and reported at contract value (see Note 5).

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Investment expenses charged to the Plan for investments in pooled separate accounts are deducted from income earned on a daily basis and are not separately reflected. Consequently, investment expenses are reflected as a reduction of investment return for such investments.

### ***Payment of Benefits***

Benefit payments to participants are recorded when paid. There were no material amounts allocated to participants who have elected to withdraw from the Plan but have not yet been paid as of December 31, 2022 and 2021, respectively.

### ***Notes Receivable - Participant Loans***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### 3. Fair Value Measurements

The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, defines fair value 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.

GAAP establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring the most observable units to be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumption about inputs market participants would use at the measurement date.

The fair value hierarchy is categorized into three levels based on inputs as follows:

*Level 1* - This level consists of valuations based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2* - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* - This level consists of valuations based on inputs that are unobservable and significant to the overall fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2022 and 2021.

*Pooled Separate Accounts* - These assets are valued at their accumulation unit value (AUV), which approximates fair value as determined by Empower. The AUV is determined daily based on the net asset values (NAV) of shares of the underlying fund, the fund's dividends, and the separate account charges (i.e., the daily asset charge). The Plan's investments in the pooled separate accounts may be redeemed daily. There are no redemption fees or notice periods and no unfunded commitments.

# Bracco Savings and Investment Program

## Notes to Financial Statements

**Mutual Funds** - Fair value is determined as the total market value of the underlying assets based on published market prices as of the close of the last day of the Plan year. These values represent the NAV of the shares held by the Plan.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement as of the reporting date.

As required by ASC 820, assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value.

### December 31, 2022

| Investments at Fair Value         |                       |             |             |                       |
|-----------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                   | Level 1               | Level 2     | Level 3     | Total                 |
| Mutual funds                      | \$ 100,130,291        | \$ -        | \$ -        | \$ 100,130,291        |
| Pooled separate accounts, at NAV* |                       |             |             | 8,234,045             |
| <b>Total Investments</b>          | <b>\$ 100,130,291</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 108,364,336</b> |

### December 31, 2021

| Investments at Fair Value         |                      |             |             |                       |
|-----------------------------------|----------------------|-------------|-------------|-----------------------|
|                                   | Level 1              | Level 2     | Level 3     | Total                 |
| Mutual funds                      | \$ 45,256,008        | \$ -        | \$ -        | \$ 45,256,008         |
| Pooled separate accounts, at NAV* |                      |             |             | 84,302,753            |
| <b>Total Investments</b>          | <b>\$ 45,256,008</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 129,558,761</b> |

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) have not been classified in the fair value hierarchy in accordance with the adoption of Accounting Standards Update (ASU) 2015-07. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchies to the line items presented in the statements of net assets available for benefits.

## 4. Certified Investment Information

The Plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Empower and Prudential Trust, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments, at fair value, investment, at contract value, and notes receivable - participant loans as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Net (depreciation) appreciation in fair value of investments, interest income from investment contract, dividend income, and interest from notes receivable - participant loans

# Bracco Savings and Investment Program

## Notes to Financial Statements

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as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021.

- Investment information included in the Schedule of Assets (Held at End of Year) as of December 31, 2022, as shown on the ERISA-required supplemental schedule.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

### 5. Investment Contract with Insurance Company

The Plan has a fully benefit-responsive investment contract with Empower through an investment in the Empower Guaranteed Income Fund (GIF), totaling \$13,598,532 and \$11,580,235, respectively, at December 31, 2022 and 2021. The GIF maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The contract has certain restrictions that impact the ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable. The GIF may not terminate the contract at any amount less than contract value.

### 6. Related-Party and Party-in-Interest Transactions

Plan assets include investments in funds managed by Empower and Prudential Trust. Empower is the Plan's custodian and, as such, transactions with the custodian qualifies as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each investment option.

Certain employees and officers of the Company, who may also be participants in the Plan, perform administrative services for the Plan at no cost to the Plan. Notes receivable from participants also qualify as party-in-interest transactions.

### 7. Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 participants' account balances and amounts reported in the financial statements.

The Plan invests in various investment options that invest in securities of foreign companies, which involve special risk and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and

# Bracco Savings and Investment Program

## Notes to Financial Statements

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economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

### 8. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

### 9. Federal Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company, by a letter dated March 30, 2018, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Company is responsible for reviewing the annual Required Amendments List (RAL) issued by the IRS for individually designed plans to retain qualified tax status. Although the Plan has been amended since receiving the determination letter, the Company and the Plan administrator believe that the Plan is currently designed and is operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 10. Late Remittances

During the Plan year ended December 31, 2022, employee withholdings totaling \$546,716 were not remitted within the appropriate time period by the Company. These transactions constitute prohibited transactions, as defined by ERISA. The Company is taking the appropriate steps to correct the situation and has further implemented a procedure to ensure all future remittances are done within the prescribed time period.

### 11. Subsequent Events

For purposes of determining the effect of subsequent events on these financial statements, management has evaluated events requiring adjustment to the financial statements or disclosures, as stated herein, subsequent to December 31, 2022 and through October 13, 2023, the date on which the financial statements were available to be issued. No material subsequent events were noted, other than those disclosed in Note 1.

## **ERISA-Required Supplemental Schedules**

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# Bracco Savings and Investment Program

## Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN: 22-3303691

Plan Number: 001

Year ended December 31, 2022

|                                                                                                              | Participant<br>Contributions<br>Transferred<br>Late to Plan | Total That Constitutes Nonexempt<br>Prohibited Transactions |                                                |                                                    | Total Fully<br>Corrected<br>Under VFCP*<br>and PTE<br>2002-51 |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|
|                                                                                                              |                                                             | Contributions<br>Not<br>Corrected                           | Contributions<br>Corrected<br>Outside<br>VFCP* | Contributions<br>Pending<br>Correction in<br>VFCP* |                                                               |
| Check here if late<br>participant loan<br>repayments are<br>included:<br><input checked="" type="checkbox"/> |                                                             |                                                             |                                                |                                                    |                                                               |
| 2022                                                                                                         | \$ 546,716                                                  | \$ 546,716                                                  | \$ -                                           | \$ -                                               | \$ -                                                          |

\* Voluntary Fiduciary Correction Program (DOL)

