

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                     |
| 1a      | Name of plan<br>FUJIFILM GROUP PENSION PLAN                                                                                                                                                                                                                                                                                                |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                         |
| 1c      | Effective date of plan<br>02/17/2006                                                                                                                                                                                                                                                                                                       |
| 2a      | 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>FUJIFILM IMAGING COLORANTS, INC.<br><br>200 SUMMIT LAKE DRIVE<br>VALHALLA, NY 10595 |
| 2b      | Employer Identification Number (EIN)<br>11-3757475                                                                                                                                                                                                                                                                                         |
| 2c      | Plan Sponsor's telephone number<br>914-789-7912                                                                                                                                                                                                                                                                                            |
| 2d      | Business code (see instructions)<br>423800                                                                                                                                                                                                                                                                                                 |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/15/2024 | CAROLYN GORDON                                               |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/15/2024 | CAROLYN GORDON                                               |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>FUJIFILM IMAGING COLORANTS, INC.<br><br>200 SUMMIT LAKE DRIVE<br>VALHALLA, NY 10595                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>3b</b> Administrator's EIN<br>11-3757475<br><br><b>3c</b> Administrator's telephone number<br>914-789-7912                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <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>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>5</b> 555                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... |  | <b>6a(1)</b> 51<br><b>6a(2)</b> 47<br><b>6b</b> 285<br><b>6c</b> 53<br><b>6d</b> 385<br><b>6e</b> 48<br><b>6f</b> 433<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                               |
| <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>1A 1I 3H<br><br><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>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <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>A</b> (Insurance Information) – Number Attached <u>1</u><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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</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>2023</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>FUJIFILM GROUP PENSION PLAN                                              | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>FUJIFILM IMAGING COLORANTS, INC. | D Employer Identification Number (EIN)<br>11-3757475 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
EMPOWER ANNUITY INSURANCE 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         | 017237                                | 433                                                                         | 01/01/2023              | 12/31/2023 |

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 7744363 |

**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> | 0 |
|--------------------------------------------------------|-----------|---|

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

|                           |              |   |
|---------------------------|--------------|---|
| (6) Total additions ..... | <b>7c(6)</b> | 0 |
|---------------------------|--------------|---|

|                                                                                       |           |   |
|---------------------------------------------------------------------------------------|-----------|---|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 0 |
|---------------------------------------------------------------------------------------|-----------|---|

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

|                            |              |   |
|----------------------------|--------------|---|
| (5) Total deductions ..... | <b>7e(5)</b> | 0 |
|----------------------------|--------------|---|

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <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> | 0 |
|---------------------------------------------------------------------------------------------------------|-----------|---|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ 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 SB<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>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>FUJIFILM GROUP PENSION PLAN                                                                                      | B Three-digit plan number (PN) ▶ 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>FUJIFILM IMAGING COLORANTS, INC.                              | D Employer Identification Number (EIN)<br>11-3757475                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 71803978                  |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 78984375                  |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 369                        | 52469872                  | 52469872                 |
| b      | For terminated vested participants                                                                                                                                                               | 141                        | 7451048                   | 7451048                  |
| c      | For active participants                                                                                                                                                                          | 51                         | 3956586                   | 4063309                  |
| d      | Total                                                                                                                                                                                            | 561                        | 63877506                  | 63984229                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.15 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 250000                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 250000                    |                          |

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

|                          |                                                                                                                                                                                                                                     |                                                                                                                                                                              |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>MICHAEL J. GRENIER</div> <div>Type or print name of actuary</div> <div>EMPOWER</div> <div>Firm name</div> <div>280 TRUMBULL STREET<br/>HARTFORD, CT 06103</div> <div>Address of the firm</div> | <div>09/19/2024</div> <div>Date</div> <div>23-05523</div> <div>Most recent enrollment number</div> <div>303-737-6246</div> <div>Telephone number (including area code)</div> |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Part II Beginning of Year Carryover and Prefunding Balances |                                                                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7                                                           | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                          | 4271750               | 18163417               |
| 8                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       | 0                     | 0                      |
| 9                                                           | Amount remaining (line 7 minus line 8) .....                                                                                                             | 4271750               | 18163417               |
| 10                                                          | Interest on line 9 using prior year's actual return of <u>-17.32</u> % .....                                                                             | -739867               | -3145904               |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                       |                        |
| a                                                           | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                       | 0                      |
| b(1)                                                        | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> % ..... |                       |                        |
| b(2)                                                        | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....                                                                     |                       | 0                      |
| d                                                           | Portion of (c) to be added to prefunding balance .....                                                                                                   |                       |                        |
| 12                                                          | Other reductions in balances due to elections or deemed elections .....                                                                                  |                       |                        |
| 13                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                       | 3531883               | 15017513               |

| Part III Funding Percentages |                                                                                                                                                                  |    |          |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                           | Funding target attainment percentage .....                                                                                                                       | 14 | 94.45 %  |
| 15                           | Adjusted funding target attainment percentage .....                                                                                                              | 15 | 123.44 % |
| 16                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | 16 | 115.17 % |
| 17                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | 17 | %        |

| Part IV Contributions and Liquidity Shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                          |                                   |                                 | 18(b)                    |                                   | 18(c)                           |

|                                                                                                                               |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| a Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | 19a 0                                                               |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b 0                                                               |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | 19c 0                                                               |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| c If line 20a is "Yes," see instructions and complete the following table as applicable:                                      |                                                                     |
| Liquidity shortfall as of end of quarter of this plan year                                                                    |                                                                     |
| (1) 1st                                                                                                                       | (2) 2nd                                                             |
|                                                                                                                               |                                                                     |
| (3) 3rd                                                                                                                       | (4) 4th                                                             |
|                                                                                                                               |                                                                     |

|               |                                                                            |
|---------------|----------------------------------------------------------------------------|
| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
|---------------|----------------------------------------------------------------------------|

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

|                |                            |
|----------------|----------------------------|
| <b>Part VI</b> | <b>Miscellaneous Items</b> |
|----------------|----------------------------|

|                                                                                                                                                                        |           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |           |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b> |                                                                     |

|                 |                                                                                |
|-----------------|--------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
|-----------------|--------------------------------------------------------------------------------|

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           |                     | <b>31a</b>         | 250000        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                     | <b>31b</b>         | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     | <b>33</b>          |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           |                     | <b>34</b>          | 250000        |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 250000              | 0                  | 250000        |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                     | <b>36</b>          | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                     | <b>37</b>          | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |                     | <b>38a</b>         | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                     | <b>38b</b>         | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                     | <b>39</b>          | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                     | <b>40</b>          | 0             |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <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                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                          |                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>FUJIFILM GROUP PENSION PLAN</div>                                              | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>FUJIFILM IMAGING COLORANTS, INC.</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>11-3757475</div> |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

YesNo
- 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 |
| EMPOWER ANNUITY INSURANCE COMPANY |                                                                                                        |
| 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)

EMPOWER ANNUITY INSURANCE COMPANY

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                     | NONE                                                                                              | 130537                                                                 | 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"/>                          |

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

GETTRY MARCUS CPA P C

13-3418879

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 29400                                                                  | 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 & CO

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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 28000                                                                  | 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"/>                                     |

**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)

EMPOWER CAPITAL MANAGEMENT, LLC

84-1444062

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 22551                                                                  | 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)

KL GATES LLP

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 16594                                                                  | 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)

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input 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 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (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. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (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:     | GETTRY MARCUS CPA, P.C.                                   | <b>b</b> EIN:       | 13-3418879   |
| <b>c</b> Position: | AUDITOR                                                   |                     |              |
| <b>d</b> Address:  | 88 FROEHLICH FARM BLVD<br>SUITE 300<br>WOODBURY, NY 11797 | <b>e</b> Telephone: | 516-364-3390 |

Explanation: GETTRY MARCUS CPA, P.C. MERGED WITH CITRIN COOPERMAN &amp; COMPANY LLP

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <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:

|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</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>DFE/Participating Plan 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>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| A Name of plan<br>FUJIFILM GROUP PENSION PLAN                                                                                                                                                |  |                                                                                                                                                                                                                                   |                                                                                                      | B Three-digit plan number (PN) ▶ 001                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>FUJIFILM IMAGING COLORANTS, INC.                                                                                            |  |                                                                                                                                                                                                                                   |                                                                                                      | D Employer Identification Number (EIN)<br>11-3757475                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)             |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL SHORT-TERM                                                                                                                                |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS                                                                                                                         |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN 06-1050034-041                                                                                                                                                                      |  | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7744363 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</       |                                                                                                 |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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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> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>FUJIFILM GROUP PENSION PLAN</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>FUJIFILM IMAGING COLORANTS, INC.</u>                                                                                                                                                                 | <b>D</b> Employer Identification Number (EIN)<br><u>11-3757475</u>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <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. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| a Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1a                            |                       |                 |
| b Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                       |                 |
| (1) Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1b(1)                         |                       |                 |
| (2) Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1b(2)                         |                       |                 |
| (3) Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1b(3)                         | 0                     |                 |
| c General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                       |                 |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1c(1)                         |                       |                 |
| (2) U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1c(2)                         |                       |                 |
| (3) Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                       |                 |
| (A) Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1c(3)(A)                      |                       |                 |
| (B) All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1c(3)(B)                      |                       |                 |
| (4) Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                       |                 |
| (A) Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1c(4)(A)                      |                       |                 |
| (B) Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1c(4)(B)                      |                       |                 |
| (5) Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1c(5)                         |                       |                 |
| (6) Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1c(6)                         |                       |                 |
| (7) Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1c(7)                         |                       |                 |
| (8) Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1c(8)                         |                       |                 |
| (9) Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c(9)                         |                       |                 |
| (10) Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c(10)                        | 7602011               | 7744363         |
| (11) Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1c(11)                        |                       |                 |
| (12) Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c(12)                        |                       |                 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1c(13)                        |                       |                 |
| (14) Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1c(14)                        |                       |                 |
| (15) Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1c(15)                        | 67391996              | 62629240        |

|                                                                           |              |                              |                        |
|---------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>1d</b> Employer-related investments:                                   |              | <b>(a)</b> Beginning of Year | <b>(b)</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>    | 74994007                     | 70373603               |
| <b>Liabilities</b>                                                        |              |                              |                        |
| <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                      |
| <b>Net Assets</b>                                                         |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 74994007                     | 70373603               |

**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.

|                                                                                                            |                 |                   |                  |
|------------------------------------------------------------------------------------------------------------|-----------------|-------------------|------------------|
| <b>Income</b>                                                                                              |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
| <b>a</b> Contributions:                                                                                    |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 0                 |                  |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |                   |                  |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |                   |                  |
| (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>    |                   | 0                |
| <b>b</b> Earnings on investments:                                                                          |                 |                   |                  |
| (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> |                   |                  |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 378882            |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 378882           |
| (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> |                   |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   | 0                |
| (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> |                   |                  |
| (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> |                   |                  |

|                                                                                                 |        | (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)  |            | 10        |
| (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) |            |           |
| c Other income .....                                                                            | 2c     |            | 3008394   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 3387286   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 5520127 |         |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  |         |         |
| (3) Other .....                                                                      | 2e(3)  | 2207202 |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |         | 7727329 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| h Interest expense .....                                                             | 2h     |         |         |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 99272   |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |         |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  |         |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 181089  |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |         |         |
| (7) Actuarial fees .....                                                             | 2i(7)  |         |         |
| (8) Legal fees .....                                                                 | 2i(8)  |         |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |         |         |
| (11) Other expenses .....                                                            | 2i(11) |         |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 280361  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 8007690 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -4620404 |
| 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: CITRIN COOPERMAN & COMPANY LLP

(2) EIN: 22-2428965

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> 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.)                 |                                     | <input checked="" type="checkbox"/> |         |
| <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.) |                                     | <input checked="" type="checkbox"/> |         |
| <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.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <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.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 4500000 |
| <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?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <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?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <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?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <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.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <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.)                                                                                     | <input checked="" type="checkbox"/> |                                     |         |
| <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?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     |                                     |         |
| <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.                                                                                                                        |                                     |                                     |         |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 502808.

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><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 | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                          |                                                                    |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>FUJIFILM GROUP PENSION PLAN</u>                                              | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>FUJIFILM IMAGING COLORANTS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>11-3757475</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                                                     |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                               | <b>1</b> | <u>0</u> |
| <b>2</b> 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): <u>20-3691708</u> <u>22-1211670</u><br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                    | <b>3</b> | <u>1</u> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> 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 checked="" type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                             |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                                         |
| <b>7</b> 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            |
| <b>8</b> 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 checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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 checked="" type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> 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 |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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 |
| <b>12</b> 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) 2023  
v. 230707

**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> If the total number of participants is 1,000 or more, complete lines (a) and (b):                                                                                                                                                                                                                                                                                                                    |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%                                                                                                                                             |  |
| <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>20 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.                                                                                                                                                                                                                                                |  |
| <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 checked="" type="checkbox"/> No                                                                                                                                                                                                      |  |
| <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:                                                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> Yes.                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <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.                                                                                                                                                                                                |  |
| <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.                                                                                                                                                         |  |
| <input type="checkbox"/> No. Other. Provide explanation. _____                                                                                                                                                                                                                                                                                                                                                 |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |  |
| <b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). |  |
| <input type="checkbox"/> Design-based safe harbor method                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> "Prior year" ADP test                                                                                                                                                                                                                                          |  |
| <input type="checkbox"/> "Current year" ADP test                                                                                                                                                                                                                                        |  |
| <input type="checkbox"/> N/A                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                         |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.                                                           |  |

# FUJIFILM Group Pension Plan

Financial Statements and Supplemental Schedules

December 31, 2023 and 2022

# FUJIFILM Group Pension Plan

December 31, 2023 and 2022

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## Independent Auditor's Report [citrincooperman.com](http://citrincooperman.com)

To the Board of Trustees of FUJIFILM Group Pension Plan

### ***Opinion on the 2023 Financial Statements***

We have audited the financial statements of FUJIFILM Group Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of FUJIFILM Group Pension Plan as of December 31, 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the year ended December 31, 2023, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion on the 2023 Financial Statements***

We conducted our audit 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 FUJIFILM Group Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the 2023 Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 FUJIFILM Group Pension Plan's ability to continue as a going concern for one year following the date that the financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the 2023 Financial Statements***

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 FUJIFILM Group Pension Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about FUJIFILM Group Pension Plan's ability to continue as a going concern for a reasonable period of time.

