

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <u>EFI 401(K) SAVINGS PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ELECTRONICS FOR IMAGING, INC.</u>  <u>12 INNOVATION WAY</u> <u>LONDONDERRY, NH 03053</u>	<b>1c</b> Effective date of plan <u>01/01/1992</u>  <b>2b</b> Employer Identification Number (EIN) <u>94-3086355</u>  <b>2c</b> Plan Sponsor's telephone number <u>412-690-3141</u>  <b>2d</b> Business code (see instructions) <u>541519</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/08/2025	RONI MCDONOUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1166
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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) ..... <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) ..... <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>	548
	<b>6a(2)</b>	527
	<b>6b</b>	7
	<b>6c</b>	578
	<b>6d</b>	1112
	<b>6e</b>	0
	<b>6f</b>	1112
	<b>6g(1)</b>	1135
	<b>6g(2)</b>	1090
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	19

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 3H 2F 2G 2E 2J 2K 2T 3D 2R

**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)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>EFI 401(K) SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ELECTRONICS FOR IMAGING, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>94-3086355</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**FIDELITY INVESTMENTS INSTITUTIONAL**

**04-2647786**

**(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)

MERCER INVESTMENTS LLC

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	227560	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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	91138	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)

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	59183	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)

MOSS ADAMS LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/A UDITOR	24000	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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 (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GQG PARTNERS EMRGING MARKETS EQUIT 1 FREEDOM VALLEY DR OAKS, PA 19456	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARAMETRIC COMMODITYSTRATEGIC CL A TWO INTERNATIONAL PLACE BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOLDMAN SACHS GQG PART INTERNTL OP 71 S. WACKER DR 4TH FL CHICAGO, IL 60606	0.40%	

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPAC INTL VALUE FD CL A LOTS 81 82 ST C STE 204 DORADO, PR 00646	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPAC INTERNATNL DIVIDEND INC CL LOTS 81 82 ST C STE 204 DORADO, PR 00646	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON GL LIFE SCIENCES T 151 DETROIT ST. DENVER, CO 80206	0.35%	

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RYDEX WEAKENING DOLLAR 2X STRAT CL 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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: MOSS ADAMS, LLP	<b>b</b> EIN: 91-0189318
<b>c</b> Position: AUDITOR	
<b>d</b> Address:	<b>e</b> Telephone: 408-558-7500

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>EFI 401(K) SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ELECTRONICS FOR IMAGING, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>94-3086355</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS TRGT RET 2020 P</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST CO</u>		
<b>c</b> EIN-PN <u>90-0337987-481</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS TRGT RET 2030 P</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST CO</u>		
<b>c</b> EIN-PN <u>90-0337987-483</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS TRGT RET 2040 P</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST CO</u>		
<b>c</b> EIN-PN <u>90-0337987-485</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS TRGT RET 2045 P</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST CO</u>		
<b>c</b> EIN-PN <u>90-0337987-486</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS TRGT RET 2060 P</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST CO</u>		
<b>c</b> EIN-PN <u>90-0337987-489</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS S&amp;P 500 INDEX K</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST CO</u>		
<b>c</b> EIN-PN <u>90-0337987-388</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS RSL SMMDCP IDX K</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST CO</u>		
<b>c</b> EIN-PN <u>90-0337987-461</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2050 P		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 90-0337987-487	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET INCOME P		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 90-0337987-479	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS US BOND INDEX K		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 90-0337987-462	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS REAL ASSET C		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 90-0337987-280	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2025 P		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 90-0337987-482	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2055 P		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 90-0337987-488	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2065 P		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-048	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS GACEQ EX-US IDX K		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 90-0337987-456	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2035 P		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 90-0337987-484	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MERCER LARGE CAP STK		
<b>b</b> Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC		
<b>c</b> EIN-PN 81-3153346-012	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2035 IV		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-024	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13659581
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS US BOND INDX XIV		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 90-0337987-477	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2315481
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MERCER INTL STOCK		
<b>b</b> Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC		
<b>c</b> EIN-PN 81-3158100-010	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16836104
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2025 IV		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-022	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10676646
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2045 IV		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-026	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2883638
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MERCER SMMDCP STOCK		
<b>b</b> Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC		
<b>c</b> EIN-PN 81-3183567-011	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 909191
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2030 IV		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-023	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11450736
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS REAL ASSET K		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-059	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 591283
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS RSL SMMDCP IDX II		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-019	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43360054
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET INC IV		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-030	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1134283