# Bracco Savings and Investment Program

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 22-3303691

Plan Number: 001

December 31, 2022

| (a)                                   | (b)                                                       | (c)                                                                                                            | (d)  | (e)           |
|---------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------|---------------|
|                                       | Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment,<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost | Current Value |
| <b>Investment Contract</b>            |                                                           |                                                                                                                |      |               |
| *                                     | Empower Annuity Insurance Company                         | Guaranteed Income Fund                                                                                         |      | \$ 13,598,532 |
| <b>Mutual Funds</b>                   |                                                           |                                                                                                                |      |               |
|                                       | BlackRock                                                 | Blckrck Mid-Cap Gro Eq K                                                                                       |      | 2,126,670     |
|                                       | Vanguard                                                  | Van Small Cap Index Admir                                                                                      |      | 1,156,662     |
|                                       | Vanguard                                                  | Vanguard Equ Inco Admiral                                                                                      |      | 8,546,966     |
|                                       | Vanguard                                                  | Vangu Wellington Admiral                                                                                       |      | 10,840,201    |
|                                       | American Century                                          | Amer Funds 2010 Target R6                                                                                      |      | 444,914       |
|                                       | American Century                                          | Amer Funds 2015 Target R6                                                                                      |      | 110,347       |
|                                       | American Century                                          | Amer Funds 2020 Target R6                                                                                      |      | 2,075,831     |
|                                       | American Century                                          | Amer Funds 2025 Target R6                                                                                      |      | 1,961,093     |
|                                       | American Century                                          | Amer Funds 2030 Target R6                                                                                      |      | 12,985,808    |
|                                       | American Century                                          | Amer Funds 2035 Target R6                                                                                      |      | 1,364,868     |
|                                       | American Century                                          | Amer Funds 2040 Target R6                                                                                      |      | 6,911,836     |
|                                       | American Century                                          | Amer Funds 2045 Target R6                                                                                      |      | 1,041,800     |
|                                       | American Century                                          | Amer Funds 2050 Target R6                                                                                      |      | 2,445,708     |
|                                       | American Century                                          | Amer Funds 2055 Target R6                                                                                      |      | 948,246       |
|                                       | CIBC                                                      | At Disciplined Eq Instl                                                                                        |      | 3,362,397     |
|                                       | American Century                                          | Amer Fund New Perspect R6                                                                                      |      | 2,524,981     |
|                                       | Baron                                                     | Baron Discovery Instl                                                                                          |      | 3,515,105     |
|                                       | Fidelity                                                  | Fidelity 500 Index Fund                                                                                        |      | 11,286,667    |
|                                       | Vanguard                                                  | Vangrd Inter Grth Fd Admi                                                                                      |      | 2,170,274     |
|                                       | Vanguard                                                  | Vanguard Mid Cap Index Fd                                                                                      |      | 1,253,026     |
|                                       | Dodge & Cox                                               | Dodge and Cox Income - X                                                                                       |      | 3,519,862     |
|                                       | American Century                                          | Dfa Real Estate Securitie                                                                                      |      | 1,673,489     |
|                                       | Vanguard                                                  | Vanguard Tot Stk Admiral                                                                                       |      | 891,212       |
|                                       | BlackRock                                                 | Blackrock Infl Prot Bond                                                                                       |      | 1,432,989     |
|                                       | Vanguard                                                  | Van Russ 1000 Gr Indx Ins                                                                                      |      | 15,539,339    |
| <b>Total Mutual Funds</b>             |                                                           |                                                                                                                |      | 100,130,291   |
| <b>Pooled Separate Accounts</b>       |                                                           |                                                                                                                |      |               |
| *                                     | Empower Annuity Insurance Company                         | Mid Cap Value/Robeco Fund                                                                                      |      | 3,489,143     |
| *                                     | Empower Annuity Insurance Company                         | Small Cap Value/Integrity                                                                                      |      | 3,431,285     |
| *                                     | Empower Annuity Insurance Company                         | International Value I Fund                                                                                     |      | 1,266,223     |
| *                                     | Empower Annuity Insurance Company                         | Prudential Day One IFX Target Balance                                                                          |      | 47,394        |
| <b>Total Pooled Separate Accounts</b> |                                                           |                                                                                                                |      | 8,234,045     |
| <b>Total Investments</b>              |                                                           |                                                                                                                |      | 121,962,868   |
| *                                     | <b>Participant Loans</b>                                  | Interest rates range from 4.25% - 8.00%                                                                        | -    | 571,891       |
| <b>Total</b>                          |                                                           |                                                                                                                |      | \$122,534,759 |

\* A party-in-interest, as defined by ERISA.

\*\*Cost information is not required for participant-directed investments and, therefore, is not disclosed.

# **Bracco Savings and Investment Program**

**Financial Statements  
and ERISA-Required Supplemental Schedules  
Years Ended December 31, 2022 and 2021**

## **Bracco Savings and Investment Program**

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Financial Statements and ERISA-Required Supplemental Schedules  
Years Ended December 31, 2022 and 2021

# Bracco Savings and Investment Program

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## **Independent Auditor's Report**

The Plan Administrator  
Bracco Savings and Investment Program  
Monroe Township, New Jersey

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

We have performed audits of the financial statements of Bracco Savings and Investment Program (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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021, and for the years then ended, 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 the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report:

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



### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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



In performing an audit in accordance with GAAS, we:

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

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

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

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental Schedule H (Form 5500), Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2022 and the supplemental Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and



other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are 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 schedules, other than the information in the supplemental schedules 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 certified investment information in the supplemental schedules agrees to or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 13, 2023

## Financial Statements

---

## Bracco Savings and Investment Program

### Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | <b>2022</b>           | <b>2021</b>           |
|------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                            |                       |                       |
| Investments:                             |                       |                       |
| Investments, at fair value               | <b>\$ 108,364,336</b> | <b>\$ 129,558,761</b> |
| Investment, at contract value            | <b>13,598,532</b>     | <b>11,580,235</b>     |
| <b>Total Investments</b>                 | <b>121,962,868</b>    | <b>141,138,996</b>    |
| Receivables:                             |                       |                       |
| Notes receivable - participant loans     | <b>571,891</b>        | <b>601,044</b>        |
| Employer contributions                   | <b>357,605</b>        | <b>330,715</b>        |
| <b>Total Receivables</b>                 | <b>929,496</b>        | <b>931,759</b>        |
| <b>Net Assets Available for Benefits</b> | <b>\$ 122,892,364</b> | <b>\$ 142,070,755</b> |