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 - 2023 Supplemental Schedules Required by ERISA***

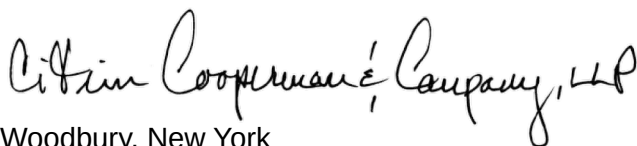
Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i - schedule of assets (held at end of year), and schedule H, line 4j - schedule of reportable transactions, as of and for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

***Other Matter - 2022 Financial Statement***

The financial statement of the FUJIFILM Group Pension Plan as of December 31, 2022, was audited by a predecessor auditor. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, management, having determined it was permissible in the circumstances, elected to have the audit performed pursuant to ERISA Section 103(a)(3)(C). Accordingly, the audit did 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, as the statements or information regarding assets so held were prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution). The predecessor auditor's report, dated October 16, 2023, indicated that (a) the amounts and disclosures in the financial statement, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America and (b) the information in the accompanying financial statement related to assets held by and certified to by a qualified institution agreed to, or was derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Woodbury, New York  
October 15, 2024

## FUJIFILM Group Pension Plan

### Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

|                                              | <u>2023</u>                     | <u>2022</u>                     |
|----------------------------------------------|---------------------------------|---------------------------------|
| <b>Assets</b>                                |                                 |                                 |
| <b>Investments</b>                           |                                 |                                 |
| <b>Investments at fair value</b>             |                                 |                                 |
| Pooled separate accounts                     | \$ 7,744,363                    | \$ 7,602,011                    |
| Investment in annuity buy-in contract        | 62,629,240                      | 67,391,996                      |
| <b>Total investments at fair value</b>       | <u>70,373,603</u>               | <u>74,994,007</u>               |
| <b>Total assets</b>                          | <u>70,373,603</u>               | <u>74,994,007</u>               |
| <br><b>Net assets available for benefits</b> | <br><u><u>\$ 70,373,603</u></u> | <br><u><u>\$ 74,994,007</u></u> |

See accompanying notes to the financial statements.

## FUJIFILM Group Pension Plan

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

For the Year Ended December 31, 2023

#### Additions

##### Investment income

|                                               |            |
|-----------------------------------------------|------------|
| Interest and dividends                        | \$ 378,882 |
| Net appreciation in fair value of investments | 10         |

|                                |                |
|--------------------------------|----------------|
| <b>Total investment income</b> | <u>378,892</u> |
|--------------------------------|----------------|

|                                       |                  |
|---------------------------------------|------------------|
| Adjustment to annuity buy-in contract | <u>3,008,394</u> |
|---------------------------------------|------------------|

|                        |                  |
|------------------------|------------------|
| <b>Total additions</b> | <u>3,387,286</u> |
|------------------------|------------------|

#### Deductions

|                                                |                  |
|------------------------------------------------|------------------|
| Benefits paid to participants                  | 5,520,127        |
| Administrative expenses                        | 280,361          |
| Partial conversion to annuity buy-out contract | <u>2,207,202</u> |

|                         |                  |
|-------------------------|------------------|
| <b>Total deductions</b> | <u>8,007,690</u> |
|-------------------------|------------------|

|                     |             |
|---------------------|-------------|
| <b>Net decrease</b> | (4,620,404) |
|---------------------|-------------|

Net assets available for benefits

|                   |            |
|-------------------|------------|
| Beginning of year | 74,994,007 |
|-------------------|------------|

|                    |                             |
|--------------------|-----------------------------|
| <b>End of year</b> | <u><u>\$ 70,373,603</u></u> |
|--------------------|-----------------------------|

See accompanying notes to the financial statements.

# FUJIFILM Group Pension Plan

## Statements of Accumulated Plan Benefits

December 31, 2023 and 2022

|                                                                   | <u>2023</u>                 | <u>2022</u>                 |
|-------------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>Actuarial present value of accumulated plan benefits</b>       |                             |                             |
| <b>Vested benefits</b>                                            |                             |                             |
| Participants currently receiving payments                         | \$ 53,064,067               | \$ 54,708,653               |
| Participants with deferred benefits                               | 5,338,411                   | 8,212,087                   |
| Active participants                                               | 4,150,583                   | 4,359,082                   |
| <b>Total vested benefits</b>                                      | <u>62,553,061</u>           | <u>67,279,822</u>           |
| Nonvested benefits                                                | 76,179                      | 112,174                     |
| <b>Total actuarial present value of accumulated plan benefits</b> | <u><u>\$ 62,629,240</u></u> | <u><u>\$ 67,391,996</u></u> |

See accompanying notes to the financial statements.

**FUJIFILM Group Pension Plan**  
**Statement of Changes in Accumulated Plan Benefits**  
**For the Year Ended December 31, 2023**

|                                                                            |                             |
|----------------------------------------------------------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits at beginning of year  | \$ 67,391,996               |
| <b>Increase (decrease) during the year attributable to:</b>                |                             |
| Benefits accumulated                                                       | 120,287                     |
| Increase for interest                                                      | 2,844,286                   |
| Benefits paid                                                              | (5,520,127)                 |
| Partial conversion to annuity buy-out contract                             | (2,207,202)                 |
| <b>Net decrease</b>                                                        | <u>(4,762,756)</u>          |
| <b>Actuarial present value of accumulated plan benefits at end of year</b> | <u><u>\$ 62,629,240</u></u> |

See accompanying notes to the financial statements.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### 1. DESCRIPTION OF PLAN

The following description of the FUJIFILM Group Pension Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a noncontributory cash balance defined benefit plan established effective February 17, 2006, as restated January 1, 2016. Prior to the plan freeze, the Plan covered all employees of FUJIFILM Imaging Colorants Inc. (the Company). Effective December 31, 2007, the Plan was amended to transfer into the Plan all of the plan net assets of the PrimeSource Corporation Pension Plan and the FUJIFILM Hunt Chemicals U.S.A., Inc. Defined Benefit Plan and include substantially all salaried employees of PrimeSource Corporation and FUJIFILM Hunt Chemicals U.S.A., Inc. The Plan was amended to freeze the accrual of benefits as of December 31, 2007, for the employees of PrimeSource Corporation and FUJIFILM Hunt Chemicals U.S.A., Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Plan's management determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

**Pension benefits** - Participants are entitled to pension benefits upon attaining the normal retirement age (65) or the fifth anniversary of the date participation in the Plan commenced. The benefits for the Company's participants are as follows:

Benefits Schedule A: For all eligible employees who elected this schedule as of May 1, 1998, the benefit equals the greater of:

- (i) 1.2% of Final Average Compensation (FAC), as defined, times years of service.
- (ii) 1.6% of FAC, times years of service, up to a maximum of 50% of Average Compensation, as defined, minus 1.6% of Primary Insurance Amount (PIM), as defined, times years of service, up to a maximum of 50% of PIM. This benefit was not applicable to bargaining groups.

Benefits Schedule B: For all eligible employees who elected this schedule as of May 1, 1998, and for all eligible employees hired on or after March 1, 1998, the benefit equals the sum of (i) and (ii):

- (i) The benefit determined under Benefit Schedule A is based on average compensation and years of service as of April 30, 1998.
- (ii) The accumulation for each plan year of the sum of 1.2% of compensation up to the breakpoint plus 1.6% of compensation in excess of the breakpoint, as defined in the Plan.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

Early Retirement Eligibility: Participants who retire from active employment and who have completed at least five years of vesting and have attained age 50 and whose age plus years of vesting equals 70 or more are eligible for early retirement.

Benefits are reduced by appropriate early retirement tables. For Benefit Schedule A there is a separate schedule for benefit part (i) or benefit part (ii). In general:

Benefits are unreduced for age 62 with 10 years of service.

Benefits are unreduced for Rule of 80 if at least age 55.

For Benefit Schedule B, in general:

Benefits are unreduced for age 62 with 10 years of service.

Benefits are unreduced for Rule of 80 if at least age 58.

For vesting participants who separate from service prior to age 50 or prior to meeting Rule of 70, benefits are available when age plus vesting service equals 70 or more, but not earlier than age 50. Effective September 1, 2014, vesting participants with an accrued benefit with a present value exceeding \$5,000 and less than \$35,000, may elect to have the benefit paid as a lump sum, direct rollover to an eligible retirement plan, a single life annuity, or a 50% or 75% spousal survivor annuity.

Benefits are actuarially reduced from age 65 according to the schedule provided in the Plan document. The Plan agreement contains additional provisions for participants who were also participants of the plans that were merged into this Plan.

**Death benefits** - If a participant dies after earning a non-forfeitable right to accrued benefits but prior to the election of retirement benefits, the participant's current spouse shall receive an amount equal to the annuity payable during the joint lives of the participant and his spouse. If a participant dies after the election of retirement benefits, his beneficiary shall be entitled to any amount which may be payable under the form of benefit that the participant elected.

## 2. SUMMARY OF ACCOUNTING POLICIES

**Basis of accounting** - The financial statements of the Plan are prepared on 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 requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

**Investment valuation and income recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Investment in annuity buy-in contract** - As more fully described in Note 5, on October 6, 2021, the Plan purchased an annuity buy-in contract from The Prudential Insurance Company of America (PICA), under which PICA agreed to reimburse the Plan for all benefit payments for all the covered participants and beneficiaries for the rest of their lives, including Plan related death benefits (annuity buy-in contract). Investment risk, mortality risk, and longevity risk associated with the covered participants and beneficiaries are transferred to PICA pursuant to the annuity buy-in whereas, the Plan retained the primary and formal contractual obligation to pay the covered participants and beneficiaries. The remaining principal financial risk to the Plan is the ability for the insurance company to perform its counter-party obligations throughout the life of the contract. The annuity buy-in contract does not constitute a settlement or curtailment as the participants of the Plan were not a party to it. Consequently, the Plan's investment in the annuity buy-in contract is reflected in the Statements of Net Assets Available for Benefits, and the Plan's obligations for future benefit payments is retained by the Plan.

**Payment of benefits** - Benefits payments to participants are recorded when paid.

**Administrative expenses** - The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

**Subsequent events** - Subsequent events were evaluated through October 15, 2024, the date the financial statements were available to be issued.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuations were:

| <b>Assumption</b> | <b>December 31, 2023</b>                                         | <b>December 31, 2022</b>                                         |
|-------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| Discount rate     | 4.50%                                                            | 4.50%                                                            |
| Mortality         | Pri-2012 Total Dataset<br>Employee/Retiree with Scale<br>MP-2021 | Pri-2012 Total Dataset<br>Employee/Retiree with Scale<br>MP-2021 |
| Retirement age    | 65                                                               | 65                                                               |

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

### 4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

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 - Inputs to the valuation methodology are unobservable and significant to the 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2023 and 2022.

*Pooled separate accounts:* Valued based upon the unit values of such pooled accounts held by the Plan at year end. Unit values are based on the fair value of the underlying assets of the fund derived from inputs principally from or corroborated by observable market data by correlation or other means, although are not based upon quoted market prices in an active market. The underlying investments of the pooled separate accounts consist of mutual funds, each of which follows a separate investment strategy. Due to the nature of these pooled accounts, there are no unfunded commitments or redemption restrictions.

*Investment in annuity buy-in contract:* Measured based on the present value of the Plan's accumulated benefit obligation, as this is the amount of future cash flows expected to be received from the insurance company in performance of the contract.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### Assets at Fair Value as of December 31, 2023

|                                                     | Level 1     | Level 2             | Level 3              | Total                |
|-----------------------------------------------------|-------------|---------------------|----------------------|----------------------|
| Pooled separate accounts                            | \$ -        | \$ 7,744,363        | \$ -                 | \$ 7,744,363         |
| Investment in annuity buy-<br>in contract           | -           | -                   | 62,629,240           | 62,629,240           |
| <b>Total assets in the fair value<br/>hierarchy</b> | -           | 7,744,363           | 62,629,240           | 70,373,603           |
| <b>Total investments at fair value</b>              | <u>\$ -</u> | <u>\$ 7,744,363</u> | <u>\$ 62,629,240</u> | <u>\$ 70,373,603</u> |

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### Assets at Fair Value as of

#### December 31, 2022

|                                                 | Level 1 | Level 2      | Level 3       | Total         |
|-------------------------------------------------|---------|--------------|---------------|---------------|
| Pooled separate accounts                        | \$ -    | \$ 7,602,011 | \$ -          | \$ 7,602,011  |
| Investment in annuity buy-in contract           | -       | -            | 67,391,996    | 67,391,996    |
| <b>Total assets in the fair value hierarchy</b> | -       | 7,602,011    | 67,391,996    | 74,994,007    |
| <b>Total investments at fair value</b>          | \$ -    | \$ 7,602,011 | \$ 67,391,996 | \$ 74,994,007 |

| Instrument                            | Fair Value        |                                 | Significant Unobservable Inputs      | Quantitative Information about Significant Unobservable Inputs |
|---------------------------------------|-------------------|---------------------------------|--------------------------------------|----------------------------------------------------------------|
|                                       | December 31, 2023 | Principal Valuation Technique   |                                      |                                                                |
| Investment in annuity buy-in contract | \$62,629,240      | Discounted benefit obligations* | Discounted rate, pension obligation* | 4.50%*                                                         |

\*Refer to Note 5 for further details.

### 5. INVESTMENT IN ANNUITY BUY-IN CONTRACT

On October 6, 2021, the Plan and The Prudential Insurance Company of America (PICA) contracted to have PICA reimburse the Plan for all benefits due to the participants no matter the nature of the benefit. Under this contract, the risks of investment, mortality, and longevity were absorbed by PICA. The principal risk to the Plan is the risk of PICA being able to continue as a going concern and perform on its counterparty obligations under the contract. This contract is commonly referred to as an “annuity buy-in contract.”

In an annuity buy-in contract (i) the Plan retains the formal, primary, and contractual obligation to the participants and beneficiaries as this does not constitute a settlement or curtailment, (ii) the Plan is responsible for the transactions and continues to make all the monthly benefit payments, as plan administrator, but is reimbursed by PICA for the amounts paid out each month, (iii) PICA covers investment, mortality and longevity risk, (iv) the contract does not reduce funded ERISA status, (v) said contract can be converted to a buy-out at any time, (vi) the Plan retains the administrative and PBGC costs, and (vii) the contract is reflected as a plan asset until it is converted to a buy-out. The Board of Trustees of the Plan believe that the buy-in was a more beneficial annuity purchase option for the Plan.