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2050 IV		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-027	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3631201
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2060 IV		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-029	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1122229
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2065 IV		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-045	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 266101
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STBL VAL B1		
<b>b</b> Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
<b>c</b> EIN-PN 84-1142974-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9397050
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2020 IV		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-021	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2762587
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2040 IV		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-025	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6400058
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2055 IV		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 32-6528132-028	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1464312
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SS S&P 500 INDEX II		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO		
<b>c</b> EIN-PN 04-0025081-078	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83788943
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MERCER DVSF D BOND		
<b>b</b> Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC		
<b>c</b> EIN-PN 81-3188218-009	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13690173
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US STRUC RSRCH F		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 52-1309931-010	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22538874





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>EFI 401(K) SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ELECTRONICS FOR IMAGING, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>94-3086355</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	2374	1917
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2839120	2723955
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	2786333	3916102
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	954773	998914
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	231848723	251648846
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	5855604	5964461
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	23	8

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	244286950	265254203
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<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>	244286950	265254203

**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>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1199672	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	6992383	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	435544	
(2) Noncash contributions.....	<b>2a(2)</b>	0	8627599
(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>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	135427	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	89834	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		225261
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	18006	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	110498	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		128504
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	500858	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	474442	
<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>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1434373	
<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)	35847282
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	807473
<b>c</b> Other income .....	2c	0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	47096908

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	25718734
(2) To insurance carriers for the provision of benefits .....	2e(2)	0
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	25718734
<b>f</b> Corrective distributions (see instructions) .....	2f	933
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	8107
<b>h</b> Interest expense.....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	0
(3) Recordkeeping fees .....	2i(3)	91138
(4) IQPA audit fees .....	2i(4)	24000
(5) Investment advisory and investment management fees .....	2i(5)	286743
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0
(7) Actuarial fees .....	2i(7)	0
(8) Legal fees .....	2i(8)	0
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses.....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	401881
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	26129655

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	20967253
<b>l</b> Transfers of assets:		
(1) To this plan.....	2l(1)	0
(2) From this plan .....	2l(2)	0

**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: **BAKER TILLY US, LLP LP**

(2) EIN: **30-1413443**

**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"/>	<input type="checkbox"/>	155
<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10000000
<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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"/>	<input 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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>EFI 401(K) SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ELECTRONICS FOR IMAGING, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>94-3086355</u>	

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

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

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

1	
---	--

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 04-6568107

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

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

3	
---	--

<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.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<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>	

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

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

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

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

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

<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.
----------------	---

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

<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>	

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

<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>	

**16** 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>	

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

Report of Independent Auditors and  
Financial Statements with  
Supplemental Schedules

**EFI 401(k) Savings Plan**

December 31, 2024 and 2023

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## Report of Independent Auditors

The Participants and Plan Administrator of  
EFI 401(k) Savings Plan

### Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of EFI 401(k) Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of EFI 401(k) Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

#### **Opinion**

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

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

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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of EFI 401(k) Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about EFI 401(k) Savings Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of EFI 401(k) Savings 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 EFI 401(k) Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### ***Other Matter***

##### *Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, and Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024, 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Baker Tilly US, LLP*

Campbell, California  
June 27, 2025

## **Financial Statements**

**EFI 401(k) Savings Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

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	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value		
Money market fund	\$ 268,244	\$ 388,843
Individually-directed brokerage accounts	12,338,199	11,094,610
Common/collective trusts	<u>251,648,846</u>	<u>231,848,724</u>
Total investments	264,255,289	243,332,177
Receivables		
Notes receivable from participants	<u>998,914</u>	<u>954,773</u>
Net assets available for benefits	<u>\$ 265,254,203</u>	<u>\$ 244,286,950</u>

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See accompanying notes.

**EFI 401(k) Savings Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2024 and 2023**

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	2024	2023
Investment and other income		
Dividends and interest	\$ 376,279	\$ 374,349
Net realized and unrealized appreciation in fair value of investments	38,093,030	41,434,144
Other income	613	569
Total investment gain	38,469,922	41,809,062
Contributions		
Participants	7,427,927	7,451,361
Employer	1,199,672	1,183,700
Total additions	8,627,599	8,635,061
Total additions	47,097,521	50,444,123
Deductions from net assets attributed to		
Withdrawals and distributions	25,727,774	25,159,668
Administrative expenses	402,494	345,455
Total deductions	26,130,268	25,505,123
Net increase in net assets	20,967,253	24,939,000
Net assets available for benefits		
Beginning of year	244,286,950	219,347,950
End of year	\$ 265,254,203	\$ 244,286,950

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See accompanying notes.