*See accompanying notes to financial statements.*

## Bracco Savings and Investment Program

### Statements of Changes in Net Assets Available for Benefits

| <i>Year ended December 31,</i>                               | <b>2022</b>           | <b>2021</b>           |
|--------------------------------------------------------------|-----------------------|-----------------------|
| <b>Additions</b>                                             |                       |                       |
| Contributions:                                               |                       |                       |
| Employer                                                     | \$ 2,233,216          | \$ 2,111,264          |
| Participant                                                  | 4,942,510             | 4,713,995             |
| Rollovers                                                    | 977,703               | 856,954               |
| <b>Total Contributions</b>                                   | <b>8,153,429</b>      | <b>7,682,213</b>      |
| Investment (loss) income:                                    |                       |                       |
| Interest income from investment contract                     | 203,961               | 196,345               |
| Dividend income                                              | 1,285,116             | 398,848               |
| Net (depreciation) appreciation in fair value of investments | (23,521,769)          | 21,237,002            |
| <b>Net Investment (Loss) Income</b>                          | <b>(22,032,692)</b>   | <b>21,832,195</b>     |
| Interest from notes receivable - participant loans           | 28,681                | 28,905                |
| <b>Total (Reductions) Additions</b>                          | <b>(13,850,582)</b>   | <b>29,543,313</b>     |
| <b>Deductions</b>                                            |                       |                       |
| Benefit paid to participants                                 | 5,325,042             | 18,037,866            |
| Administrative charges                                       | 2,767                 | 3,551                 |
| Deemed distributions                                         | -                     | 37,485                |
| <b>Total Deductions</b>                                      | <b>5,327,809</b>      | <b>18,078,902</b>     |
| <b>Net (Decrease) Increase</b>                               | <b>(19,178,391)</b>   | <b>11,464,411</b>     |
| <b>Net Assets Available for Benefits, beginning of year</b>  | <b>142,070,755</b>    | <b>130,606,344</b>    |
| <b>Net Assets Available for Benefits, end of year</b>        | <b>\$ 122,892,364</b> | <b>\$ 142,070,755</b> |

*See accompanying notes to financial statements.*

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### 1. Description of the Plan

The following description of the Bracco Savings and Investment Program (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### *General*

The Plan is a defined contribution plan established August 1, 1994. Covered employees of Bracco Diagnostics Inc. and Bracco Research U.S.A. Inc. (collectively, the Company) become eligible to participate on the first day of the month following his or her date of hire, and for part-time employees, upon completion of 1,000 hours of service, with the Company, as defined. Prudential Retirement Insurance and Annuity Company (Prudential) and Prudential Bank and Trust, F.S.B. (Prudential Trust) serve as the custodian and trustee, respectively, of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

On April 1, 2022, Empower Annuity Insurance Company of America (EAICA), formerly known as Great-West Life and Annuity Insurance Company, the parent company of Empower Retirement, LLC (Empower), acquired the full-service retirement business of Prudential Financial, Inc. In connection with the transaction, Prudential and Prudential Trust were acquired by Empower. On October 3, 2022, Prudential was renamed Empower Annuity Insurance Company. Effective March 31, 2023, Prudential Trust merged into Empower Trust Company, LLC, an Empower affiliate, and all services performed by Prudential Trust were assumed by Empower Trust Company, LLC.

#### *Contributions*

Participants may contribute an amount equal to no more than 50% of their compensation, as defined by the Plan document subject to certain Internal Revenue Code (IRC) limitations. Participants may also make rollover contributions from other qualified defined contribution or defined benefit plans (rollovers). Participant contributions are recorded in the period during which the Company makes payroll deductions from the participant's earnings. Eligible participants may make catch-up contributions.

Effective February 1, 2018, the Plan was amended to make it easier to save for retirement by offering an automatic enrollment program, wherein automatic contributions will be 3% of eligible pay or compensation for each pay period. The participants will be automatically enrolled into the Plan starting February 1, 2018 if the participants have not made an affirmative election to contribute to the Plan or not to contribute to the Plan.

The Company makes matching contributions in an amount equal to \$.75 for each \$1.00 of the first 6% contributed by a participant, up to a maximum of 4.5% of the participant's eligible compensation. The Company may also contribute a true-up contribution for each participant at the end of the Plan year so that the total matching contribution for each participant is calculated on an annual basis. Company matching contributions are recorded in the same period as employee contributions. The Company made true-up contributions of \$357,605 and \$330,715 for the years ended December 31, 2022 and 2021, respectively, and are recorded as employer contributions receivable in the accompanying statements of net assets available for benefits.

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### ***Participant Accounts***

Each participant's account is credited with the participant's contribution and Company matching contributions. Earnings are allocated by investment options based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### ***Investment Options***

Participants direct the investment of both their contributions and the Company matching contributions into the various investment options offered by the Plan. The Plan currently offers pooled separate accounts, mutual funds, and a guaranteed investment contract, all offered by Empower.

### ***Vesting***

Participants are immediately vested in their own contributions plus actual earnings thereon. Vesting in the Company's contribution portion of participants' accounts is based on years of service, as defined. A participant becomes 20% vested after one year of service, 40% after two years of service, 60% after three years of service, 80% after four years of service, and 100% vested after five years of service. However, if an active participant dies prior to attaining the normal retirement age, the participant's account becomes 100% vested.

### ***Payment of Benefits***

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of the vested portion of their account. Participants or their beneficiaries may elect a lump-sum payment or installment payments upon separation from service or death, respectively.

### ***Forfeited Accounts***

Forfeitures result from non-vested matching Company contributions remaining in the Plan from terminated employees. During the years ended December 31, 2022 and 2021, employer matching contributions were reduced by \$108,106 and \$119,827, respectively, from forfeited non-vested accounts. As of December 31, 2022 and 2021, \$853 and \$9,087, respectively, in cumulative forfeited amounts were available to offset future employer matching contributions.

### ***Notes Receivable - Participant Loans***

Participants may borrow from their account balance up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Borrowings are repaid over a period of not more than five years, except in limited circumstances, such as the purchase of a principal residence. The loans are generally re-paid through payroll deductions. Loans calculated on a fully amortized basis are measured at their unpaid principal balance plus any accrued but unpaid interest. A loan is collateralized by the balance in the participant's account and bears interest at a rate commensurate with the market rates for similar loans, as defined (4.25% to 8.00% for the year ended December 31, 2022 and 4.25% to 6.5% for the year ended December 31, 2021).