The annuity buy-in contract purchased from PICA covered all 575 participants of the Plan. At the time of the annuity buy-in contract purchase, the premium amount paid was \$87,578,777.

# **FUJIFILM Group Pension Plan**

## **Notes to the Financial Statements**

**December 31, 2023 and 2022**

As of December 31, 2023 and 2022, due to the nature of the annuity buy-in contract, its fair value was determined based on the present value of the expected future reimbursements due to the Plan from PICA with no inherent gains or losses on the contract due to market, mortality or longevity risk. Accordingly, plan management determined that the best indication of these transactions was the actuarial present value of the Plan's benefit obligations and using the same discount rates of the actuary (4.50 percent), as opposed: PICA's weighted average of performance yield. However, the impact of deferrals and amortization utilized by the Plan's actuary to arrive at the benefit obligations was not taken into account for fair value purposes as the lives utilized were not long term. Accordingly, as of December 31, 2023 and 2022, the Plan has valued the investment contract at \$62,629,240 and \$67,391,996, respectively.

As the Plan is still subject to the risk of financial performance of PICA, deterioration of PICA's ratings could result in a reduction of the Plan's investment in the annuity buy-in contract. In an extreme situation, should PICA be completely unable to perform, the Plan and the Company would be required to make up said shortfalls, if any.

PICA reimbursed the Plan for the aggregate monthly plan obligations that the Plan pays to its participants. For the years ended December 31, 2023 and 2022, aggregate reimbursements from PICA amounted to \$5,563,948 and \$5,325,746, respectively, and are reflected as a reduction of the investment in group annuity contract on the Statements of Net Assets Available for Benefits.

### **6. ANNUITY BUY-OUT CONTRACT**

During the year ended December 31, 2023, pursuant to the terms of the annuity buy-in contract, the Plan partially converted its annuity buy-in contract to an annuity buy-out contract for plan obligations totaling \$2,207,202. Accordingly, benefit payment obligations of \$2,207,202 for 38 participants was assumed by a third party insurance company, reducing the investment in the annuity buy-in contract by such amount.

### **7. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS**

The Plan's investments are administered under a contract with Empower Annuity Insurance Company, the Trustee of the Plan. Contributions are held and managed by Empower Annuity Insurance Company, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

### **8. PLAN TERMINATION**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

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

There is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2023, that ceiling is \$6,750 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement of plan termination, whichever comes later. For younger annuitants or those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

### 9. TAX STATUS

The IRS has determined and informed the Company by a letter dated August 27, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Plan management is required 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.

# **FUJIFILM Group Pension Plan**

## **Notes to the Financial Statements**

**December 31, 2023 and 2022**

### **10. RISKS AND UNCERTAINTIES**

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

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

### **11. FUNDING POLICY**

The Company's funding policy is to contribute an amount determined annually by the pension committee after it reviews the minimum contribution required under ERISA and the maximum tax-deductible contribution. Contributions are intended to provide not only for service to date but also for service expected to be earned in the future. During 2023 and 2022, a calculation was performed and it was deemed that there was no required minimum cash contribution to be made and, accordingly, the Company did not make additional contributions to the Plan.

### **12. BENEFITS PAYABLE**

As of the date the financial statements were available to be issued, the Company had not completed the annual discrimination testing for an affiliated Plan in the controlled group (as defined) for the year ended December 31, 2014. Management believes the amount of refunds, if any, resulting from the testing would not be material to the financial statements and, therefore, no liability has been recorded for such refunds, if any.

## **Supplemental Schedules**

# FUJIFILM Group Pension Plan

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

EIN: 11-3757475 Plan Number: 001

December 31, 2023

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost      | (e) Current value |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------|-------------------|
| *   | Prudential Retirement Insurance and Annuity Company       | Investment in buy-in annuity contract                                                                       | \$ 74,844,836 | \$ 62,629,240     |
| *   | Prudential Retirement Insurance and Annuity Company       | Prudential Short-Term Fund                                                                                  | 7,744,290     | 7,744,363         |
|     |                                                           |                                                                                                             | \$ 82,589,126 | \$ 70,373,603     |

\*Denotes a party in interest.

See independent auditor's report.

# FUJIFILM Group Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 11-3757475 Plan Number: 001

For the Year Ended December 31, 2023

|                                                        | (a) | (b) Description<br>of asset    | (c) Purchase<br>price | (d) Selling price | (g) Cost      | (h) Current value<br>of asset on<br>transaction date | (i) Net gain |
|--------------------------------------------------------|-----|--------------------------------|-----------------------|-------------------|---------------|------------------------------------------------------|--------------|
| Series Transactions                                    |     |                                |                       |                   |               |                                                      |              |
| Prudential Retirement Insurance<br>and Annuity Company | *   | Prudential Short-<br>Term Fund | \$ 5,600,288          | \$ -              | \$ 5,600,288  | \$ 5,600,288                                         | \$ -         |
| Prudential Retirement Insurance<br>and Annuity Company | *   | Prudential Short-<br>Term Fund | -                     | 5,836,829         | 5,836,753     | 5,836,829                                            | 76           |
| Total Series Transactions                              |     |                                | \$ 5,600,288          | \$ 5,836,829      | \$ 11,437,041 | \$ 11,437,117                                        | \$ 76        |

\*Denotes a party in interest

See independent auditor's report.

## Distribution of active participants by age and service

### Number of active participants as of January 1, 2023 – distribution by age and service

Active participant counts are shown below.

| Attained age | Years of credited service |           |           |           |          |          |       |          |       |     | Total     |
|--------------|---------------------------|-----------|-----------|-----------|----------|----------|-------|----------|-------|-----|-----------|
|              | Under 1                   | 1-4       | 5-9       | 10-14     | 15-19    | 20-24    | 25-29 | 30-34    | 35-39 | 40+ |           |
| Under 25     |                           |           |           |           |          |          |       |          |       |     |           |
| 25-29        |                           |           |           |           |          |          |       |          |       |     |           |
| 30-34        |                           |           |           |           |          |          |       |          |       |     |           |
| 35-39        |                           |           |           |           |          |          |       |          |       |     |           |
| 40-44        |                           |           | 1         |           |          |          |       |          |       |     | 1         |
| 45-49        |                           |           | 4         |           |          |          |       |          |       |     | 4         |
| 50-54        |                           | 2         | 3         | 3         | 1        |          |       |          |       |     | 9         |
| 55-59        |                           | 3         | 4         | 3         | 4        | 1        |       |          |       |     | 15        |
| 60-64        |                           | 4         | 8         | 2         |          | 1        |       | 1        |       |     | 16        |
| 65-69        |                           | 1         | 3         | 2         |          |          |       |          |       |     | 6         |
| 70+          |                           |           |           |           |          |          |       |          |       |     |           |
| <b>Total</b> |                           | <b>10</b> | <b>23</b> | <b>10</b> | <b>5</b> | <b>2</b> |       | <b>1</b> |       |     | <b>51</b> |

## **Changes since last year's valuation**

### **Changes in pension plan provisions**

No changes in the pension plan provisions were recognized with this actuarial valuation.

### **Legislated changes**

There were no legislative changes recognized with this actuarial valuation.

### **Changes in actuarial assumptions**

The administrative expense load assumption was changed from \$150,000 to \$250,000.

The assumed long term return was changed from 3.50% to 4.50%.

### **Changes in actuarial methods**

No changes in actuarial methods were recognized with this actuarial valuation.

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><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 | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial 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 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>FUJIFILM GROUP PENSION PLAN                                                                                      | <b>B</b> Three-digit plan number (PN) ▶<br><br>001                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>FUJIFILM IMAGING COLORANTS, INC.                              | <b>D</b> Employer Identification Number (EIN)<br><br>11-3757475                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                |
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2023</u>                                                                                                                                |                                                                                                         |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                         |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> 71,803,978                                                                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> 78,984,375                                                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                         |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants 369 (2) Vested Funding Target 52,469,872 (3) Total Funding Target 52,469,872 |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | 141 7,451,048 7,451,048                                                                                 |
| <b>c</b> For active participants .....                                                                                                                                                                         | 51 3,956,586 4,063,309                                                                                  |
| <b>d</b> Total.....                                                                                                                                                                                            | 561 63,877,506 63,984,229                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                         |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                               |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                                               |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> 5.15 %                                                                                         |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                         |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> 0                                                                                             |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> 250,000                                                                                       |
| <b>c</b> Target normal cost .....                                                                                                                                                                              | <b>6c</b> 250,000                                                                                       |

**Statement by Enrolled Actuary**

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

|                            |                                                           |                                                                 |
|----------------------------|-----------------------------------------------------------|-----------------------------------------------------------------|
| <b>SIGN HERE</b>           | <b>Michael Grenier</b> <i>mjg</i><br>Signature of actuary | <u>09/19/2024</u><br>Date                                       |
| <b>MICHAEL J. GRENIER</b>  | Type or print name of actuary                             | <u>23-05523</u><br>Most recent enrollment number                |
| <b>EMPOWER</b>             | Firm name                                                 | <u>(303) 737-6246</u><br>Telephone number (including area code) |
| <b>280 TRUMBULL STREET</b> |                                                           |                                                                 |
| <b>HARTFORD</b>            | <b>CT 06103</b><br>Address of the firm                    |                                                                 |

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2023**  
**v. 230728**

**FUJIFILM Group Pension Plan**  
**EIN / PN: 11-3757475 / 001**  
**Attachment to 2023 Schedule SB (Form 5500)**  
**Line 22 - Description of Weighted Average Retirement Age**

| <u>Age</u> | <u>Probability</u> | <u>Number Retiring</u> | <u>Number Remaining</u> | <u>Result</u> |
|------------|--------------------|------------------------|-------------------------|---------------|
| 55         | 1.60%              | 0.016000               | 0.984000                | 0.880000      |
| 56         | 1.65%              | 0.016236               | 0.967764                | 0.909216      |
| 57         | 1.70%              | 0.016452               | 0.951312                | 0.937763      |
| 58         | 1.75%              | 0.016648               | 0.934664                | 0.965582      |
| 59         | 1.80%              | 0.016824               | 0.917840                | 0.992613      |
| 60         | 1.85%              | 0.016980               | 0.900860                | 1.018803      |
| 61         | 1.90%              | 0.017116               | 0.883744                | 1.044097      |
| 62         | 10.00%             | 0.088374               | 0.795369                | 5.479211      |
| 63         | 2.80%              | 0.022270               | 0.773099                | 1.403032      |
| 64         | 3.00%              | 0.023193               | 0.749906                | 1.484350      |
| 65         | 100.00%            | 0.749906               | 0.000000                | 48.743892     |
|            |                    |                        |                         | 63.858558     |

## Actuarial methods

Under the actuarial methods described below, if all current assumptions remain constant and are realized, funding at least the minimum required contribution each year will eventually accumulate sufficient plan assets to cover the funding target. Future widening of the interest rate stabilization corridor may extend the time period for the plan to become fully funded.

### Cost method

Costs have been computed in accordance with the unit credit actuarial cost method and reflect the actuarial assumptions described under “Actuarial assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

### Target normal cost

The target normal cost is the present value of benefits expected to accrue during the plan year plus an estimate of the expenses to be paid from plan assets during the plan year.

### Funding target and funding shortfall

The funding target is the present value of benefits accrued as of the beginning of the plan year and the funding shortfall is the excess of the funding target over the actuarial value of assets (reduced by the credit balance). The initial funding shortfall is amortized over 15 years.

In subsequent years, the funding shortfall less the present value of prior year amortization installments is amortized over 15 years, and added to any prior year amortization installments.

Segment rates are adjusted as necessary to fall within the specified corridor of the corresponding 25-year average of segment rates for the period ending September 30 of the calendar year preceding the first day of the plan year. The specified corridor is:

| <u>Plan year</u> | <u>Corridor</u> |
|------------------|-----------------|
| Through 2030     | 95% - 105%      |
| 2031             | 90% - 110%      |
| 2032             | 85% - 115%      |
| 2033             | 80% - 120%      |
| 2034             | 75% - 125%      |
| 2035 and later   | 70% - 130%      |

In the event the 25-year average of either the first, second, or third segment rate falls below 5%, the 25-year average of such rate will be deemed to be 5%.

The adjustments to fall within the specified corridor of the 25-year average of segment rates apply for determining the minimum required contribution and related funded percentages. They do not apply for determining the maximum tax deductible contribution or certain other situations.

### Sponsor elections

Discount rate: Segment rates, with a 4-month lookback

Mortality table: Prescribed IRS static mortality table – separate

ARPA effective date: January 1, 2021 for amortization and January 1, 2021 for segment rates

### **At-risk determination**

The at-risk funding target is determined by assuming that participants eligible to retire in the current plan year and next 10 plan years retire at the earliest possible date, but not before the end of the plan year. All participants are assumed to elect the optional form resulting in the highest possible present value.

A load is added to the at-risk funding target and at-risk target normal cost when a plan is at-risk in at least two years during the preceding four years. The load increases the at-risk funding target by 4% of the not at-risk funding target plus \$700 per participant, and increases the at-risk target normal cost by 4% of the not at-risk target normal cost.

The funding target and target normal cost are calculated by multiplying the not at-risk values by 100% minus the phase-in percentage, plus the at-risk values multiplied by the phase-in percentage.

### **Credit balance**

The credit balance consists of the carryover balance from excess contributions prior to the Pension Protection Act (PPA) of 2006, plus the prefunding balance from elected excess contributions after the PPA. Balances accumulate with interest and are reduced for amounts applied towards the minimum required contribution, voluntary waivers by the plan sponsor, and compelled waivers to avoid benefit restrictions. The actuarial value of assets is reduced by the credit balance to determine certain funded percentages and to determine the funding shortfall.

### **Asset valuation method**

The actuarial value of assets is determined using an annual average of the adjusted fair market value of assets with the earliest determination 24 months prior to the valuation date. The fair market value of assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings (not to exceed the third segment rate).

This is equivalent to the fair market value of assets, plus two-thirds of the (gain)/loss from the prior year, plus one-third of the (gain)/loss from the second preceding year. The (gain)/loss in each year is the difference between the expected and actual returns on the fair market value of assets.

The actuarial value of assets is adjusted to be no less than 90% or no more than 110% of the fair market value of assets, as required by IRC Section 430(g)(3)(B)(iii).

Since the expected earnings assumption cannot exceed the third segment rate, over time, the method may produce an actuarial value of assets slightly below the fair market value of assets.

The actuarial value of assets for determining the maximum tax deductible contribution reflects interest rate stabilization rates for discounting contributions and limiting expected earnings.