## **EFI 401(k) Savings Plan**

### **Notes to Financial Statements**

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#### **Note 1 – The Plan and its Significant Accounting Policies**

**General** – The following description of EFI 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan that was established in 1992 by Electronics for Imaging, Inc. (the Company), an affiliate of Siris Capital Group, LLC, to provide benefits to eligible employees, as defined in the plan document. The Plan is currently designed to be qualified under the applicable requirements of the Internal Revenue Code (IRC) and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan has been amended for various changes to the Plan's provisions as allowed under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

**Administration** – The Company has appointed the 401(k) Investment Committee (the Committee) to manage the operation and administration of the Plan. The Company has contracted with Fidelity Management Trust Company (Fidelity) to act as the trustee and custodian of the Plan, and an affiliate of Fidelity to process and maintain the records of participant data. Substantially all expenses incurred for administering the Plan are paid through forfeitures or by the Plan.

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

**Basis of accounting** – The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

**Forfeited accounts** – Forfeited nonvested accounts can be used to pay plan administrative expenses or to reduce future employer contributions.

**Investment valuation and income recognition** – The Plan's investments are reported at fair value. The Plan's trustee certifies the fair market value of all investments. If available, quoted market prices are used to value investments.

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. See Note 2 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 or sold as well as held during the year.

## **EFI 401(k) Savings Plan**

### **Notes to Financial Statements**

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**Notes receivable from participants** – Notes receivable from participants (notes receivable) are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions upon the occurrence of a distributable event based upon the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2024 or 2023.

**Payment of benefits** – Benefits are recorded when paid.

**Income taxes** – The Plan has adopted a prototype plan that has received an opinion letter from the Internal Revenue Service dated June 30, 2020, which stated that the Plan, as then designed, was in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Risks and uncertainties** – The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations, and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market value, interest rates, or other factors in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**Subsequent events** – The Plan has evaluated subsequent events through June 27, 2025, which is the date the financial statements were available to be issued.

Effective May 15, 2025, Fiery, LLC was removed as an employer under the Plan. As a result, all employees of this division had their account balances, aggregating to approximately \$89,645,000, transferred to the Mercer Wise PEP for the Fiery, LLC Plan in May 2025.

#### **Note 2 – Fair Value Measurements**

The fair value measurements standard establishes a framework for measuring fair value. That framework provides a 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the standard are described below:

**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.

## EFI 401(k) Savings Plan Notes to Financial Statements

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

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

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, 2024 and 2023.

*Money market fund:* Valued at the daily closing price as reported by the fund. The fund held by the Plan is an open-end fund that is registered with the U.S. Securities and Exchange Commission. The fund is required to publish their daily net asset value (NAV) and to transact at that price. The fund held by the Plan is deemed to be actively traded.

*Individually-directed brokerage accounts:* Substantially comprised of common stock, mutual funds, and cash, which are valued at the closing price reported on the active market on which the individual securities are traded.

*Collective/common trusts:* Units held in collective/common trusts (CCTs) are valued using the NAV practical expedient of the CCTs as reported by the CCT managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the CCTs, minus its liabilities, and then divided by the number of units outstanding. The Plan holds CCTs that are valued daily and seeks to maintain stable net asset value. They permit withdrawals to accommodate benefit payments on any business day.

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

## EFI 401(k) Savings Plan Notes to Financial Statements

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The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	2024			Total
	Level 1	Level 2	Level 3	
Money market fund	\$ 268,244	\$ -	\$ -	\$ 268,244
Individually-directed brokerage accounts	12,338,199	-	-	12,338,199
Total assets in the fair value hierarchy	\$ 12,606,443	\$ -	\$ -	12,606,443
Investments measured at NAV practical expedient				251,648,846
Investments, at fair value				\$ 264,255,289

  

	2023			Total
	Level 1	Level 2	Level 3	
Money market fund	\$ 388,843	\$ -	\$ -	\$ 388,843
Individually-directed brokerage accounts	11,094,610	-	-	11,094,610
Total assets in the fair value hierarchy	\$ 11,483,453	\$ -	\$ -	11,483,453
Investments measured at NAV practical expedient				231,848,724
Investments, at fair value				\$ 243,332,177

### Note 3 – Related-Party Transactions

Certain plan investments are managed by Fidelity, the trustee of the Plan and, therefore, transactions with this entity qualifies as exempt party-in-interest transactions.