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### ***Administrative Expenses***

Administrative expenses of the Plan are paid by the Plan or the Company, as provided in the Plan document. Expenses that are paid by the Company are excluded from these financial statements. Transaction charges for loan and benefit payment transactions are paid by the Plan by reducing the balances of those participants initiating the transactions and reflected in the statements of changes of net assets available for benefits as administrative charges.

## **2. Summary of Accounting Policies**

### ***Basis of Accounting***

The accompanying financial statements have been prepared under the accrual basis of accounting.

### ***Use of Estimates***

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### ***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. The fair value of a financial instrument is the amount 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. See Note 3 for a discussion of fair value measurements. The investment contract is fully benefit-responsive and reported at contract value (see Note 5).

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Investment expenses charged to the Plan for investments in pooled separate accounts are deducted from income earned on a daily basis and are not separately reflected. Consequently, investment expenses are reflected as a reduction of investment return for such investments.

### ***Payment of Benefits***

Benefit payments to participants are recorded when paid. There were no material amounts allocated to participants who have elected to withdraw from the Plan but have not yet been paid as of December 31, 2022 and 2021, respectively.

### ***Notes Receivable - Participant Loans***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### 3. Fair Value Measurements

The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, defines fair value 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.

GAAP establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring the most observable units to be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumption about inputs market participants would use at the measurement date.

The fair value hierarchy is categorized into three levels based on inputs as follows:

*Level 1* - This level consists of valuations based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2* - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* - This level consists of valuations based on inputs that are unobservable and significant to the overall fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2022 and 2021.

*Pooled Separate Accounts* - These assets are valued at their accumulation unit value (AUV), which approximates fair value as determined by Empower. The AUV is determined daily based on the net asset values (NAV) of shares of the underlying fund, the fund's dividends, and the separate account charges (i.e., the daily asset charge). The Plan's investments in the pooled separate accounts may be redeemed daily. There are no redemption fees or notice periods and no unfunded commitments.

# Bracco Savings and Investment Program

## Notes to Financial Statements

*Mutual Funds* - Fair value is determined as the total market value of the underlying assets based on published market prices as of the close of the last day of the Plan year. These values represent the NAV of the shares held by the Plan.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement as of the reporting date.

As required by ASC 820, assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value.

### December 31, 2022

| Investments at Fair Value         |                       |             |             |                       |
|-----------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                   | Level 1               | Level 2     | Level 3     | Total                 |
| Mutual funds                      | \$ 100,130,291        | \$ -        | \$ -        | \$ 100,130,291        |
| Pooled separate accounts, at NAV* |                       |             |             | 8,234,045             |
| <b>Total Investments</b>          | <b>\$ 100,130,291</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 108,364,336</b> |

### December 31, 2021

| Investments at Fair Value         |                      |             |             |                       |
|-----------------------------------|----------------------|-------------|-------------|-----------------------|
|                                   | Level 1              | Level 2     | Level 3     | Total                 |
| Mutual funds                      | \$ 45,256,008        | \$ -        | \$ -        | \$ 45,256,008         |
| Pooled separate accounts, at NAV* |                      |             |             | 84,302,753            |
| <b>Total Investments</b>          | <b>\$ 45,256,008</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 129,558,761</b> |

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) have not been classified in the fair value hierarchy in accordance with the adoption of Accounting Standards Update (ASU) 2015-07. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchies to the line items presented in the statements of net assets available for benefits.

## 4. Certified Investment Information

The Plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Empower and Prudential Trust, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments, at fair value, investment, at contract value, and notes receivable - participant loans as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Net (depreciation) appreciation in fair value of investments, interest income from investment contract, dividend income, and interest from notes receivable - participant loans

# Bracco Savings and Investment Program

## Notes to Financial Statements

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as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021.

- Investment information included in the Schedule of Assets (Held at End of Year) as of December 31, 2022, as shown on the ERISA-required supplemental schedule.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

### 5. Investment Contract with Insurance Company

The Plan has a fully benefit-responsive investment contract with Empower through an investment in the Empower Guaranteed Income Fund (GIF), totaling \$13,598,532 and \$11,580,235, respectively, at December 31, 2022 and 2021. The GIF maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The contract has certain restrictions that impact the ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable. The GIF may not terminate the contract at any amount less than contract value.

### 6. Related-Party and Party-in-Interest Transactions

Plan assets include investments in funds managed by Empower and Prudential Trust. Empower is the Plan's custodian and, as such, transactions with the custodian qualifies as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each investment option.

Certain employees and officers of the Company, who may also be participants in the Plan, perform administrative services for the Plan at no cost to the Plan. Notes receivable from participants also qualify as party-in-interest transactions.

### 7. Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 participants' account balances and amounts reported in the financial statements.

The Plan invests in various investment options that invest in securities of foreign companies, which involve special risk and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and

# Bracco Savings and Investment Program

## Notes to Financial Statements

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economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

### 8. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

### 9. Federal Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company, by a letter dated March 30, 2018, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Company is responsible for reviewing the annual Required Amendments List (RAL) issued by the IRS for individually designed plans to retain qualified tax status. Although the Plan has been amended since receiving the determination letter, the Company and the Plan administrator believe that the Plan is currently designed and is operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 10. Late Remittances

During the Plan year ended December 31, 2022, employee withholdings totaling \$546,716 were not remitted within the appropriate time period by the Company. These transactions constitute prohibited transactions, as defined by ERISA. The Company is taking the appropriate steps to correct the situation and has further implemented a procedure to ensure all future remittances are done within the prescribed time period.

### 11. Subsequent Events

For purposes of determining the effect of subsequent events on these financial statements, management has evaluated events requiring adjustment to the financial statements or disclosures, as stated herein, subsequent to December 31, 2022 and through October 13, 2023, the date on which the financial statements were available to be issued. No material subsequent events were noted, other than those disclosed in Note 1.