## Actuarial assumptions

### Funding Assumptions:

The discount rate and mortality assumptions are prescribed assumptions set by law. All other assumptions are non-prescribed assumptions set by the actuary which reflect estimates of future experience, are appropriate for the purpose of the measurement, consider relevant plan characteristics, and contain no significant bias unless otherwise noted. Relevant historical information, such as credible plan experience and experience from representative populations, was considered in the selection of the non-prescribed assumptions with a significant effect on the measurement. Factors that may affect future experience and the views of experts were also considered.

An annual review of actuarial assumptions is completed and there has been no consistent pattern of material gains or losses occurring from any non-prescribed assumptions.

The investment return is based on the plan's asset allocation and reflects a weighted average of expected returns by asset class.

### ASC 960 Assumptions:

All assumptions are set by the plan sponsor and they align with the Funding Assumptions except for the mortality assumption.

The mortality assumption reflects experience from representative populations, based on the Pri-2012 Private Retirement Plans Mortality Table Report issued by the Society of Actuaries (SOA) in October 2019 and the Mortality Improvement Scale MP-2021 Report issued by the SOA in October 2021.

The actuarial assumptions used to compute Plan costs are:

| <b>Discount Rate:</b>          | <b><u>With Stabilization</u></b> | <b><u>Without Stabilization</u></b> | <b><u>ASC 960</u></b> |
|--------------------------------|----------------------------------|-------------------------------------|-----------------------|
| Effective Rate                 | 5.15%                            | 3.10%                               | 4.50%                 |
| First Segment – First 5 Years  | 4.75%                            | 1.41%                               | N/A                   |
| Second Segment – Next 15 Years | 5.00%                            | 3.09%                               | N/A                   |
| Third Segment – After 20 Years | 5.74%                            | 3.58%                               | N/A                   |
| <b>Investment Return:</b>      | 4.50% per annum, net of expenses |                                     |                       |

**Mortality:**

*Funding:*

*Male:* IRS 2023 Static Mortality Table.

*Female:* IRS 2023 Static Mortality Table.

*Accounting:*

*Male:* Pri-2012 Total Dataset Employee/Retiree with Scale MP-2021.

*Female:* Pri-2012 Total Dataset Employee/Retiree with Scale MP-2021.

**Termination:**

Sarason T-9

Sample Rates per 1,000 participants:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 25         | 172         |
| 35         | 137         |
| 45         | 84          |
| 55         | 17          |

**Retirement:**

*Active Participants:*

Active employees are assumed to retire at earliest possible age to qualify for unreduced benefits.

Retirement prior to eligibility for unreduced benefits are assumed as follows:

| <u>Age</u> | <u>Rate</u> | <u>Age</u> | <u>Rate</u> |
|------------|-------------|------------|-------------|
| 55         | 0.0160      | 60         | 0.0185      |
| 56         | 0.0165      | 61         | 0.0190      |
| 57         | 0.0170      | 62         | 0.1000      |
| 58         | 0.0175      | 63         | 0.0280      |
| 59         | 0.0180      | 64         | 0.0300      |
|            |             | 65+        | 1.0000      |

*Terminated Vested Participants:*

Age 62 for those eligible for early retirement, age 65 otherwise

**Estimated Expenses:**

\$250,000 assumed

**Salary Scale:**

Not Applicable

**Survivor's Benefit**

It is assumed that husbands are 4 years older than wives and that 100% of the male Participants and 100% of the female Participants who are or will become eligible for coverage under the Spouse's Benefit will be survived by an eligible spouse.

**Disability**

None

---

## Plan provisions

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Final Earnings:                 | The participant's total Compensation in the 36 consecutive months during the last ten consecutive plan years prior to retirement or termination in which Compensation was the highest divided by 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Years of Service:               | <p><u>For periods of service prior to January 1, 1976:</u> years and months of Continuous Service from date of hire.</p> <p><u>For periods of service on or after January 1, 1976:</u> For regular employees, all periods of service including full and partial years. For part-time employees, one year of service for each accrual computation period during which the participant is credited with 900 hours of service. For years before January 1, 1994, 2,080 hours of service are required for one Year of Service and service is credited on a pro rata basis for hours less than 2,080.</p>                                                                                                                              |
| Social Security:                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <i>Primary Insurance Amount</i> | Primary benefit based upon the Act in effect at time of termination of employment, payable at the later of age 62 or actual retirement age. For terminations before age 62, no earnings after employment are assumed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Benefit Formula:                | <p><u>Benefit Schedule A:</u> For all eligible employees who elected this schedule as of May 1, 1998, the benefit equals the greater of (i) or (ii):</p> <ul style="list-style-type: none"><li>(i) 1.2% of Average Compensation times Years of Service.</li><li>(ii) 1.6% times Years of Service, but not more than 50%, times Average Compensation minus 1.6% times Years of Service, but not more than 50%, times Social Security Benefit. This benefit is not applicable to bargaining groups.</li></ul> <p><u>Benefit Schedule B:</u> For all eligible employees who elected this schedule as of May 1, 1998, and for all eligible employees hired on or after March 1, 1998, the benefit equals the sum of (i) and (ii):</p> |

- (i) The benefit determined under Benefit Schedule A based on Average Compensation and Years of Service as of April 30, 1998.
- (ii) The accumulation for each plan year of the sum of 1.2% of Compensation up to the Breakpoint plus 1.6% of Compensation in excess of the Breakpoint. Breakpoint: \$73,600 for 2012, \$71,400 for 2011, \$71,400 for 2010, \$71,400 for 2009, \$68,200 for 2008, \$65,200 for 2007, \$63,000 for 2006, \$60,200 for 2005, \$58,800 for 2004, \$58,200 for 2003, \$56,800 for 2002, as adjusted for inflation as the Social Security Wage Base.

Early Retirement:

Imaging Colorants

*Eligibility*

Participants retiring from active employment who have completed at least five Years of Vesting and have attained age 50 and whose age plus years of Vesting equals 70 or more.

*Amount*

Benefits are reduced by appropriate Early Retirement Tables. For Benefit Schedule A there is a separate schedule for benefit part (i) or benefit part (ii). In general:

Benefits are unreduced for age 62 with 10 years of service.

Benefits are unreduced for Rule of 80 if at least age 55.

For Benefit Schedule B, in general:

Benefits are unreduced for age 62 with 10 years of service.

Benefits are unreduced for Rule of 80 if at least age 58.

*Eligibility*

Vested participants who separate from service prior to age 50 or prior to meeting Rule of 70. Benefits are available when age plus vesting service equals 70 or more, but no earlier than age 50.

*Amount*

Benefits are actuarially reduced from age 65 according to schedule provided in Plan Document.

PrimeSource:

*Eligibility* The later of 1) the attainment of age 55 or 2) the date on which the sum of the Participant's age and years of service equals or exceeds 70.

*Amount* 100% of the accrued pension benefit. Benefit determined under same formula as for normal retirement based on credited service to early retirement date. Benefit reduced in accordance with the following:

| <u>Age</u> | <u>Adjustment Factor</u> | <u>Age</u> | <u>Adjustment Factor</u> |
|------------|--------------------------|------------|--------------------------|
| 64         | 1.000                    | 59         | 0.633                    |
| 63         | 0.960                    | 58         | 0.600                    |
| 62         | 0.920                    | 57         | 0.567                    |
| 61         | 0.880                    | 56         | 0.533                    |
| 60         | 0.840                    | 55         | 0.500                    |

Hunt:

*Eligibility* Age 55 and 10 years of service.

*Amount* Fuji Hunt: Monthly Accrued Benefit determined as of Early Retirement Date, reduced 1/3% for each month of payment before age 62.

Orange Park Salaried: Monthly Accrued Benefit determined as of Early Retirement Date, reduced 1/3% for each month of payment before age 65. For certain benefits, reduction is 1/2% for each month of payment before age 65 and if the participant is at least age 60 with 30 years of service, the benefit is unreduced.

Orange Park Hourly: Monthly Accrued Benefit determined as of Early Retirement Date, reduced 1/2% for each month of payment before age 65.

Vesting Schedule: Participants who have completed at least five Years of Vesting.

Preretirement Spouse Benefit

*Eligibility* Spouses of vested participants who die before the commencement of their pensions or of participants on disability retirement who die.

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Benefit Formula</i>                                  | 50% of the benefit the participant would have received had he terminated on the date of his death and elected a qualified joint and one-half spouse's annuity payable on the later of the date of death or the date the participant would have been eligible for early retirement.                                                                                                                    |
| Prior Plan Values                                       |                                                                                                                                                                                                                                                                                                                                                                                                       |
| <i>Amount</i>                                           | The Normal Retirement Benefit shall be reduced by any benefit payable under a plan sponsored by Avecia or a plan of a previous employer attributable to service credited by this plan.                                                                                                                                                                                                                |
| Late Retirement                                         | The retirement benefit for participants who work beyond age 65, are based on service and earnings at actual retirement date.                                                                                                                                                                                                                                                                          |
| Optional Benefit Forms:                                 | Life Annuity<br>5 Year Certain & Continuous<br>10 Year Certain & Continuous<br>15 Year Certain & Continuous<br>20 Year Certain & Continuous<br>25 Year Certain & Continuous<br>Joint & 50% Survivor<br>Joint & 100% Survivor<br><br>Participants from the PrimeSource Plan and Hunt Plan are entitled to any other optional benefit forms that were offered by the respective Plan before the merger. |
| <b>Status of Benefit Accruals and Plan Eligibility:</b> |                                                                                                                                                                                                                                                                                                                                                                                                       |
| <u>Hunt:</u>                                            | Effective December 31, 2007, all benefit accruals were frozen and no individual should become eligible to participate after December 31, 2007.                                                                                                                                                                                                                                                        |
| <u>PrimeSource:</u>                                     | Effective December 31, 2005, all benefit accruals were frozen and no individual should become eligible to participate after December 31, 2005.                                                                                                                                                                                                                                                        |
| <u>Imaging Colorants:</u>                               | Effective March 31, 2012, all benefit accruals were frozen and no individual should become eligible to participate after March 31, 2012.                                                                                                                                                                                                                                                              |

# FUJIFILM Group Pension Plan

Financial Statements and Supplemental Schedules

December 31, 2023 and 2022

# FUJIFILM Group Pension Plan

December 31, 2023 and 2022

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Certified Public Accountants

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## **Independent Auditor's Report** [citrincooperman.com](http://citrincooperman.com)

To the Board of Trustees of FUJIFILM Group Pension Plan

### ***Opinion on the 2023 Financial Statements***

We have audited the financial statements of FUJIFILM Group Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of FUJIFILM Group Pension Plan as of December 31, 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the year ended December 31, 2023, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion on the 2023 Financial Statements***

We conducted our audit 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 FUJIFILM Group Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the 2023 Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 FUJIFILM Group Pension Plan's ability to continue as a going concern for one year following the date that the financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the 2023 Financial Statements***

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 FUJIFILM Group Pension Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about FUJIFILM Group Pension Plan's ability to continue as a going concern for a reasonable period of time.

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 - 2023 Supplemental Schedules Required by ERISA***

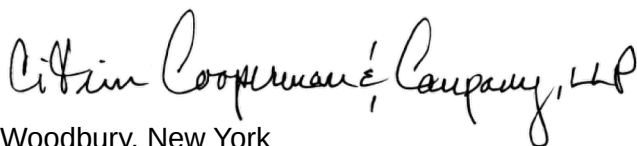
Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i - schedule of assets (held at end of year), and schedule H, line 4j - schedule of reportable transactions, as of and for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

***Other Matter - 2022 Financial Statement***

The financial statement of the FUJIFILM Group Pension Plan as of December 31, 2022, was audited by a predecessor auditor. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, management, having determined it was permissible in the circumstances, elected to have the audit performed pursuant to ERISA Section 103(a)(3)(C). Accordingly, the audit did 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, as the statements or information regarding assets so held were prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution). The predecessor auditor's report, dated October 16, 2023, indicated that (a) the amounts and disclosures in the financial statement, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America and (b) the information in the accompanying financial statement related to assets held by and certified to by a qualified institution agreed to, or was derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Woodbury, New York  
October 15, 2024

# FUJIFILM Group Pension Plan

## Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

|                                              | <u>2023</u>                     | <u>2022</u>                     |
|----------------------------------------------|---------------------------------|---------------------------------|
| <b>Assets</b>                                |                                 |                                 |
| <b>Investments</b>                           |                                 |                                 |
| <b>Investments at fair value</b>             |                                 |                                 |
| Pooled separate accounts                     | \$ 7,744,363                    | \$ 7,602,011                    |
| Investment in annuity buy-in contract        | 62,629,240                      | 67,391,996                      |
| <b>Total investments at fair value</b>       | <u>70,373,603</u>               | <u>74,994,007</u>               |
| <b>Total assets</b>                          | <u>70,373,603</u>               | <u>74,994,007</u>               |
| <br><b>Net assets available for benefits</b> | <br><u><u>\$ 70,373,603</u></u> | <br><u><u>\$ 74,994,007</u></u> |

See accompanying notes to the financial statements.

## FUJIFILM Group Pension Plan

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

For the Year Ended December 31, 2023

#### Additions

##### Investment income

|                                               |            |
|-----------------------------------------------|------------|
| Interest and dividends                        | \$ 378,882 |
| Net appreciation in fair value of investments | 10         |

|                                |                |
|--------------------------------|----------------|
| <b>Total investment income</b> | <u>378,892</u> |
|--------------------------------|----------------|

|                                       |                  |
|---------------------------------------|------------------|
| Adjustment to annuity buy-in contract | <u>3,008,394</u> |
|---------------------------------------|------------------|

|                        |                  |
|------------------------|------------------|
| <b>Total additions</b> | <u>3,387,286</u> |
|------------------------|------------------|

#### Deductions

|                                                |                  |
|------------------------------------------------|------------------|
| Benefits paid to participants                  | 5,520,127        |
| Administrative expenses                        | 280,361          |
| Partial conversion to annuity buy-out contract | <u>2,207,202</u> |

|                         |                  |
|-------------------------|------------------|
| <b>Total deductions</b> | <u>8,007,690</u> |
|-------------------------|------------------|

|                     |             |
|---------------------|-------------|
| <b>Net decrease</b> | (4,620,404) |
|---------------------|-------------|

Net assets available for benefits

|                   |            |
|-------------------|------------|
| Beginning of year | 74,994,007 |
|-------------------|------------|

|                    |                             |
|--------------------|-----------------------------|
| <b>End of year</b> | <u><u>\$ 70,373,603</u></u> |
|--------------------|-----------------------------|

See accompanying notes to the financial statements.