### Note 4 – Participation and Benefits

**Participant contributions** – Participants may elect to have the Company contribute their eligible pre-tax or post-tax compensation (as Roth contributions) to the Plan up to the amounts allowable under the plan document and current income tax regulations. The Plan permits the automatic enrollment of eligible employees in the Plan with a contribution of 6% of eligible compensation, unless the employee affirmatively elects otherwise. Participants who elect to have the Company contribute a portion of their compensation to the Plan agree to accept an equivalent reduction in taxable or taxed compensation. Contributions withheld are invested in accordance with the participant's direction.

Participants are also allowed to make rollover contributions of amounts received from other tax-qualified employer-sponsored retirement plans. Such contributions are deposited in the appropriate investment funds in accordance with the participant's direction and the Plan's provisions.

## **EFI 401(k) Savings Plan**

### **Notes to Financial Statements**

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**Employer contributions** – The Company is allowed to make discretionary matching and profit sharing contributions as defined in the Plan and as approved by the Board of Directors. In 2024 and 2023, the Company matched 50% of each eligible participant's contribution, up to the first 4% of the participant's eligible compensation, not to exceed 2% of the participant's annual compensation. The Plan also allows for a discretionary profit sharing contribution. No discretionary profit sharing contribution has been made for the years ended December 31, 2024 and 2023.

**Vesting** – Participants are immediately vested in their contributions. Participants are fully vested in the employer's discretionary matching and discretionary profit sharing contributions allocated to their account after four years of credited service.

**Participant accounts** – Each participant's account is credited with the participant's contribution, plan earnings or losses, and an allocation of the Company's contribution, if any. Allocation of the Company contribution is based on participant contributions or eligible employee compensation, as defined in the Plan.

**Payment of benefits** – Upon termination, the participants or beneficiaries may elect to leave their account balance in the Plan or receive their total benefits in a lump sum amount or installments over a period of years equal to the value of the participant's vested interest in their account. The Plan allows for the automatic lump sum distribution of participant vested account balances that do not exceed \$5,000. Any distribution that exceeds \$1,000 that is made without the participant's consent before the participant's normal retirement age will be rolled over to an individual retirement account plan designed by the plan administrator.

**Notes receivable from participants** – The Plan allows participants to borrow not less than \$1,000 and up to the lesser of \$50,000 or 50% of their vested account balance. The notes receivable are secured by the participant's vested balance. Such notes receivable bear interest at the available market financing rates and must be repaid to the Plan within a five-year period, unless the proceeds are used for the purchase of a principal residence in which case the maximum repayment period may be longer. The specific terms and conditions of such notes receivable are established by the Committee. Outstanding notes receivable at December 31, 2024, carry interest rates ranging from 4.25% to 10.50%, maturing through December 2034.

#### **Note 5 – Certified Investment Information**

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity, a qualified institution:

- Investments and notes receivable reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments, dividends and interest, and interest income from notes receivable from participants reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investments reflected on the schedule of assets (held at end of year).

## **EFI 401(k) Savings Plan**

### **Notes to Financial Statements**

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#### **Note 6 – Reconciliation to Form 5500**

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.

#### **Note 7 – Plan Termination or Modification**

The Company intends to continue the Plan indefinitely for the benefit of its participants; however, it reserves the right to terminate or modify the Plan at any time by resolution of its Board of Directors and subject to the provisions of ERISA. In the event the Plan is terminated in the future, participants would become fully vested in their accounts.