## **ERISA-Required Supplemental Schedules**

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# Bracco Savings and Investment Program

## Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN: 22-3303691

Plan Number: 001

Year ended December 31, 2022

|                                                                                                              | Participant<br>Contributions<br>Transferred<br>Late to Plan | Total That Constitutes Nonexempt<br>Prohibited Transactions |                                                |                                                    | Total Fully<br>Corrected<br>Under VFCP*<br>and PTE<br>2002-51 |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|
|                                                                                                              |                                                             | Contributions<br>Not<br>Corrected                           | Contributions<br>Corrected<br>Outside<br>VFCP* | Contributions<br>Pending<br>Correction in<br>VFCP* |                                                               |
| Check here if late<br>participant loan<br>repayments are<br>included:<br><input checked="" type="checkbox"/> |                                                             |                                                             |                                                |                                                    |                                                               |
| 2022                                                                                                         | \$ 546,716                                                  | \$ 546,716                                                  | \$ -                                           | \$ -                                               | \$ -                                                          |

\* Voluntary Fiduciary Correction Program (DOL)

# Bracco Savings and Investment Program

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 22-3303691

Plan Number: 001

December 31, 2022

| (a)                                   | (b)                                                       | (c)                                                                                                            | (d)  | (e)           |
|---------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------|---------------|
|                                       | Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment,<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost | Current Value |
| <b>Investment Contract</b>            |                                                           |                                                                                                                |      |               |
| *                                     | Empower Annuity Insurance Company                         | Guaranteed Income Fund                                                                                         |      | \$ 13,598,532 |
| <b>Mutual Funds</b>                   |                                                           |                                                                                                                |      |               |
|                                       | BlackRock                                                 | Blckrck Mid-Cap Gro Eq K                                                                                       |      | 2,126,670     |
|                                       | Vanguard                                                  | Van Small Cap Index Admir                                                                                      |      | 1,156,662     |
|                                       | Vanguard                                                  | Vanguard Equ Inco Admiral                                                                                      |      | 8,546,966     |
|                                       | Vanguard                                                  | Vangu Wellington Admiral                                                                                       |      | 10,840,201    |
|                                       | American Century                                          | Amer Funds 2010 Target R6                                                                                      |      | 444,914       |
|                                       | American Century                                          | Amer Funds 2015 Target R6                                                                                      |      | 110,347       |
|                                       | American Century                                          | Amer Funds 2020 Target R6                                                                                      |      | 2,075,831     |
|                                       | American Century                                          | Amer Funds 2025 Target R6                                                                                      |      | 1,961,093     |
|                                       | American Century                                          | Amer Funds 2030 Target R6                                                                                      |      | 12,985,808    |
|                                       | American Century                                          | Amer Funds 2035 Target R6                                                                                      |      | 1,364,868     |
|                                       | American Century                                          | Amer Funds 2040 Target R6                                                                                      |      | 6,911,836     |
|                                       | American Century                                          | Amer Funds 2045 Target R6                                                                                      |      | 1,041,800     |
|                                       | American Century                                          | Amer Funds 2050 Target R6                                                                                      |      | 2,445,708     |
|                                       | American Century                                          | Amer Funds 2055 Target R6                                                                                      |      | 948,246       |
|                                       | CIBC                                                      | At Disciplined Eq Instl                                                                                        |      | 3,362,397     |
|                                       | American Century                                          | Amer Fund New Perspect R6                                                                                      |      | 2,524,981     |
|                                       | Baron                                                     | Baron Discovery Instl                                                                                          |      | 3,515,105     |
|                                       | Fidelity                                                  | Fidelity 500 Index Fund                                                                                        |      | 11,286,667    |
|                                       | Vanguard                                                  | Vangrd Inter Grth Fd Admi                                                                                      |      | 2,170,274     |
|                                       | Vanguard                                                  | Vanguard Mid Cap Index Fd                                                                                      |      | 1,253,026     |
|                                       | Dodge & Cox                                               | Dodge and Cox Income - X                                                                                       |      | 3,519,862     |
|                                       | American Century                                          | Dfa Real Estate Securitie                                                                                      |      | 1,673,489     |
|                                       | Vanguard                                                  | Vanguard Tot Stk Admiral                                                                                       |      | 891,212       |
|                                       | BlackRock                                                 | Blackrock Infl Prot Bond                                                                                       |      | 1,432,989     |
|                                       | Vanguard                                                  | Van Russ 1000 Gr Indx Ins                                                                                      |      | 15,539,339    |
| <b>Total Mutual Funds</b>             |                                                           |                                                                                                                |      | 100,130,291   |
| <b>Pooled Separate Accounts</b>       |                                                           |                                                                                                                |      |               |
| *                                     | Empower Annuity Insurance Company                         | Mid Cap Value/Robeco Fund                                                                                      |      | 3,489,143     |
| *                                     | Empower Annuity Insurance Company                         | Small Cap Value/Integrity                                                                                      |      | 3,431,285     |
| *                                     | Empower Annuity Insurance Company                         | International Value I Fund                                                                                     |      | 1,266,223     |
| *                                     | Empower Annuity Insurance Company                         | Prudential Day One IFX Target Balance                                                                          |      | 47,394        |
| <b>Total Pooled Separate Accounts</b> |                                                           |                                                                                                                |      | 8,234,045     |
| <b>Total Investments</b>              |                                                           |                                                                                                                |      | 121,962,868   |
| *                                     | <b>Participant Loans</b>                                  | Interest rates range from 4.25% - 8.00%                                                                        | -    | 571,891       |
| <b>Total</b>                          |                                                           |                                                                                                                |      | \$122,534,759 |

\* A party-in-interest, as defined by ERISA.

\*\*Cost information is not required for participant-directed investments and, therefore, is not disclosed.