# FUJIFILM Group Pension Plan

## Statements of Accumulated Plan Benefits

December 31, 2023 and 2022

|                                                                   | <u>2023</u>                 | <u>2022</u>                 |
|-------------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>Actuarial present value of accumulated plan benefits</b>       |                             |                             |
| <b>Vested benefits</b>                                            |                             |                             |
| Participants currently receiving payments                         | \$ 53,064,067               | \$ 54,708,653               |
| Participants with deferred benefits                               | 5,338,411                   | 8,212,087                   |
| Active participants                                               | 4,150,583                   | 4,359,082                   |
| <b>Total vested benefits</b>                                      | <u>62,553,061</u>           | <u>67,279,822</u>           |
| Nonvested benefits                                                | 76,179                      | 112,174                     |
| <b>Total actuarial present value of accumulated plan benefits</b> | <u><u>\$ 62,629,240</u></u> | <u><u>\$ 67,391,996</u></u> |

See accompanying notes to the financial statements.

**FUJIFILM Group Pension Plan**  
**Statement of Changes in Accumulated Plan Benefits**  
**For the Year Ended December 31, 2023**

|                                                                            |                             |
|----------------------------------------------------------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits at beginning of year  | \$ 67,391,996               |
| <b>Increase (decrease) during the year attributable to:</b>                |                             |
| Benefits accumulated                                                       | 120,287                     |
| Increase for interest                                                      | 2,844,286                   |
| Benefits paid                                                              | (5,520,127)                 |
| Partial conversion to annuity buy-out contract                             | (2,207,202)                 |
| <b>Net decrease</b>                                                        | <u>(4,762,756)</u>          |
| <b>Actuarial present value of accumulated plan benefits at end of year</b> | <u><u>\$ 62,629,240</u></u> |

See accompanying notes to the financial statements.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### 1. DESCRIPTION OF PLAN

The following description of the FUJIFILM Group Pension Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a noncontributory cash balance defined benefit plan established effective February 17, 2006, as restated January 1, 2016. Prior to the plan freeze, the Plan covered all employees of FUJIFILM Imaging Colorants Inc. (the Company). Effective December 31, 2007, the Plan was amended to transfer into the Plan all of the plan net assets of the PrimeSource Corporation Pension Plan and the FUJIFILM Hunt Chemicals U.S.A., Inc. Defined Benefit Plan and include substantially all salaried employees of PrimeSource Corporation and FUJIFILM Hunt Chemicals U.S.A., Inc. The Plan was amended to freeze the accrual of benefits as of December 31, 2007, for the employees of PrimeSource Corporation and FUJIFILM Hunt Chemicals U.S.A., Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Plan's management determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

**Pension benefits** - Participants are entitled to pension benefits upon attaining the normal retirement age (65) or the fifth anniversary of the date participation in the Plan commenced. The benefits for the Company's participants are as follows:

Benefits Schedule A: For all eligible employees who elected this schedule as of May 1, 1998, the benefit equals the greater of:

- (i) 1.2% of Final Average Compensation (FAC), as defined, times years of service.
- (ii) 1.6% of FAC, times years of service, up to a maximum of 50% of Average Compensation, as defined, minus 1.6% of Primary Insurance Amount (PIM), as defined, times years of service, up to a maximum of 50% of PIM. This benefit was not applicable to bargaining groups.

Benefits Schedule B: For all eligible employees who elected this schedule as of May 1, 1998, and for all eligible employees hired on or after March 1, 1998, the benefit equals the sum of (i) and (ii):

- (i) The benefit determined under Benefit Schedule A is based on average compensation and years of service as of April 30, 1998.
- (ii) The accumulation for each plan year of the sum of 1.2% of compensation up to the breakpoint plus 1.6% of compensation in excess of the breakpoint, as defined in the Plan.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

Early Retirement Eligibility: Participants who retire from active employment and who have completed at least five years of vesting and have attained age 50 and whose age plus years of vesting equals 70 or more are eligible for early retirement.

Benefits are reduced by appropriate early retirement tables. For Benefit Schedule A there is a separate schedule for benefit part (i) or benefit part (ii). In general:

Benefits are unreduced for age 62 with 10 years of service.

Benefits are unreduced for Rule of 80 if at least age 55.

For Benefit Schedule B, in general:

Benefits are unreduced for age 62 with 10 years of service.

Benefits are unreduced for Rule of 80 if at least age 58.

For vesting participants who separate from service prior to age 50 or prior to meeting Rule of 70, benefits are available when age plus vesting service equals 70 or more, but not earlier than age 50. Effective September 1, 2014, vesting participants with an accrued benefit with a present value exceeding \$5,000 and less than \$35,000, may elect to have the benefit paid as a lump sum, direct rollover to an eligible retirement plan, a single life annuity, or a 50% or 75% spousal survivor annuity.

Benefits are actuarially reduced from age 65 according to the schedule provided in the Plan document. The Plan agreement contains additional provisions for participants who were also participants of the plans that were merged into this Plan.

**Death benefits** - If a participant dies after earning a non-forfeitable right to accrued benefits but prior to the election of retirement benefits, the participant's current spouse shall receive an amount equal to the annuity payable during the joint lives of the participant and his spouse. If a participant dies after the election of retirement benefits, his beneficiary shall be entitled to any amount which may be payable under the form of benefit that the participant elected.

## 2. SUMMARY OF ACCOUNTING POLICIES

**Basis of accounting** - The financial statements of the Plan are prepared on 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 requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

**Investment valuation and income recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Investment in annuity buy-in contract** - As more fully described in Note 5, on October 6, 2021, the Plan purchased an annuity buy-in contract from The Prudential Insurance Company of America (PICA), under which PICA agreed to reimburse the Plan for all benefit payments for all the covered participants and beneficiaries for the rest of their lives, including Plan related death benefits (annuity buy-in contract). Investment risk, mortality, risk, and longevity risk associated with the covered participants and beneficiaries are transferred to PICA pursuant to the annuity buy-in whereas, the Plan retained the primary and formal contractual obligation to pay the covered participants and beneficiaries. The remaining principal financial risk to the Plan is the ability for the insurance company to perform its counter-party obligations throughout the life of the contract. The annuity buy-in contract does not constitute a settlement or curtailment as the participants of the Plan were not a party to it. Consequently, the Plan's investment in the annuity buy-in contract is reflected in the Statements of Net Assets Available for Benefits, and the Plan's obligations for future benefit payments is retained by the Plan.

**Payment of benefits** - Benefits payments to participants are recorded when paid.

**Administrative expenses** - The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

**Subsequent events** - Subsequent events were evaluated through October 15, 2024, the date the financial statements were available to be issued.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuations were:

| <b>Assumption</b> | <b>December 31, 2023</b>                                         | <b>December 31, 2022</b>                                         |
|-------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| Discount rate     | 4.50%                                                            | 4.50%                                                            |
| Mortality         | Pri-2012 Total Dataset<br>Employee/Retiree with Scale<br>MP-2021 | Pri-2012 Total Dataset<br>Employee/Retiree with Scale<br>MP-2021 |
| Retirement age    | 65                                                               | 65                                                               |

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

### 4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

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 - Inputs to the valuation methodology are unobservable and significant to the 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2023 and 2022.

*Pooled separate accounts:* Valued based upon the unit values of such pooled accounts held by the Plan at year end. Unit values are based on the fair value of the underlying assets of the fund derived from inputs principally from or corroborated by observable market data by correlation or other means, although are not based upon quoted market prices in an active market. The underlying investments of the pooled separate accounts consist of mutual funds, each of which follows a separate investment strategy. Due to the nature of these pooled accounts, there are no unfunded commitments or redemption restrictions.

*Investment in annuity buy-in contract:* Measured based on the present value of the Plan's accumulated benefit obligation, as this is the amount of future cash flows expected to be received from the insurance company in performance of the contract.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### Assets at Fair Value as of December 31, 2023

|                                                     | Level 1     | Level 2             | Level 3              | Total                |
|-----------------------------------------------------|-------------|---------------------|----------------------|----------------------|
| Pooled separate accounts                            | \$ -        | \$ 7,744,363        | \$ -                 | \$ 7,744,363         |
| Investment in annuity buy-<br>in contract           | -           | -                   | 62,629,240           | 62,629,240           |
| <b>Total assets in the fair value<br/>hierarchy</b> | -           | 7,744,363           | 62,629,240           | 70,373,603           |
| <b>Total investments at fair value</b>              | <u>\$ -</u> | <u>\$ 7,744,363</u> | <u>\$ 62,629,240</u> | <u>\$ 70,373,603</u> |

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### Assets at Fair Value as of

December 31, 2022

|                                                 | Level 1 | Level 2      | Level 3       | Total         |
|-------------------------------------------------|---------|--------------|---------------|---------------|
| Pooled separate accounts                        | \$ -    | \$ 7,602,011 | \$ -          | \$ 7,602,011  |
| Investment in annuity buy-in contract           | -       | -            | 67,391,996    | 67,391,996    |
| <b>Total assets in the fair value hierarchy</b> | -       | 7,602,011    | 67,391,996    | 74,994,007    |
| <b>Total investments at fair value</b>          | \$ -    | \$ 7,602,011 | \$ 67,391,996 | \$ 74,994,007 |

| Instrument                            | Fair Value        |                                 | Significant Unobservable Inputs      | Quantitative Information about Significant Unobservable Inputs |
|---------------------------------------|-------------------|---------------------------------|--------------------------------------|----------------------------------------------------------------|
|                                       | December 31, 2023 | Principal Valuation Technique   |                                      |                                                                |
| Investment in annuity buy-in contract | \$62,629,240      | Discounted benefit obligations* | Discounted rate, pension obligation* | 4.50%*                                                         |

\*Refer to Note 5 for further details.

### 5. INVESTMENT IN ANNUITY BUY-IN CONTRACT

On October 6, 2021, the Plan and The Prudential Insurance Company of America (PICA) contracted to have PICA reimburse the Plan for all benefits due to the participants no matter the nature of the benefit. Under this contract, the risks of investment, mortality, and longevity were absorbed by PICA. The principal risk to the Plan is the risk of PICA being able to continue as a going concern and perform on its counterparty obligations under the contract. This contract is commonly referred to as an “annuity buy-in contract.”

In an annuity buy-in contract (i) the Plan retains the formal, primary, and contractual obligation to the participants and beneficiaries as this does not constitute a settlement or curtailment, (ii) the Plan is responsible for the transactions and continues to make all the monthly benefit payments, as plan administrator, but is reimbursed by PICA for the amounts paid out each month, (iii) PICA covers investment, mortality and longevity risk, (iv) the contract does not reduce funded ERISA status, (v) said contract can be converted to a buy-out at any time, (vi) the Plan retains the administrative and PBGC costs, and (vii) the contract is reflected as a plan asset until it is converted to a buy-out. The Board of Trustees of the Plan believe that the buy-in was a more beneficial annuity purchase option for the Plan.

The annuity buy-in contract purchased from PICA covered all 575 participants of the Plan. At the time of the annuity buy-in contract purchase, the premium amount paid was \$87,578,777.

# **FUJIFILM Group Pension Plan**

## **Notes to the Financial Statements**

**December 31, 2023 and 2022**

As of December 31, 2023 and 2022, due to the nature of the annuity buy-in contract, its fair value was determined based on the present value of the expected future reimbursements due to the Plan from PICA with no inherent gains or losses on the contract due to market, mortality or longevity risk. Accordingly, plan management determined that the best indication of these transactions was the actuarial present value of the Plan's benefit obligations and using the same discount rates of the actuary (4.50 percent), as opposed: PICA's weighted average of performance yield. However, the impact of deferrals and amortization utilized by the Plan's actuary to arrive at the benefit obligations was not taken into account for fair value purposes as the lives utilized were not long term. Accordingly, as of December 31, 2023 and 2022, the Plan has valued the investment contract at \$62,629,240 and \$67,391,996, respectively.

As the Plan is still subject to the risk of financial performance of PICA, deterioration of PICA's ratings could result in a reduction of the Plan's investment in the annuity buy-in contract. In an extreme situation, should PICA be completely unable to perform, the Plan and the Company would be required to make up said shortfalls, if any.

PICA reimbursed the Plan for the aggregate monthly plan obligations that the Plan pays to its participants. For the years ended December 31, 2023 and 2022, aggregate reimbursements from PICA amounted to \$5,563,948 and \$5,325,746, respectively, and are reflected as a reduction of the investment in group annuity contract on the Statements of Net Assets Available for Benefits.

### **6. ANNUITY BUY-OUT CONTRACT**

During the year ended December 31, 2023, pursuant to the terms of the annuity buy-in contract, the Plan partially converted its annuity buy-in contract to an annuity buy-out contract for plan obligations totaling \$2,207,202. Accordingly, benefit payment obligations of \$2,207,202 for 38 participants was assumed by a third party insurance company, reducing the investment in the annuity buy-in contract by such amount.

### **7. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS**

The Plan's investments are administered under a contract with Empower Annuity Insurance Company, the Trustee of the Plan. Contributions are held and managed by Empower Annuity Insurance Company, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

### **8. PLAN TERMINATION**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

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

There is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2023, that ceiling is \$6,750 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement of plan termination, whichever comes later. For younger annuitants or those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

### 9. TAX STATUS

The IRS has determined and informed the Company by a letter dated August 27, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Plan management is required 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.

# **FUJIFILM Group Pension Plan**

## **Notes to the Financial Statements**

**December 31, 2023 and 2022**

### **10. RISKS AND UNCERTAINTIES**

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

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

### **11. FUNDING POLICY**

The Company's funding policy is to contribute an amount determined annually by the pension committee after it reviews the minimum contribution required under ERISA and the maximum tax-deductible contribution. Contributions are intended to provide not only for service to date but also for service expected to be earned in the future. During 2023 and 2022, a calculation was performed and it was deemed that there was no required minimum cash contribution to be made and, accordingly, the Company did not make additional contributions to the Plan.

### **12. BENEFITS PAYABLE**

As of the date the financial statements were available to be issued, the Company had not completed the annual discrimination testing for an affiliated Plan in the controlled group (as defined) for the year ended December 31, 2014. Management believes the amount of refunds, if any, resulting from the testing would not be material to the financial statements and, therefore, no liability has been recorded for such refunds, if any.