**Supplemental Schedules  
Required by the Department of Labor**

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**EFI 401(k) Savings Plan**  
**Employer Identification Number: 94-3086355, Plan Number: 001**  
**Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions**  
**Year Ended December 31, 2024**

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Participant Contributions Transferred Late to Plan	<u>Totals that Constitute Nonexempt Prohibited Transactions</u>			Totally Fully Corrected Under VFCP and PTE 2002-51
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	
Delinquent contributions in 2023				
\$ 156	\$ -	\$ 156	\$ -	\$ -

**EFI 401(k) Savings Plan**  
**Employer Identification Number: 94-3086355, Plan Number: 001**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(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
	Invesco Stable Value Trust Class B1	Common/Collective Trust	***	\$ 9,397,050
	Mercer Small/Mid Cap Stock Fund	Common/Collective Trust	***	909,191
	Mercer Diversified Bond Fund	Common/Collective Trust	***	13,690,173
	Mercer International Stock Fund	Common/Collective Trust	***	16,836,104
	T. Rowe Price Structured Research Common Trust Fund Class F	Common/Collective Trust	***	22,538,874
	State Street Target Retirement Securities Lending Fund Class IV	Common/Collective Trust	***	1,134,283
	State Street Target Retirement 2020 Securities Lending Series Fund Class IV	Common/Collective Trust	***	2,762,587
	State Street Target Retirement 2025 Securities Lending Series Fund Class IV	Common/Collective Trust	***	10,676,646
	State Street Target Retirement 2030 Securities Lending Series Fund Class IV	Common/Collective Trust	***	11,450,736
	State Street Target Retirement 2035 Securities Lending Series Fund Class IV	Common/Collective Trust	***	13,659,581
	State Street Target Retirement 2040 Securities Lending Series Fund Class IV	Common/Collective Trust	***	6,400,058
	State Street Target Retirement 2045 Securities Lending Series Fund Class IV	Common/Collective Trust	***	2,883,638
	State Street Target Retirement 2050 Securities Lending Series Fund Class IV	Common/Collective Trust	***	3,631,201
	State Street Target Retirement 2055 Securities Lending Series Fund Class IV	Common/Collective Trust	***	1,464,312
	State Street Target Retirement 2060 Securities Lending Series Fund Class IV	Common/Collective Trust	***	1,122,229
	State Street Target Retirement 2065 Securities Lending Series Fund Class IV	Common/Collective Trust	***	266,101
	State Street U.S. Bond Index Securities Lending Series Fund Class XIV	Common/Collective Trust	***	2,315,481
	State Street Global All Cap Equity ex-U.S. Index Securities Lending Series Fund Class II	Common/Collective Trust	***	2,770,321
	State Street Real Asset Non-Lending Series Fund Class K	Common/Collective Trust	***	591,283
	State Street Russell Small/Mid Cap® Index Securities Lending Series Fund Class II	Common/Collective Trust	***	43,360,054
	State Street S&P 500® Index Securities Lending Series Fund Class II	Common/Collective Trust	***	83,788,943
*	Fidelity Government Money Market Fund Premium Class	Money Market Fund	***	268,244
**	Individually-directed brokerage accounts	Mutual Funds, Common Stock, and Cash	***	12,338,199
*	Participant loans	Interest rates ranging from 4.25% to 10.50% maturing through December 2034	-	998,914
		Total		<u>\$ 265,254,203</u>

\* Party-in-interest.

\*\* Includes party-in-interest investments.

\*\*\* Information not required as investments are participant-directed.

Report of Independent Auditors and  
Financial Statements with  
Supplemental Schedules

**EFI 401(k) Savings Plan**

December 31, 2024 and 2023

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## Report of Independent Auditors

The Participants and Plan Administrator of  
EFI 401(k) Savings Plan

### Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of EFI 401(k) Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of EFI 401(k) Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

#### **Opinion**

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

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

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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of EFI 401(k) Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about EFI 401(k) Savings Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of EFI 401(k) Savings 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 EFI 401(k) Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

***Other Matter***

*Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, and Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024, 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Baker Tilly US, LLP*

Campbell, California  
June 27, 2025

## **Financial Statements**

**EFI 401(k) Savings Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

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	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value		
Money market fund	\$ 268,244	\$ 388,843
Individually-directed brokerage accounts	12,338,199	11,094,610
Common/collective trusts	<u>251,648,846</u>	<u>231,848,724</u>
Total investments	264,255,289	243,332,177
Receivables		
Notes receivable from participants	<u>998,914</u>	<u>954,773</u>
Net assets available for benefits	<u>\$ 265,254,203</u>	<u>\$ 244,286,950</u>

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See accompanying notes.