# **Bracco Savings and Investment Program**

**Financial Statements  
and ERISA-Required Supplemental Schedules  
Years Ended December 31, 2022 and 2021**

## **Bracco Savings and Investment Program**

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Financial Statements and ERISA-Required Supplemental Schedules  
Years Ended December 31, 2022 and 2021

# Bracco Savings and Investment Program

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## **Independent Auditor's Report**

The Plan Administrator  
Bracco Savings and Investment Program  
Monroe Township, New Jersey

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

We have performed audits of the financial statements of Bracco Savings and Investment Program (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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021, and for the years then ended, 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 the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report:

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



### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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



In performing an audit in accordance with GAAS, we:

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

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

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

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental Schedule H (Form 5500), Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2022 and the supplemental Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and



other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are 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 schedules, other than the information in the supplemental schedules 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 certified investment information in the supplemental schedules agrees to or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 13, 2023

## Financial Statements

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## Bracco Savings and Investment Program

### Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | <b>2022</b>           | <b>2021</b>           |
|------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                            |                       |                       |
| Investments:                             |                       |                       |
| Investments, at fair value               | \$ 108,364,336        | \$ 129,558,761        |
| Investment, at contract value            | 13,598,532            | 11,580,235            |
| <b>Total Investments</b>                 | <b>121,962,868</b>    | <b>141,138,996</b>    |
| Receivables:                             |                       |                       |
| Notes receivable - participant loans     | 571,891               | 601,044               |
| Employer contributions                   | 357,605               | 330,715               |
| <b>Total Receivables</b>                 | <b>929,496</b>        | <b>931,759</b>        |
| <b>Net Assets Available for Benefits</b> | <b>\$ 122,892,364</b> | <b>\$ 142,070,755</b> |

*See accompanying notes to financial statements.*

# Bracco Savings and Investment Program

## Statements of Changes in Net Assets Available for Benefits

| <i>Year ended December 31,</i>                               | <b>2022</b>           | <b>2021</b>           |
|--------------------------------------------------------------|-----------------------|-----------------------|
| <b>Additions</b>                                             |                       |                       |
| Contributions:                                               |                       |                       |
| Employer                                                     | \$ 2,233,216          | \$ 2,111,264          |
| Participant                                                  | 4,942,510             | 4,713,995             |
| Rollovers                                                    | 977,703               | 856,954               |
| <b>Total Contributions</b>                                   | <b>8,153,429</b>      | <b>7,682,213</b>      |
| Investment (loss) income:                                    |                       |                       |
| Interest income from investment contract                     | 203,961               | 196,345               |
| Dividend income                                              | 1,285,116             | 398,848               |
| Net (depreciation) appreciation in fair value of investments | (23,521,769)          | 21,237,002            |
| <b>Net Investment (Loss) Income</b>                          | <b>(22,032,692)</b>   | <b>21,832,195</b>     |
| Interest from notes receivable - participant loans           | 28,681                | 28,905                |
| <b>Total (Reductions) Additions</b>                          | <b>(13,850,582)</b>   | <b>29,543,313</b>     |
| <b>Deductions</b>                                            |                       |                       |
| Benefit paid to participants                                 | 5,325,042             | 18,037,866            |
| Administrative charges                                       | 2,767                 | 3,551                 |
| Deemed distributions                                         | -                     | 37,485                |
| <b>Total Deductions</b>                                      | <b>5,327,809</b>      | <b>18,078,902</b>     |
| <b>Net (Decrease) Increase</b>                               | <b>(19,178,391)</b>   | <b>11,464,411</b>     |
| <b>Net Assets Available for Benefits, beginning of year</b>  | <b>142,070,755</b>    | <b>130,606,344</b>    |
| <b>Net Assets Available for Benefits, end of year</b>        | <b>\$ 122,892,364</b> | <b>\$ 142,070,755</b> |

*See accompanying notes to financial statements.*

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### 1. Description of the Plan

The following description of the Bracco Savings and Investment Program (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### *General*

The Plan is a defined contribution plan established August 1, 1994. Covered employees of Bracco Diagnostics Inc. and Bracco Research U.S.A. Inc. (collectively, the Company) become eligible to participate on the first day of the month following his or her date of hire, and for part-time employees, upon completion of 1,000 hours of service, with the Company, as defined. Prudential Retirement Insurance and Annuity Company (Prudential) and Prudential Bank and Trust, F.S.B. (Prudential Trust) serve as the custodian and trustee, respectively, of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

On April 1, 2022, Empower Annuity Insurance Company of America (EAICA), formerly known as Great-West Life and Annuity Insurance Company, the parent company of Empower Retirement, LLC (Empower), acquired the full-service retirement business of Prudential Financial, Inc. In connection with the transaction, Prudential and Prudential Trust were acquired by Empower. On October 3, 2022, Prudential was renamed Empower Annuity Insurance Company. Effective March 31, 2023, Prudential Trust merged into Empower Trust Company, LLC, an Empower affiliate, and all services performed by Prudential Trust were assumed by Empower Trust Company, LLC.

#### *Contributions*

Participants may contribute an amount equal to no more than 50% of their compensation, as defined by the Plan document subject to certain Internal Revenue Code (IRC) limitations. Participants may also make rollover contributions from other qualified defined contribution or defined benefit plans (rollovers). Participant contributions are recorded in the period during which the Company makes payroll deductions from the participant's earnings. Eligible participants may make catch-up contributions.

Effective February 1, 2018, the Plan was amended to make it easier to save for retirement by offering an automatic enrollment program, wherein automatic contributions will be 3% of eligible pay or compensation for each pay period. The participants will be automatically enrolled into the Plan starting February 1, 2018 if the participants have not made an affirmative election to contribute to the Plan or not to contribute to the Plan.

The Company makes matching contributions in an amount equal to \$.75 for each \$1.00 of the first 6% contributed by a participant, up to a maximum of 4.5% of the participant's eligible compensation. The Company may also contribute a true-up contribution for each participant at the end of the Plan year so that the total matching contribution for each participant is calculated on an annual basis. Company matching contributions are recorded in the same period as employee contributions. The Company made true-up contributions of \$357,605 and \$330,715 for the years ended December 31, 2022 and 2021, respectively, and are recorded as employer contributions receivable in the accompanying statements of net assets available for benefits.

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### ***Participant Accounts***

Each participant's account is credited with the participant's contribution and Company matching contributions. Earnings are allocated by investment options based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### ***Investment Options***

Participants direct the investment of both their contributions and the Company matching contributions into the various investment options offered by the Plan. The Plan currently offers pooled separate accounts, mutual funds, and a guaranteed investment contract, all offered by Empower.

### ***Vesting***

Participants are immediately vested in their own contributions plus actual earnings thereon. Vesting in the Company's contribution portion of participants' accounts is based on years of service, as defined. A participant becomes 20% vested after one year of service, 40% after two years of service, 60% after three years of service, 80% after four years of service, and 100% vested after five years of service. However, if an active participant dies prior to attaining the normal retirement age, the participant's account becomes 100% vested.

### ***Payment of Benefits***

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of the vested portion of their account. Participants or their beneficiaries may elect a lump-sum payment or installment payments upon separation from service or death, respectively.