## **Supplemental Schedules**

## FUJIFILM Group Pension Plan

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

EIN: 11-3757475 Plan Number: 001

December 31, 2023

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost |            | (e) Current value |            |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|------------|-------------------|------------|
|     |                                                           |                                                                                                             |          |            |                   |            |
| *   | Prudential Retirement Insurance and Annuity Company       | Investment in buy-in annuity contract                                                                       | \$       | 74,844,836 | \$                | 62,629,240 |
| *   | Prudential Retirement Insurance and Annuity Company       | Prudential Short-Term Fund                                                                                  |          | 7,744,290  |                   | 7,744,363  |
|     |                                                           |                                                                                                             | \$       | 82,589,126 | \$                | 70,373,603 |

\*Denotes a party in interest.

See independent auditor's report.

# FUJIFILM Group Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 11-3757475 Plan Number: 001

For the Year Ended December 31, 2023

|                                                        | (a) | (b) Description<br>of asset    | (c) Purchase<br>price | (d) Selling price | (g) Cost      | (h) Current value<br>of asset on<br>transaction date | (i) Net gain |
|--------------------------------------------------------|-----|--------------------------------|-----------------------|-------------------|---------------|------------------------------------------------------|--------------|
| Series Transactions                                    |     |                                |                       |                   |               |                                                      |              |
| Prudential Retirement Insurance<br>and Annuity Company | *   | Prudential Short-<br>Term Fund | \$ 5,600,288          | \$ -              | \$ 5,600,288  | \$ 5,600,288                                         | \$ -         |
| Prudential Retirement Insurance<br>and Annuity Company | *   | Prudential Short-<br>Term Fund | -                     | 5,836,829         | 5,836,753     | 5,836,829                                            | 76           |
| Total Series Transactions                              |     |                                | \$ 5,600,288          | \$ 5,836,829      | \$ 11,437,041 | \$ 11,437,117                                        | \$ 76        |

\*Denotes a party in interest

See independent auditor's report.

# FUJIFILM Group Pension Plan

Financial Statements and Supplemental Schedules

December 31, 2023 and 2022

# FUJIFILM Group Pension Plan

December 31, 2023 and 2022

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## Independent Auditor's Report [citrincooperman.com](http://citrincooperman.com)

To the Board of Trustees of FUJIFILM Group Pension Plan

### ***Opinion on the 2023 Financial Statements***

We have audited the financial statements of FUJIFILM Group Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of FUJIFILM Group Pension Plan as of December 31, 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the year ended December 31, 2023, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion on the 2023 Financial Statements***

We conducted our audit 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 FUJIFILM Group Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the 2023 Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 FUJIFILM Group Pension Plan's ability to continue as a going concern for one year following the date that the financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the 2023 Financial Statements***

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 FUJIFILM Group Pension Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about FUJIFILM Group Pension Plan's ability to continue as a going concern for a reasonable period of time.

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 - 2023 Supplemental Schedules Required by ERISA***

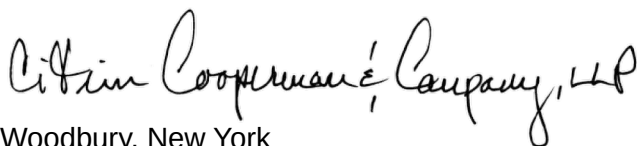
Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i - schedule of assets (held at end of year), and schedule H, line 4j - schedule of reportable transactions, as of and for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

***Other Matter - 2022 Financial Statement***

The financial statement of the FUJIFILM Group Pension Plan as of December 31, 2022, was audited by a predecessor auditor. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, management, having determined it was permissible in the circumstances, elected to have the audit performed pursuant to ERISA Section 103(a)(3)(C). Accordingly, the audit did 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, as the statements or information regarding assets so held were prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution). The predecessor auditor's report, dated October 16, 2023, indicated that (a) the amounts and disclosures in the financial statement, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America and (b) the information in the accompanying financial statement related to assets held by and certified to by a qualified institution agreed to, or was derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Woodbury, New York  
October 15, 2024

# FUJIFILM Group Pension Plan

## Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

|                                              | <u>2023</u>                     | <u>2022</u>                     |
|----------------------------------------------|---------------------------------|---------------------------------|
| <b>Assets</b>                                |                                 |                                 |
| <b>Investments</b>                           |                                 |                                 |
| <b>Investments at fair value</b>             |                                 |                                 |
| Pooled separate accounts                     | \$ 7,744,363                    | \$ 7,602,011                    |
| Investment in annuity buy-in contract        | 62,629,240                      | 67,391,996                      |
| <b>Total investments at fair value</b>       | <u>70,373,603</u>               | <u>74,994,007</u>               |
| <b>Total assets</b>                          | <u>70,373,603</u>               | <u>74,994,007</u>               |
| <br><b>Net assets available for benefits</b> | <br><u><u>\$ 70,373,603</u></u> | <br><u><u>\$ 74,994,007</u></u> |

See accompanying notes to the financial statements.

## FUJIFILM Group Pension Plan

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

For the Year Ended December 31, 2023

#### Additions

##### Investment income

|                                               |            |
|-----------------------------------------------|------------|
| Interest and dividends                        | \$ 378,882 |
| Net appreciation in fair value of investments | 10         |

|                                |                |
|--------------------------------|----------------|
| <b>Total investment income</b> | <u>378,892</u> |
|--------------------------------|----------------|

|                                       |                  |
|---------------------------------------|------------------|
| Adjustment to annuity buy-in contract | <u>3,008,394</u> |
|---------------------------------------|------------------|

|                        |                  |
|------------------------|------------------|
| <b>Total additions</b> | <u>3,387,286</u> |
|------------------------|------------------|

#### Deductions

|                                                |                  |
|------------------------------------------------|------------------|
| Benefits paid to participants                  | 5,520,127        |
| Administrative expenses                        | 280,361          |
| Partial conversion to annuity buy-out contract | <u>2,207,202</u> |

|                         |                  |
|-------------------------|------------------|
| <b>Total deductions</b> | <u>8,007,690</u> |
|-------------------------|------------------|

|                     |             |
|---------------------|-------------|
| <b>Net decrease</b> | (4,620,404) |
|---------------------|-------------|

Net assets available for benefits

|                   |            |
|-------------------|------------|
| Beginning of year | 74,994,007 |
|-------------------|------------|

|                    |                             |
|--------------------|-----------------------------|
| <b>End of year</b> | <u><u>\$ 70,373,603</u></u> |
|--------------------|-----------------------------|

See accompanying notes to the financial statements.

# FUJIFILM Group Pension Plan

## Statements of Accumulated Plan Benefits

December 31, 2023 and 2022

|                                                                   | <u>2023</u>                 | <u>2022</u>                 |
|-------------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>Actuarial present value of accumulated plan benefits</b>       |                             |                             |
| <b>Vested benefits</b>                                            |                             |                             |
| Participants currently receiving payments                         | \$ 53,064,067               | \$ 54,708,653               |
| Participants with deferred benefits                               | 5,338,411                   | 8,212,087                   |
| Active participants                                               | 4,150,583                   | 4,359,082                   |
| <b>Total vested benefits</b>                                      | <u>62,553,061</u>           | <u>67,279,822</u>           |
| Nonvested benefits                                                | 76,179                      | 112,174                     |
| <b>Total actuarial present value of accumulated plan benefits</b> | <u><u>\$ 62,629,240</u></u> | <u><u>\$ 67,391,996</u></u> |

See accompanying notes to the financial statements.

**FUJIFILM Group Pension Plan**  
**Statement of Changes in Accumulated Plan Benefits**  
**For the Year Ended December 31, 2023**

|                                                                            |                             |
|----------------------------------------------------------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits at beginning of year  | \$ 67,391,996               |
| <b>Increase (decrease) during the year attributable to:</b>                |                             |
| Benefits accumulated                                                       | 120,287                     |
| Increase for interest                                                      | 2,844,286                   |
| Benefits paid                                                              | (5,520,127)                 |
| Partial conversion to annuity buy-out contract                             | (2,207,202)                 |
| <b>Net decrease</b>                                                        | <u>(4,762,756)</u>          |
| <b>Actuarial present value of accumulated plan benefits at end of year</b> | <u><u>\$ 62,629,240</u></u> |

See accompanying notes to the financial statements.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### 1. DESCRIPTION OF PLAN

The following description of the FUJIFILM Group Pension Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a noncontributory cash balance defined benefit plan established effective February 17, 2006, as restated January 1, 2016. Prior to the plan freeze, the Plan covered all employees of FUJIFILM Imaging Colorants Inc. (the Company). Effective December 31, 2007, the Plan was amended to transfer into the Plan all of the plan net assets of the PrimeSource Corporation Pension Plan and the FUJIFILM Hunt Chemicals U.S.A., Inc. Defined Benefit Plan and include substantially all salaried employees of PrimeSource Corporation and FUJIFILM Hunt Chemicals U.S.A., Inc. The Plan was amended to freeze the accrual of benefits as of December 31, 2007, for the employees of PrimeSource Corporation and FUJIFILM Hunt Chemicals U.S.A., Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Plan's management determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

**Pension benefits** - Participants are entitled to pension benefits upon attaining the normal retirement age (65) or the fifth anniversary of the date participation in the Plan commenced. The benefits for the Company's participants are as follows:

Benefits Schedule A: For all eligible employees who elected this schedule as of May 1, 1998, the benefit equals the greater of:

- (i) 1.2% of Final Average Compensation (FAC), as defined, times years of service.
- (ii) 1.6% of FAC, times years of service, up to a maximum of 50% of Average Compensation, as defined, minus 1.6% of Primary Insurance Amount (PIM), as defined, times years of service, up to a maximum of 50% of PIM. This benefit was not applicable to bargaining groups.

Benefits Schedule B: For all eligible employees who elected this schedule as of May 1, 1998, and for all eligible employees hired on or after March 1, 1998, the benefit equals the sum of (i) and (ii):

- (i) The benefit determined under Benefit Schedule A is based on average compensation and years of service as of April 30, 1998.
- (ii) The accumulation for each plan year of the sum of 1.2% of compensation up to the breakpoint plus 1.6% of compensation in excess of the breakpoint, as defined in the Plan.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

Early Retirement Eligibility: Participants who retire from active employment and who have completed at least five years of vesting and have attained age 50 and whose age plus years of vesting equals 70 or more are eligible for early retirement.

Benefits are reduced by appropriate early retirement tables. For Benefit Schedule A there is a separate schedule for benefit part (i) or benefit part (ii). In general:

Benefits are unreduced for age 62 with 10 years of service.

Benefits are unreduced for Rule of 80 if at least age 55.

For Benefit Schedule B, in general:

Benefits are unreduced for age 62 with 10 years of service.

Benefits are unreduced for Rule of 80 if at least age 58.

For vesting participants who separate from service prior to age 50 or prior to meeting Rule of 70, benefits are available when age plus vesting service equals 70 or more, but not earlier than age 50. Effective September 1, 2014, vesting participants with an accrued benefit with a present value exceeding \$5,000 and less than \$35,000, may elect to have the benefit paid as a lump sum, direct rollover to an eligible retirement plan, a single life annuity, or a 50% or 75% spousal survivor annuity.

Benefits are actuarially reduced from age 65 according to the schedule provided in the Plan document. The Plan agreement contains additional provisions for participants who were also participants of the plans that were merged into this Plan.

**Death benefits** - If a participant dies after earning a non-forfeitable right to accrued benefits but prior to the election of retirement benefits, the participant's current spouse shall receive an amount equal to the annuity payable during the joint lives of the participant and his spouse. If a participant dies after the election of retirement benefits, his beneficiary shall be entitled to any amount which may be payable under the form of benefit that the participant elected.

## 2. SUMMARY OF ACCOUNTING POLICIES

**Basis of accounting** - The financial statements of the Plan are prepared on 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 requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

**Investment valuation and income recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Investment in annuity buy-in contract** - As more fully described in Note 5, on October 6, 2021, the Plan purchased an annuity buy-in contract from The Prudential Insurance Company of America (PICA), under which PICA agreed to reimburse the Plan for all benefit payments for all the covered participants and beneficiaries for the rest of their lives, including Plan related death benefits (annuity buy-in contract). Investment risk, mortality risk, and longevity risk associated with the covered participants and beneficiaries are transferred to PICA pursuant to the annuity buy-in whereas, the Plan retained the primary and formal contractual obligation to pay the covered participants and beneficiaries. The remaining principal financial risk to the Plan is the ability for the insurance company to perform its counter-party obligations throughout the life of the contract. The annuity buy-in contract does not constitute a settlement or curtailment as the participants of the Plan were not a party to it. Consequently, the Plan's investment in the annuity buy-in contract is reflected in the Statements of Net Assets Available for Benefits, and the Plan's obligations for future benefit payments is retained by the Plan.

**Payment of benefits** - Benefits payments to participants are recorded when paid.

**Administrative expenses** - The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

**Subsequent events** - Subsequent events were evaluated through October 15, 2024, the date the financial statements were available to be issued.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuations were:

| <b>Assumption</b> | <b>December 31, 2023</b>                                         | <b>December 31, 2022</b>                                         |
|-------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| Discount rate     | 4.50%                                                            | 4.50%                                                            |
| Mortality         | Pri-2012 Total Dataset<br>Employee/Retiree with Scale<br>MP-2021 | Pri-2012 Total Dataset<br>Employee/Retiree with Scale<br>MP-2021 |
| Retirement age    | 65                                                               | 65                                                               |

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

### 4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

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 - Inputs to the valuation methodology are unobservable and significant to the 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2023 and 2022.

*Pooled separate accounts:* Valued based upon the unit values of such pooled accounts held by the Plan at year end. Unit values are based on the fair value of the underlying assets of the fund derived from inputs principally from or corroborated by observable market data by correlation or other means, although are not based upon quoted market prices in an active market. The underlying investments of the pooled separate accounts consist of mutual funds, each of which follows a separate investment strategy. Due to the nature of these pooled accounts, there are no unfunded commitments or redemption restrictions.