**EFI 401(k) Savings Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2024 and 2023**

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	2024	2023
Investment and other income		
Dividends and interest	\$ 376,279	\$ 374,349
Net realized and unrealized appreciation in fair value of investments	38,093,030	41,434,144
Other income	613	569
Total investment gain	38,469,922	41,809,062
Contributions		
Participants	7,427,927	7,451,361
Employer	1,199,672	1,183,700
Total additions	8,627,599	8,635,061
Total additions	47,097,521	50,444,123
Deductions from net assets attributed to		
Withdrawals and distributions	25,727,774	25,159,668
Administrative expenses	402,494	345,455
Total deductions	26,130,268	25,505,123
Net increase in net assets	20,967,253	24,939,000
Net assets available for benefits		
Beginning of year	244,286,950	219,347,950
End of year	\$ 265,254,203	\$ 244,286,950

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See accompanying notes.

## **EFI 401(k) Savings Plan**

### **Notes to Financial Statements**

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#### **Note 1 – The Plan and its Significant Accounting Policies**

**General** – The following description of EFI 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan that was established in 1992 by Electronics for Imaging, Inc. (the Company), an affiliate of Siris Capital Group, LLC, to provide benefits to eligible employees, as defined in the plan document. The Plan is currently designed to be qualified under the applicable requirements of the Internal Revenue Code (IRC) and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan has been amended for various changes to the Plan's provisions as allowed under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

**Administration** – The Company has appointed the 401(k) Investment Committee (the Committee) to manage the operation and administration of the Plan. The Company has contracted with Fidelity Management Trust Company (Fidelity) to act as the trustee and custodian of the Plan, and an affiliate of Fidelity to process and maintain the records of participant data. Substantially all expenses incurred for administering the Plan are paid through forfeitures or by the Plan.

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

**Basis of accounting** – The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

**Forfeited accounts** – Forfeited nonvested accounts can be used to pay plan administrative expenses or to reduce future employer contributions.

**Investment valuation and income recognition** – The Plan's investments are reported at fair value. The Plan's trustee certifies the fair market value of all investments. If available, quoted market prices are used to value investments.

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. See Note 2 for discussion of fair value measurements.

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## **EFI 401(k) Savings Plan**

### **Notes to Financial Statements**

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**Notes receivable from participants** – Notes receivable from participants (notes receivable) are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions upon the occurrence of a distributable event based upon the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2024 or 2023.

**Payment of benefits** – Benefits are recorded when paid.

**Income taxes** – The Plan has adopted a prototype plan that has received an opinion letter from the Internal Revenue Service dated June 30, 2020, which stated that the Plan, as then designed, was in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Risks and uncertainties** – The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations, and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market value, interest rates, or other factors in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**Subsequent events** – The Plan has evaluated subsequent events through June 27, 2025, which is the date the financial statements were available to be issued.

Effective May 15, 2025, Fiery, LLC was removed as an employer under the Plan. As a result, all employees of this division had their account balances, aggregating to approximately \$89,645,000, transferred to the Mercer Wise PEP for the Fiery, LLC Plan in May 2025.

#### **Note 2 – Fair Value Measurements**

The fair value measurements standard establishes a framework for measuring fair value. That framework provides a 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the standard are described below:

**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.

## EFI 401(k) Savings Plan Notes to Financial Statements

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

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

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, 2024 and 2023.

*Money market fund:* Valued at the daily closing price as reported by the fund. The fund held by the Plan is an open-end fund that is registered with the U.S. Securities and Exchange Commission. The fund is required to publish their daily net asset value (NAV) and to transact at that price. The fund held by the Plan is deemed to be actively traded.

*Individually-directed brokerage accounts:* Substantially comprised of common stock, mutual funds, and cash, which are valued at the closing price reported on the active market on which the individual securities are traded.

*Collective/common trusts:* Units held in collective/common trusts (CCTs) are valued using the NAV practical expedient of the CCTs as reported by the CCT managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the CCTs, minus its liabilities, and then divided by the number of units outstanding. The Plan holds CCTs that are valued daily and seeks to maintain stable net asset value. They permit withdrawals to accommodate benefit payments on any business day.