### ***Forfeited Accounts***

Forfeitures result from non-vested matching Company contributions remaining in the Plan from terminated employees. During the years ended December 31, 2022 and 2021, employer matching contributions were reduced by \$108,106 and \$119,827, respectively, from forfeited non-vested accounts. As of December 31, 2022 and 2021, \$853 and \$9,087, respectively, in cumulative forfeited amounts were available to offset future employer matching contributions.

### ***Notes Receivable - Participant Loans***

Participants may borrow from their account balance up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Borrowings are repaid over a period of not more than five years, except in limited circumstances, such as the purchase of a principal residence. The loans are generally re-paid through payroll deductions. Loans calculated on a fully amortized basis are measured at their unpaid principal balance plus any accrued but unpaid interest. A loan is collateralized by the balance in the participant's account and bears interest at a rate commensurate with the market rates for similar loans, as defined (4.25% to 8.00% for the year ended December 31, 2022 and 4.25% to 6.5% for the year ended December 31, 2021).

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### ***Administrative Expenses***

Administrative expenses of the Plan are paid by the Plan or the Company, as provided in the Plan document. Expenses that are paid by the Company are excluded from these financial statements. Transaction charges for loan and benefit payment transactions are paid by the Plan by reducing the balances of those participants initiating the transactions and reflected in the statements of changes of net assets available for benefits as administrative charges.

## **2. Summary of Accounting Policies**

### ***Basis of Accounting***

The accompanying financial statements have been prepared under the accrual basis of accounting.

### ***Use of Estimates***

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### ***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. The fair value of a financial instrument is the amount 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. See Note 3 for a discussion of fair value measurements. The investment contract is fully benefit-responsive and reported at contract value (see Note 5).

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Investment expenses charged to the Plan for investments in pooled separate accounts are deducted from income earned on a daily basis and are not separately reflected. Consequently, investment expenses are reflected as a reduction of investment return for such investments.

### ***Payment of Benefits***

Benefit payments to participants are recorded when paid. There were no material amounts allocated to participants who have elected to withdraw from the Plan but have not yet been paid as of December 31, 2022 and 2021, respectively.

### ***Notes Receivable - Participant Loans***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

# Bracco Savings and Investment Program

## Notes to Financial Statements

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### 3. Fair Value Measurements

The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, defines fair value 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.

GAAP establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring the most observable units to be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumption about inputs market participants would use at the measurement date.

The fair value hierarchy is categorized into three levels based on inputs as follows:

*Level 1* - This level consists of valuations based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2* - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* - This level consists of valuations based on inputs that are unobservable and significant to the overall fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2022 and 2021.

*Pooled Separate Accounts* - These assets are valued at their accumulation unit value (AUV), which approximates fair value as determined by Empower. The AUV is determined daily based on the net asset values (NAV) of shares of the underlying fund, the fund's dividends, and the separate account charges (i.e., the daily asset charge). The Plan's investments in the pooled separate accounts may be redeemed daily. There are no redemption fees or notice periods and no unfunded commitments.

# Bracco Savings and Investment Program

## Notes to Financial Statements

*Mutual Funds* - Fair value is determined as the total market value of the underlying assets based on published market prices as of the close of the last day of the Plan year. These values represent the NAV of the shares held by the Plan.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement as of the reporting date.

As required by ASC 820, assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value.

### December 31, 2022

| Investments at Fair Value         |                       |             |             |                       |
|-----------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                   | Level 1               | Level 2     | Level 3     | Total                 |
| Mutual funds                      | \$ 100,130,291        | \$ -        | \$ -        | \$ 100,130,291        |
| Pooled separate accounts, at NAV* |                       |             |             | 8,234,045             |
| <b>Total Investments</b>          | <b>\$ 100,130,291</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 108,364,336</b> |

### December 31, 2021

| Investments at Fair Value         |                      |             |             |                       |
|-----------------------------------|----------------------|-------------|-------------|-----------------------|
|                                   | Level 1              | Level 2     | Level 3     | Total                 |
| Mutual funds                      | \$ 45,256,008        | \$ -        | \$ -        | \$ 45,256,008         |
| Pooled separate accounts, at NAV* |                      |             |             | 84,302,753            |
| <b>Total Investments</b>          | <b>\$ 45,256,008</b> | <b>\$ -</b> | <b>\$ -</b> | <b>\$ 129,558,761</b> |

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) have not been classified in the fair value hierarchy in accordance with the adoption of Accounting Standards Update (ASU) 2015-07. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchies to the line items presented in the statements of net assets available for benefits.

## 4. Certified Investment Information

The Plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Empower and Prudential Trust, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments, at fair value, investment, at contract value, and notes receivable - participant loans as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Net (depreciation) appreciation in fair value of investments, interest income from investment contract, dividend income, and interest from notes receivable - participant loans

# Bracco Savings and Investment Program

## Notes to Financial Statements

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as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021.

- Investment information included in the Schedule of Assets (Held at End of Year) as of December 31, 2022, as shown on the ERISA-required supplemental schedule.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

### 5. Investment Contract with Insurance Company

The Plan has a fully benefit-responsive investment contract with Empower through an investment in the Empower Guaranteed Income Fund (GIF), totaling \$13,598,532 and \$11,580,235, respectively, at December 31, 2022 and 2021. The GIF maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The contract has certain restrictions that impact the ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable. The GIF may not terminate the contract at any amount less than contract value.

### 6. Related-Party and Party-in-Interest Transactions

Plan assets include investments in funds managed by Empower and Prudential Trust. Empower is the Plan's custodian and, as such, transactions with the custodian qualifies as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each investment option.

Certain employees and officers of the Company, who may also be participants in the Plan, perform administrative services for the Plan at no cost to the Plan. Notes receivable from participants also qualify as party-in-interest transactions.

### 7. Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 participants' account balances and amounts reported in the financial statements.

The Plan invests in various investment options that invest in securities of foreign companies, which involve special risk and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and

# Bracco Savings and Investment Program

## Notes to Financial Statements

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economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

### 8. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

### 9. Federal Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company, by a letter dated March 30, 2018, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Company is responsible for reviewing the annual Required Amendments List (RAL) issued by the IRS for individually designed plans to retain qualified tax status. Although the Plan has been amended since receiving the determination letter, the Company and the Plan administrator believe that the Plan is currently designed and is operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 10. Late Remittances

During the Plan year ended December 31, 2022, employee withholdings totaling \$546,716 were not remitted within the appropriate time period by the Company. These transactions constitute prohibited transactions, as defined by ERISA. The Company is taking the appropriate steps to correct the situation and has further implemented a procedure to ensure all future remittances are done within the prescribed time period.