*Investment in annuity buy-in contract:* Measured based on the present value of the Plan's accumulated benefit obligation, as this is the amount of future cash flows expected to be received from the insurance company in performance of the contract.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### Assets at Fair Value as of December 31, 2023

|                                                     | Level 1     | Level 2             | Level 3              | Total                |
|-----------------------------------------------------|-------------|---------------------|----------------------|----------------------|
| Pooled separate accounts                            | \$ -        | \$ 7,744,363        | \$ -                 | \$ 7,744,363         |
| Investment in annuity buy-<br>in contract           | -           | -                   | 62,629,240           | 62,629,240           |
| <b>Total assets in the fair value<br/>hierarchy</b> | -           | 7,744,363           | 62,629,240           | 70,373,603           |
| <b>Total investments at fair value</b>              | <u>\$ -</u> | <u>\$ 7,744,363</u> | <u>\$ 62,629,240</u> | <u>\$ 70,373,603</u> |

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### Assets at Fair Value as of

December 31, 2022

|                                                 | Level 1 | Level 2      | Level 3       | Total         |
|-------------------------------------------------|---------|--------------|---------------|---------------|
| Pooled separate accounts                        | \$ -    | \$ 7,602,011 | \$ -          | \$ 7,602,011  |
| Investment in annuity buy-in contract           | -       | -            | 67,391,996    | 67,391,996    |
| <b>Total assets in the fair value hierarchy</b> | -       | 7,602,011    | 67,391,996    | 74,994,007    |
| <b>Total investments at fair value</b>          | \$ -    | \$ 7,602,011 | \$ 67,391,996 | \$ 74,994,007 |

| Instrument                            | Fair Value<br>December 31, 2023 | Principal Valuation<br>Technique | Significant<br>Unobservable<br>Inputs | Quantitative<br>Information about<br>Significant<br>Unobservable<br>Inputs |
|---------------------------------------|---------------------------------|----------------------------------|---------------------------------------|----------------------------------------------------------------------------|
| Investment in annuity buy-in contract | \$62,629,240                    | Discounted benefit obligations*  | Discounted rate, pension obligation*  | 4.50%*                                                                     |

\*Refer to Note 5 for further details.

### 5. INVESTMENT IN ANNUITY BUY-IN CONTRACT

On October 6, 2021, the Plan and The Prudential Insurance Company of America (PICA) contracted to have PICA reimburse the Plan for all benefits due to the participants no matter the nature of the benefit. Under this contract, the risks of investment, mortality, and longevity were absorbed by PICA. The principal risk to the Plan is the risk of PICA being able to continue as a going concern and perform on its counterparty obligations under the contract. This contract is commonly referred to as an “annuity buy-in contract.”

In an annuity buy-in contract (i) the Plan retains the formal, primary, and contractual obligation to the participants and beneficiaries as this does not constitute a settlement or curtailment, (ii) the Plan is responsible for the transactions and continues to make all the monthly benefit payments, as plan administrator, but is reimbursed by PICA for the amounts paid out each month, (iii) PICA covers investment, mortality and longevity risk, (iv) the contract does not reduce funded ERISA status, (v) said contract can be converted to a buy-out at any time, (vi) the Plan retains the administrative and PBGC costs, and (vii) the contract is reflected as a plan asset until it is converted to a buy-out. The Board of Trustees of the Plan believe that the buy-in was a more beneficial annuity purchase option for the Plan.

The annuity buy-in contract purchased from PICA covered all 575 participants of the Plan. At the time of the annuity buy-in contract purchase, the premium amount paid was \$87,578,777.

# **FUJIFILM Group Pension Plan**

## **Notes to the Financial Statements**

**December 31, 2023 and 2022**

As of December 31, 2023 and 2022, due to the nature of the annuity buy-in contract, its fair value was determined based on the present value of the expected future reimbursements due to the Plan from PICA with no inherent gains or losses on the contract due to market, mortality or longevity risk. Accordingly, plan management determined that the best indication of these transactions was the actuarial present value of the Plan's benefit obligations and using the same discount rates of the actuary (4.50 percent), as opposed: PICA's weighted average of performance yield. However, the impact of deferrals and amortization utilized by the Plan's actuary to arrive at the benefit obligations was not taken into account for fair value purposes as the lives utilized were not long term. Accordingly, as of December 31, 2023 and 2022, the Plan has valued the investment contract at \$62,629,240 and \$67,391,996, respectively.

As the Plan is still subject to the risk of financial performance of PICA, deterioration of PICA's ratings could result in a reduction of the Plan's investment in the annuity buy-in contract. In an extreme situation, should PICA be completely unable to perform, the Plan and the Company would be required to make up said shortfalls, if any.

PICA reimbursed the Plan for the aggregate monthly plan obligations that the Plan pays to its participants. For the years ended December 31, 2023 and 2022, aggregate reimbursements from PICA amounted to \$5,563,948 and \$5,325,746, respectively, and are reflected as a reduction of the investment in group annuity contract on the Statements of Net Assets Available for Benefits.

### **6. ANNUITY BUY-OUT CONTRACT**

During the year ended December 31, 2023, pursuant to the terms of the annuity buy-in contract, the Plan partially converted its annuity buy-in contract to an annuity buy-out contract for plan obligations totaling \$2,207,202. Accordingly, benefit payment obligations of \$2,207,202 for 38 participants was assumed by a third party insurance company, reducing the investment in the annuity buy-in contract by such amount.

### **7. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS**

The Plan's investments are administered under a contract with Empower Annuity Insurance Company, the Trustee of the Plan. Contributions are held and managed by Empower Annuity Insurance Company, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

### **8. PLAN TERMINATION**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

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

There is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2023, that ceiling is \$6,750 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement of plan termination, whichever comes later. For younger annuitants or those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

### 9. TAX STATUS

The IRS has determined and informed the Company by a letter dated August 27, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Plan management is required 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.

# **FUJIFILM Group Pension Plan**

## **Notes to the Financial Statements**

**December 31, 2023 and 2022**

### **10. RISKS AND UNCERTAINTIES**

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

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

### **11. FUNDING POLICY**

The Company's funding policy is to contribute an amount determined annually by the pension committee after it reviews the minimum contribution required under ERISA and the maximum tax-deductible contribution. Contributions are intended to provide not only for service to date but also for service expected to be earned in the future. During 2023 and 2022, a calculation was performed and it was deemed that there was no required minimum cash contribution to be made and, accordingly, the Company did not make additional contributions to the Plan.

### **12. BENEFITS PAYABLE**

As of the date the financial statements were available to be issued, the Company had not completed the annual discrimination testing for an affiliated Plan in the controlled group (as defined) for the year ended December 31, 2014. Management believes the amount of refunds, if any, resulting from the testing would not be material to the financial statements and, therefore, no liability has been recorded for such refunds, if any.

## **Supplemental Schedules**

## FUJIFILM Group Pension Plan

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

EIN: 11-3757475 Plan Number: 001

December 31, 2023

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost |            | (e) Current value |            |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|------------|-------------------|------------|
|     |                                                           |                                                                                                             |          |            |                   |            |
| *   | Prudential Retirement Insurance and Annuity Company       | Investment in buy-in annuity contract                                                                       | \$       | 74,844,836 | \$                | 62,629,240 |
| *   | Prudential Retirement Insurance and Annuity Company       | Prudential Short-Term Fund                                                                                  |          | 7,744,290  |                   | 7,744,363  |
|     |                                                           |                                                                                                             | \$       | 82,589,126 | \$                | 70,373,603 |

\*Denotes a party in interest.

See independent auditor's report.

# FUJIFILM Group Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 11-3757475 Plan Number: 001

For the Year Ended December 31, 2023

|                                                        | (a) | (b) Description<br>of asset    | (c) Purchase<br>price | (d) Selling price | (g) Cost      | (h) Current value<br>of asset on<br>transaction date | (i) Net gain |
|--------------------------------------------------------|-----|--------------------------------|-----------------------|-------------------|---------------|------------------------------------------------------|--------------|
| Series Transactions                                    |     |                                |                       |                   |               |                                                      |              |
| Prudential Retirement Insurance<br>and Annuity Company | *   | Prudential Short-<br>Term Fund | \$ 5,600,288          | \$ -              | \$ 5,600,288  | \$ 5,600,288                                         | \$ -         |
| Prudential Retirement Insurance<br>and Annuity Company | *   | Prudential Short-<br>Term Fund | -                     | 5,836,829         | 5,836,753     | 5,836,829                                            | 76           |
| Total Series Transactions                              |     |                                | \$ 5,600,288          | \$ 5,836,829      | \$ 11,437,041 | \$ 11,437,117                                        | \$ 76        |

\*Denotes a party in interest

See independent auditor's report.

# FUJIFILM Group Pension Plan

Financial Statements and Supplemental Schedules

December 31, 2023 and 2022

# FUJIFILM Group Pension Plan

December 31, 2023 and 2022

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## Independent Auditor's Report [citrincooperman.com](http://citrincooperman.com)

To the Board of Trustees of FUJIFILM Group Pension Plan

### ***Opinion on the 2023 Financial Statements***

We have audited the financial statements of FUJIFILM Group Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of FUJIFILM Group Pension Plan as of December 31, 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the year ended December 31, 2023, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion on the 2023 Financial Statements***

We conducted our audit 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 FUJIFILM Group Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the 2023 Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 FUJIFILM Group Pension Plan's ability to continue as a going concern for one year following the date that the financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the 2023 Financial Statements***

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 FUJIFILM Group Pension Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about FUJIFILM Group Pension Plan's ability to continue as a going concern for a reasonable period of time.

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 - 2023 Supplemental Schedules Required by ERISA***

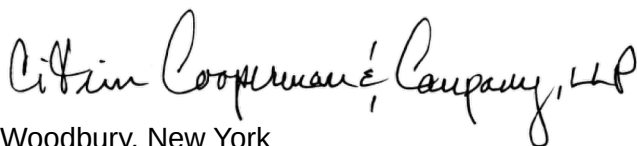
Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i - schedule of assets (held at end of year), and schedule H, line 4j - schedule of reportable transactions, as of and for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

***Other Matter - 2022 Financial Statement***

The financial statement of the FUJIFILM Group Pension Plan as of December 31, 2022, was audited by a predecessor auditor. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, management, having determined it was permissible in the circumstances, elected to have the audit performed pursuant to ERISA Section 103(a)(3)(C). Accordingly, the audit did 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, as the statements or information regarding assets so held were prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution). The predecessor auditor's report, dated October 16, 2023, indicated that (a) the amounts and disclosures in the financial statement, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America and (b) the information in the accompanying financial statement related to assets held by and certified to by a qualified institution agreed to, or was derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Woodbury, New York  
October 15, 2024

## FUJIFILM Group Pension Plan

### Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

|                                              | <u>2023</u>                     | <u>2022</u>                     |
|----------------------------------------------|---------------------------------|---------------------------------|
| <b>Assets</b>                                |                                 |                                 |
| <b>Investments</b>                           |                                 |                                 |
| <b>Investments at fair value</b>             |                                 |                                 |
| Pooled separate accounts                     | \$ 7,744,363                    | \$ 7,602,011                    |
| Investment in annuity buy-in contract        | 62,629,240                      | 67,391,996                      |
| <b>Total investments at fair value</b>       | <u>70,373,603</u>               | <u>74,994,007</u>               |
| <b>Total assets</b>                          | <u>70,373,603</u>               | <u>74,994,007</u>               |
| <br><b>Net assets available for benefits</b> | <br><u><u>\$ 70,373,603</u></u> | <br><u><u>\$ 74,994,007</u></u> |

See accompanying notes to the financial statements.

## FUJIFILM Group Pension Plan

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

For the Year Ended December 31, 2023

#### Additions

##### Investment income

|                                               |            |
|-----------------------------------------------|------------|
| Interest and dividends                        | \$ 378,882 |
| Net appreciation in fair value of investments | 10         |

|                                |                |
|--------------------------------|----------------|
| <b>Total investment income</b> | <u>378,892</u> |
|--------------------------------|----------------|

|                                       |                  |
|---------------------------------------|------------------|
| Adjustment to annuity buy-in contract | <u>3,008,394</u> |
|---------------------------------------|------------------|

|                        |                  |
|------------------------|------------------|
| <b>Total additions</b> | <u>3,387,286</u> |
|------------------------|------------------|

#### Deductions

|                                                |                  |
|------------------------------------------------|------------------|
| Benefits paid to participants                  | 5,520,127        |
| Administrative expenses                        | 280,361          |
| Partial conversion to annuity buy-out contract | <u>2,207,202</u> |

|                         |                  |
|-------------------------|------------------|
| <b>Total deductions</b> | <u>8,007,690</u> |
|-------------------------|------------------|

|                     |             |
|---------------------|-------------|
| <b>Net decrease</b> | (4,620,404) |
|---------------------|-------------|

Net assets available for benefits

|                   |            |
|-------------------|------------|
| Beginning of year | 74,994,007 |
|-------------------|------------|

|                    |                             |
|--------------------|-----------------------------|
| <b>End of year</b> | <u><u>\$ 70,373,603</u></u> |
|--------------------|-----------------------------|

See accompanying notes to the financial statements.

# FUJIFILM Group Pension Plan

## Statements of Accumulated Plan Benefits

December 31, 2023 and 2022

|                                                                   | <b>2023</b>          | <b>2022</b>          |
|-------------------------------------------------------------------|----------------------|----------------------|
| <b>Actuarial present value of accumulated plan benefits</b>       |                      |                      |
| <b>Vested benefits</b>                                            |                      |                      |
| Participants currently receiving payments                         | \$ 53,064,067        | \$ 54,708,653        |
| Participants with deferred benefits                               | 5,338,411            | 8,212,087            |
| Active participants                                               | 4,150,583            | 4,359,082            |
| <b>Total vested benefits</b>                                      | <b>62,553,061</b>    | <b>67,279,822</b>    |
| Nonvested benefits                                                | 76,179               | 112,174              |
| <b>Total actuarial present value of accumulated plan benefits</b> | <b>\$ 62,629,240</b> | <b>\$ 67,391,996</b> |

See accompanying notes to the financial statements.