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

## EFI 401(k) Savings Plan Notes to Financial Statements

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The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	2024			Total
	Level 1	Level 2	Level 3	
Money market fund	\$ 268,244	\$ -	\$ -	\$ 268,244
Individually-directed brokerage accounts	12,338,199	-	-	12,338,199
Total assets in the fair value hierarchy	\$ 12,606,443	\$ -	\$ -	12,606,443
Investments measured at NAV practical expedient				251,648,846
Investments, at fair value				\$ 264,255,289

  

	2023			Total
	Level 1	Level 2	Level 3	
Money market fund	\$ 388,843	\$ -	\$ -	\$ 388,843
Individually-directed brokerage accounts	11,094,610	-	-	11,094,610
Total assets in the fair value hierarchy	\$ 11,483,453	\$ -	\$ -	11,483,453
Investments measured at NAV practical expedient				231,848,724
Investments, at fair value				\$ 243,332,177

### Note 3 – Related-Party Transactions

Certain plan investments are managed by Fidelity, the trustee of the Plan and, therefore, transactions with this entity qualifies as exempt party-in-interest transactions.

### Note 4 – Participation and Benefits

**Participant contributions** – Participants may elect to have the Company contribute their eligible pre-tax or post-tax compensation (as Roth contributions) to the Plan up to the amounts allowable under the plan document and current income tax regulations. The Plan permits the automatic enrollment of eligible employees in the Plan with a contribution of 6% of eligible compensation, unless the employee affirmatively elects otherwise. Participants who elect to have the Company contribute a portion of their compensation to the Plan agree to accept an equivalent reduction in taxable or taxed compensation. Contributions withheld are invested in accordance with the participant's direction.

Participants are also allowed to make rollover contributions of amounts received from other tax-qualified employer-sponsored retirement plans. Such contributions are deposited in the appropriate investment funds in accordance with the participant's direction and the Plan's provisions.

## **EFI 401(k) Savings Plan**

### **Notes to Financial Statements**

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**Employer contributions** – The Company is allowed to make discretionary matching and profit sharing contributions as defined in the Plan and as approved by the Board of Directors. In 2024 and 2023, the Company matched 50% of each eligible participant's contribution, up to the first 4% of the participant's eligible compensation, not to exceed 2% of the participant's annual compensation. The Plan also allows for a discretionary profit sharing contribution. No discretionary profit sharing contribution has been made for the years ended December 31, 2024 and 2023.

**Vesting** – Participants are immediately vested in their contributions. Participants are fully vested in the employer's discretionary matching and discretionary profit sharing contributions allocated to their account after four years of credited service.

**Participant accounts** – Each participant's account is credited with the participant's contribution, plan earnings or losses, and an allocation of the Company's contribution, if any. Allocation of the Company contribution is based on participant contributions or eligible employee compensation, as defined in the Plan.

**Payment of benefits** – Upon termination, the participants or beneficiaries may elect to leave their account balance in the Plan or receive their total benefits in a lump sum amount or installments over a period of years equal to the value of the participant's vested interest in their account. The Plan allows for the automatic lump sum distribution of participant vested account balances that do not exceed \$5,000. Any distribution that exceeds \$1,000 that is made without the participant's consent before the participant's normal retirement age will be rolled over to an individual retirement account plan designed by the plan administrator.

**Notes receivable from participants** – The Plan allows participants to borrow not less than \$1,000 and up to the lesser of \$50,000 or 50% of their vested account balance. The notes receivable are secured by the participant's vested balance. Such notes receivable bear interest at the available market financing rates and must be repaid to the Plan within a five-year period, unless the proceeds are used for the purchase of a principal residence in which case the maximum repayment period may be longer. The specific terms and conditions of such notes receivable are established by the Committee. Outstanding notes receivable at December 31, 2024, carry interest rates ranging from 4.25% to 10.50%, maturing through December 2034.

#### **Note 5 – Certified Investment Information**

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity, a qualified institution:

- Investments and notes receivable reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments, dividends and interest, and interest income from notes receivable from participants reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investments reflected on the schedule of assets (held at end of year).

## **EFI 401(k) Savings Plan**

### **Notes to Financial Statements**

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#### **Note 6 – Reconciliation to Form 5500**

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.

#### **Note 7 – Plan Termination or Modification**

The Company intends to continue the Plan indefinitely for the benefit of its participants; however, it reserves the right to terminate or modify the Plan at any time by resolution of its Board of Directors and subject to the provisions of ERISA. In the event the Plan is terminated in the future, participants would become fully vested in their accounts.