### 11. Subsequent Events

For purposes of determining the effect of subsequent events on these financial statements, management has evaluated events requiring adjustment to the financial statements or disclosures, as stated herein, subsequent to December 31, 2022 and through October 13, 2023, the date on which the financial statements were available to be issued. No material subsequent events were noted, other than those disclosed in Note 1.

## **ERISA-Required Supplemental Schedules**

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# Bracco Savings and Investment Program

## Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN: 22-3303691

Plan Number: 001

Year ended December 31, 2022

|                                                                                                              | Participant<br>Contributions<br>Transferred<br>Late to Plan | Total That Constitutes Nonexempt<br>Prohibited Transactions |                                                |                                                    | Total Fully<br>Corrected<br>Under VFCP*<br>and PTE<br>2002-51 |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|
|                                                                                                              |                                                             | Contributions<br>Not<br>Corrected                           | Contributions<br>Corrected<br>Outside<br>VFCP* | Contributions<br>Pending<br>Correction in<br>VFCP* |                                                               |
| Check here if late<br>participant loan<br>repayments are<br>included:<br><input checked="" type="checkbox"/> |                                                             |                                                             |                                                |                                                    |                                                               |
| 2022                                                                                                         | \$ 546,716                                                  | \$ 546,716                                                  | \$ -                                           | \$ -                                               | \$ -                                                          |

\* Voluntary Fiduciary Correction Program (DOL)

# Bracco Savings and Investment Program

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 22-3303691

Plan Number: 001

December 31, 2022

| (a)                                   | (b)                                                       | (c)                                                                                                            | (d)  | (e)           |
|---------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------|---------------|
|                                       | Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment,<br>Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost | Current Value |
| <b>Investment Contract</b>            |                                                           |                                                                                                                |      |               |
| *                                     | Empower Annuity Insurance Company                         | Guaranteed Income Fund                                                                                         |      | \$ 13,598,532 |
| <b>Mutual Funds</b>                   |                                                           |                                                                                                                |      |               |
|                                       | BlackRock                                                 | Blckrck Mid-Cap Gro Eq K                                                                                       |      | 2,126,670     |
|                                       | Vanguard                                                  | Van Small Cap Index Admir                                                                                      |      | 1,156,662     |
|                                       | Vanguard                                                  | Vanguard Equ Inco Admiral                                                                                      |      | 8,546,966     |
|                                       | Vanguard                                                  | Vangu Wellington Admiral                                                                                       |      | 10,840,201    |
|                                       | American Century                                          | Amer Funds 2010 Target R6                                                                                      |      | 444,914       |
|                                       | American Century                                          | Amer Funds 2015 Target R6                                                                                      |      | 110,347       |
|                                       | American Century                                          | Amer Funds 2020 Target R6                                                                                      |      | 2,075,831     |
|                                       | American Century                                          | Amer Funds 2025 Target R6                                                                                      |      | 1,961,093     |
|                                       | American Century                                          | Amer Funds 2030 Target R6                                                                                      |      | 12,985,808    |
|                                       | American Century                                          | Amer Funds 2035 Target R6                                                                                      |      | 1,364,868     |
|                                       | American Century                                          | Amer Funds 2040 Target R6                                                                                      |      | 6,911,836     |
|                                       | American Century                                          | Amer Funds 2045 Target R6                                                                                      |      | 1,041,800     |
|                                       | American Century                                          | Amer Funds 2050 Target R6                                                                                      |      | 2,445,708     |
|                                       | American Century                                          | Amer Funds 2055 Target R6                                                                                      |      | 948,246       |
|                                       | CIBC                                                      | At Disciplined Eq Instl                                                                                        |      | 3,362,397     |
|                                       | American Century                                          | Amer Fund New Perspect R6                                                                                      |      | 2,524,981     |
|                                       | Baron                                                     | Baron Discovery Instl                                                                                          |      | 3,515,105     |
|                                       | Fidelity                                                  | Fidelity 500 Index Fund                                                                                        |      | 11,286,667    |
|                                       | Vanguard                                                  | Vangrd Inter Grth Fd Admi                                                                                      |      | 2,170,274     |
|                                       | Vanguard                                                  | Vanguard Mid Cap Index Fd                                                                                      |      | 1,253,026     |
|                                       | Dodge & Cox                                               | Dodge and Cox Income - X                                                                                       |      | 3,519,862     |
|                                       | American Century                                          | Dfa Real Estate Securitie                                                                                      |      | 1,673,489     |
|                                       | Vanguard                                                  | Vanguard Tot Stk Admiral                                                                                       |      | 891,212       |
|                                       | BlackRock                                                 | Blackrock Infl Prot Bond                                                                                       |      | 1,432,989     |
|                                       | Vanguard                                                  | Van Russ 1000 Gr Indx Ins                                                                                      |      | 15,539,339    |
| <b>Total Mutual Funds</b>             |                                                           |                                                                                                                |      | 100,130,291   |
| <b>Pooled Separate Accounts</b>       |                                                           |                                                                                                                |      |               |
| *                                     | Empower Annuity Insurance Company                         | Mid Cap Value/Robeco Fund                                                                                      |      | 3,489,143     |
| *                                     | Empower Annuity Insurance Company                         | Small Cap Value/Integrity                                                                                      |      | 3,431,285     |
| *                                     | Empower Annuity Insurance Company                         | International Value I Fund                                                                                     |      | 1,266,223     |
| *                                     | Empower Annuity Insurance Company                         | Prudential Day One IFX Target Balance                                                                          |      | 47,394        |
| <b>Total Pooled Separate Accounts</b> |                                                           |                                                                                                                |      | 8,234,045     |
| <b>Total Investments</b>              |                                                           |                                                                                                                |      | 121,962,868   |
| *                                     | <b>Participant Loans</b>                                  | Interest rates range from 4.25% - 8.00%                                                                        | -    | 571,891       |
| <b>Total</b>                          |                                                           |                                                                                                                |      | \$122,534,759 |

\* A party-in-interest, as defined by ERISA.

\*\*Cost information is not required for participant-directed investments and, therefore, is not disclosed.