**FUJIFILM Group Pension Plan**  
**Statement of Changes in Accumulated Plan Benefits**  
**For the Year Ended December 31, 2023**

|                                                                            |                             |
|----------------------------------------------------------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits at beginning of year  | \$ 67,391,996               |
| <b>Increase (decrease) during the year attributable to:</b>                |                             |
| Benefits accumulated                                                       | 120,287                     |
| Increase for interest                                                      | 2,844,286                   |
| Benefits paid                                                              | (5,520,127)                 |
| Partial conversion to annuity buy-out contract                             | (2,207,202)                 |
| <b>Net decrease</b>                                                        | <u>(4,762,756)</u>          |
| <b>Actuarial present value of accumulated plan benefits at end of year</b> | <u><u>\$ 62,629,240</u></u> |

See accompanying notes to the financial statements.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### 1. DESCRIPTION OF PLAN

The following description of the FUJIFILM Group Pension Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a noncontributory cash balance defined benefit plan established effective February 17, 2006, as restated January 1, 2016. Prior to the plan freeze, the Plan covered all employees of FUJIFILM Imaging Colorants Inc. (the Company). Effective December 31, 2007, the Plan was amended to transfer into the Plan all of the plan net assets of the PrimeSource Corporation Pension Plan and the FUJIFILM Hunt Chemicals U.S.A., Inc. Defined Benefit Plan and include substantially all salaried employees of PrimeSource Corporation and FUJIFILM Hunt Chemicals U.S.A., Inc. The Plan was amended to freeze the accrual of benefits as of December 31, 2007, for the employees of PrimeSource Corporation and FUJIFILM Hunt Chemicals U.S.A., Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Plan's management determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

**Pension benefits** - Participants are entitled to pension benefits upon attaining the normal retirement age (65) or the fifth anniversary of the date participation in the Plan commenced. The benefits for the Company's participants are as follows:

Benefits Schedule A: For all eligible employees who elected this schedule as of May 1, 1998, the benefit equals the greater of:

- (i) 1.2% of Final Average Compensation (FAC), as defined, times years of service.
- (ii) 1.6% of FAC, times years of service, up to a maximum of 50% of Average Compensation, as defined, minus 1.6% of Primary Insurance Amount (PIM), as defined, times years of service, up to a maximum of 50% of PIM. This benefit was not applicable to bargaining groups.

Benefits Schedule B: For all eligible employees who elected this schedule as of May 1, 1998, and for all eligible employees hired on or after March 1, 1998, the benefit equals the sum of (i) and (ii):

- (i) The benefit determined under Benefit Schedule A is based on average compensation and years of service as of April 30, 1998.
- (ii) The accumulation for each plan year of the sum of 1.2% of compensation up to the breakpoint plus 1.6% of compensation in excess of the breakpoint, as defined in the Plan.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

Early Retirement Eligibility: Participants who retire from active employment and who have completed at least five years of vesting and have attained age 50 and whose age plus years of vesting equals 70 or more are eligible for early retirement.

Benefits are reduced by appropriate early retirement tables. For Benefit Schedule A there is a separate schedule for benefit part (i) or benefit part (ii). In general:

Benefits are unreduced for age 62 with 10 years of service.

Benefits are unreduced for Rule of 80 if at least age 55.

For Benefit Schedule B, in general:

Benefits are unreduced for age 62 with 10 years of service.

Benefits are unreduced for Rule of 80 if at least age 58.

For vesting participants who separate from service prior to age 50 or prior to meeting Rule of 70, benefits are available when age plus vesting service equals 70 or more, but not earlier than age 50. Effective September 1, 2014, vesting participants with an accrued benefit with a present value exceeding \$5,000 and less than \$35,000, may elect to have the benefit paid as a lump sum, direct rollover to an eligible retirement plan, a single life annuity, or a 50% or 75% spousal survivor annuity.

Benefits are actuarially reduced from age 65 according to the schedule provided in the Plan document. The Plan agreement contains additional provisions for participants who were also participants of the plans that were merged into this Plan.

**Death benefits** - If a participant dies after earning a non-forfeitable right to accrued benefits but prior to the election of retirement benefits, the participant's current spouse shall receive an amount equal to the annuity payable during the joint lives of the participant and his spouse. If a participant dies after the election of retirement benefits, his beneficiary shall be entitled to any amount which may be payable under the form of benefit that the participant elected.

## 2. SUMMARY OF ACCOUNTING POLICIES

**Basis of accounting** - The financial statements of the Plan are prepared on 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 requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

**Investment valuation and income recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Investment in annuity buy-in contract** - As more fully described in Note 5, on October 6, 2021, the Plan purchased an annuity buy-in contract from The Prudential Insurance Company of America (PICA), under which PICA agreed to reimburse the Plan for all benefit payments for all the covered participants and beneficiaries for the rest of their lives, including Plan related death benefits (annuity buy-in contract). Investment risk, mortality risk, and longevity risk associated with the covered participants and beneficiaries are transferred to PICA pursuant to the annuity buy-in whereas, the Plan retained the primary and formal contractual obligation to pay the covered participants and beneficiaries. The remaining principal financial risk to the Plan is the ability for the insurance company to perform its counter-party obligations throughout the life of the contract. The annuity buy-in contract does not constitute a settlement or curtailment as the participants of the Plan were not a party to it. Consequently, the Plan's investment in the annuity buy-in contract is reflected in the Statements of Net Assets Available for Benefits, and the Plan's obligations for future benefit payments is retained by the Plan.

**Payment of benefits** - Benefits payments to participants are recorded when paid.

**Administrative expenses** - The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

**Subsequent events** - Subsequent events were evaluated through October 15, 2024, the date the financial statements were available to be issued.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuations were:

| <b>Assumption</b> | <b>December 31, 2023</b>                                         | <b>December 31, 2022</b>                                         |
|-------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| Discount rate     | 4.50%                                                            | 4.50%                                                            |
| Mortality         | Pri-2012 Total Dataset<br>Employee/Retiree with Scale<br>MP-2021 | Pri-2012 Total Dataset<br>Employee/Retiree with Scale<br>MP-2021 |
| Retirement age    | 65                                                               | 65                                                               |

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

### 4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

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 - Inputs to the valuation methodology are unobservable and significant to the 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2023 and 2022.

*Pooled separate accounts:* Valued based upon the unit values of such pooled accounts held by the Plan at year end. Unit values are based on the fair value of the underlying assets of the fund derived from inputs principally from or corroborated by observable market data by correlation or other means, although are not based upon quoted market prices in an active market. The underlying investments of the pooled separate accounts consist of mutual funds, each of which follows a separate investment strategy. Due to the nature of these pooled accounts, there are no unfunded commitments or redemption restrictions.

*Investment in annuity buy-in contract:* Measured based on the present value of the Plan's accumulated benefit obligation, as this is the amount of future cash flows expected to be received from the insurance company in performance of the contract.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### Assets at Fair Value as of December 31, 2023

|                                                     | Level 1     | Level 2             | Level 3              | Total                |
|-----------------------------------------------------|-------------|---------------------|----------------------|----------------------|
| Pooled separate accounts                            | \$ -        | \$ 7,744,363        | \$ -                 | \$ 7,744,363         |
| Investment in annuity buy-<br>in contract           | -           | -                   | 62,629,240           | 62,629,240           |
| <b>Total assets in the fair value<br/>hierarchy</b> | -           | 7,744,363           | 62,629,240           | 70,373,603           |
| <b>Total investments at fair value</b>              | <u>\$ -</u> | <u>\$ 7,744,363</u> | <u>\$ 62,629,240</u> | <u>\$ 70,373,603</u> |

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

### Assets at Fair Value as of

December 31, 2022

|                                                 | Level 1 | Level 2      | Level 3       | Total         |
|-------------------------------------------------|---------|--------------|---------------|---------------|
| Pooled separate accounts                        | \$ -    | \$ 7,602,011 | \$ -          | \$ 7,602,011  |
| Investment in annuity buy-in contract           | -       | -            | 67,391,996    | 67,391,996    |
| <b>Total assets in the fair value hierarchy</b> | -       | 7,602,011    | 67,391,996    | 74,994,007    |
| <b>Total investments at fair value</b>          | \$ -    | \$ 7,602,011 | \$ 67,391,996 | \$ 74,994,007 |

| Instrument                            | Fair Value        |                                 | Significant Unobservable Inputs      | Quantitative Information about Significant Unobservable Inputs |
|---------------------------------------|-------------------|---------------------------------|--------------------------------------|----------------------------------------------------------------|
|                                       | December 31, 2023 | Principal Valuation Technique   |                                      |                                                                |
| Investment in annuity buy-in contract | \$62,629,240      | Discounted benefit obligations* | Discounted rate, pension obligation* | 4.50%*                                                         |

\*Refer to Note 5 for further details.

### 5. INVESTMENT IN ANNUITY BUY-IN CONTRACT

On October 6, 2021, the Plan and The Prudential Insurance Company of America (PICA) contracted to have PICA reimburse the Plan for all benefits due to the participants no matter the nature of the benefit. Under this contract, the risks of investment, mortality, and longevity were absorbed by PICA. The principal risk to the Plan is the risk of PICA being able to continue as a going concern and perform on its counterparty obligations under the contract. This contract is commonly referred to as an “annuity buy-in contract.”

In an annuity buy-in contract (i) the Plan retains the formal, primary, and contractual obligation to the participants and beneficiaries as this does not constitute a settlement or curtailment, (ii) the Plan is responsible for the transactions and continues to make all the monthly benefit payments, as plan administrator, but is reimbursed by PICA for the amounts paid out each month, (iii) PICA covers investment, mortality and longevity risk, (iv) the contract does not reduce funded ERISA status, (v) said contract can be converted to a buy-out at any time, (vi) the Plan retains the administrative and PBGC costs, and (vii) the contract is reflected as a plan asset until it is converted to a buy-out. The Board of Trustees of the Plan believe that the buy-in was a more beneficial annuity purchase option for the Plan.

The annuity buy-in contract purchased from PICA covered all 575 participants of the Plan. At the time of the annuity buy-in contract purchase, the premium amount paid was \$87,578,777.

# **FUJIFILM Group Pension Plan**

## **Notes to the Financial Statements**

**December 31, 2023 and 2022**

As of December 31, 2023 and 2022, due to the nature of the annuity buy-in contract, its fair value was determined based on the present value of the expected future reimbursements due to the Plan from PICA with no inherent gains or losses on the contract due to market, mortality or longevity risk. Accordingly, plan management determined that the best indication of these transactions was the actuarial present value of the Plan's benefit obligations and using the same discount rates of the actuary (4.50 percent), as opposed: PICA's weighted average of performance yield. However, the impact of deferrals and amortization utilized by the Plan's actuary to arrive at the benefit obligations was not taken into account for fair value purposes as the lives utilized were not long term. Accordingly, as of December 31, 2023 and 2022, the Plan has valued the investment contract at \$62,629,240 and \$67,391,996, respectively.

As the Plan is still subject to the risk of financial performance of PICA, deterioration of PICA's ratings could result in a reduction of the Plan's investment in the annuity buy-in contract. In an extreme situation, should PICA be completely unable to perform, the Plan and the Company would be required to make up said shortfalls, if any.

PICA reimbursed the Plan for the aggregate monthly plan obligations that the Plan pays to its participants. For the years ended December 31, 2023 and 2022, aggregate reimbursements from PICA amounted to \$5,563,948 and \$5,325,746, respectively, and are reflected as a reduction of the investment in group annuity contract on the Statements of Net Assets Available for Benefits.

### **6. ANNUITY BUY-OUT CONTRACT**

During the year ended December 31, 2023, pursuant to the terms of the annuity buy-in contract, the Plan partially converted its annuity buy-in contract to an annuity buy-out contract for plan obligations totaling \$2,207,202. Accordingly, benefit payment obligations of \$2,207,202 for 38 participants was assumed by a third party insurance company, reducing the investment in the annuity buy-in contract by such amount.

### **7. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS**

The Plan's investments are administered under a contract with Empower Annuity Insurance Company, the Trustee of the Plan. Contributions are held and managed by Empower Annuity Insurance Company, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

### **8. PLAN TERMINATION**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

# FUJIFILM Group Pension Plan

## Notes to the Financial Statements

December 31, 2023 and 2022

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

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

There is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2023, that ceiling is \$6,750 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement of plan termination, whichever comes later. For younger annuitants or those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

### 9. TAX STATUS

The IRS has determined and informed the Company by a letter dated August 27, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Plan management is required 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.

# **FUJIFILM Group Pension Plan**

## **Notes to the Financial Statements**

**December 31, 2023 and 2022**

### **10. RISKS AND UNCERTAINTIES**

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

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

### **11. FUNDING POLICY**

The Company's funding policy is to contribute an amount determined annually by the pension committee after it reviews the minimum contribution required under ERISA and the maximum tax-deductible contribution. Contributions are intended to provide not only for service to date but also for service expected to be earned in the future. During 2023 and 2022, a calculation was performed and it was deemed that there was no required minimum cash contribution to be made and, accordingly, the Company did not make additional contributions to the Plan.

### **12. BENEFITS PAYABLE**

As of the date the financial statements were available to be issued, the Company had not completed the annual discrimination testing for an affiliated Plan in the controlled group (as defined) for the year ended December 31, 2014. Management believes the amount of refunds, if any, resulting from the testing would not be material to the financial statements and, therefore, no liability has been recorded for such refunds, if any.

## **Supplemental Schedules**

## FUJIFILM Group Pension Plan

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

EIN: 11-3757475 Plan Number: 001

December 31, 2023

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost |            | (e) Current value |            |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|------------|-------------------|------------|
|     |                                                           |                                                                                                             |          |            |                   |            |
| *   | Prudential Retirement Insurance and Annuity Company       | Investment in buy-in annuity contract                                                                       | \$       | 74,844,836 | \$                | 62,629,240 |
| *   | Prudential Retirement Insurance and Annuity Company       | Prudential Short-Term Fund                                                                                  |          | 7,744,290  |                   | 7,744,363  |
|     |                                                           |                                                                                                             | \$       | 82,589,126 | \$                | 70,373,603 |

\*Denotes a party in interest.

See independent auditor's report.

# FUJIFILM Group Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 11-3757475 Plan Number: 001

For the Year Ended December 31, 2023

|                                                        | (a) | (b) Description<br>of asset    | (c) Purchase<br>price | (d) Selling price | (g) Cost      | (h) Current value<br>of asset on<br>transaction date | (i) Net gain |
|--------------------------------------------------------|-----|--------------------------------|-----------------------|-------------------|---------------|------------------------------------------------------|--------------|
| Series Transactions                                    |     |                                |                       |                   |               |                                                      |              |
| Prudential Retirement Insurance<br>and Annuity Company | *   | Prudential Short-<br>Term Fund | \$ 5,600,288          | \$ -              | \$ 5,600,288  | \$ 5,600,288                                         | \$ -         |
| Prudential Retirement Insurance<br>and Annuity Company | *   | Prudential Short-<br>Term Fund | -                     | 5,836,829         | 5,836,753     | 5,836,829                                            | 76           |
| Total Series Transactions                              |     |                                | \$ 5,600,288          | \$ 5,836,829      | \$ 11,437,041 | \$ 11,437,117                                        | \$ 76        |

\*Denotes a party in interest

See independent auditor's report.