**Supplemental Schedules  
Required by the Department of Labor**

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**EFI 401(k) Savings Plan**  
**Employer Identification Number: 94-3086355, Plan Number: 001**  
**Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions**  
**Year Ended December 31, 2024**

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Participant Contributions Transferred Late to Plan	<u>Totals that Constitute Nonexempt Prohibited Transactions</u>			Contributions Pending Correction in VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP			
Delinquent contributions in 2023					
\$ 156	\$ -	\$ 156		\$ -	\$ -

**EFI 401(k) Savings Plan**  
**Employer Identification Number: 94-3086355, Plan Number: 001**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(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
	Invesco Stable Value Trust Class B1	Common/Collective Trust	***	\$ 9,397,050
	Mercer Small/Mid Cap Stock Fund	Common/Collective Trust	***	909,191
	Mercer Diversified Bond Fund	Common/Collective Trust	***	13,690,173
	Mercer International Stock Fund	Common/Collective Trust	***	16,836,104
	T. Rowe Price Structured Research Common Trust Fund Class F	Common/Collective Trust	***	22,538,874
	State Street Target Retirement Securities Lending Fund Class IV	Common/Collective Trust	***	1,134,283
	State Street Target Retirement 2020 Securities Lending Series Fund Class IV	Common/Collective Trust	***	2,762,587
	State Street Target Retirement 2025 Securities Lending Series Fund Class IV	Common/Collective Trust	***	10,676,646
	State Street Target Retirement 2030 Securities Lending Series Fund Class IV	Common/Collective Trust	***	11,450,736
	State Street Target Retirement 2035 Securities Lending Series Fund Class IV	Common/Collective Trust	***	13,659,581
	State Street Target Retirement 2040 Securities Lending Series Fund Class IV	Common/Collective Trust	***	6,400,058
	State Street Target Retirement 2045 Securities Lending Series Fund Class IV	Common/Collective Trust	***	2,883,638
	State Street Target Retirement 2050 Securities Lending Series Fund Class IV	Common/Collective Trust	***	3,631,201
	State Street Target Retirement 2055 Securities Lending Series Fund Class IV	Common/Collective Trust	***	1,464,312
	State Street Target Retirement 2060 Securities Lending Series Fund Class IV	Common/Collective Trust	***	1,122,229
	State Street Target Retirement 2065 Securities Lending Series Fund Class IV	Common/Collective Trust	***	266,101
	State Street U.S. Bond Index Securities Lending Series Fund Class XIV	Common/Collective Trust	***	2,315,481
	State Street Global All Cap Equity ex-U.S. Index Securities Lending Series Fund Class II	Common/Collective Trust	***	2,770,321
	State Street Real Asset Non-Lending Series Fund Class K	Common/Collective Trust	***	591,283
	State Street Russell Small/Mid Cap® Index Securities Lending Series Fund Class II	Common/Collective Trust	***	43,360,054
	State Street S&P 500® Index Securities Lending Series Fund Class II	Common/Collective Trust	***	83,788,943
*	Fidelity Government Money Market Fund Premium Class	Money Market Fund	***	268,244
**	Individually-directed brokerage accounts	Mutual Funds, Common Stock, and Cash	***	12,338,199
*	Participant loans	Interest rates ranging from 4.25% to 10.50% maturing through December 2034	-	998,914
		Total		<u>\$ 265,254,203</u>

\* Party-in-interest.

\*\* Includes party-in-interest investments.

\*\*\* Information not required as investments are participant-directed.

September 6, 2024

Department of the Treasury  
Internal Revenue Service Center  
Odgen, UT 84201

Re: Electronics For Imaging, EIN 94-3086355, Form 5330

To Whom It May Concern:

Please see the attached paper filing of Form 5330 for calendar years 2023 & 2024.

We respectfully request an exclusion from the electronic filing requirement due to a lack of authorized e-file providers for Form 5330.

Please contact me if you have any questions or need additional information.

Thank you for your assistance.

Sincerely,



Cynthia Glenn  
Sr Domestic Tax Manager  
Electronics for Imaging, Inc.  
12 Innovation Way  
Londonderry, NH 03053  
(603) 285-9958  
[cindy.glenn@efi.com](mailto:cindy.glenn@efi.com)

Enclosures



Electronics For Imaging, Inc.  
12 Innovation Way  
Londonderry, NH 03053  
United States

Tel: +1 603-285-9800  
Fax: +1 603-285-9755

[www.efi.com](http://www.efi.com)

ELECTRONICS FOR IMAGING  
12 INNOVATION WAY  
LONDONDERRY, NH 03053



RETURN SERVICE REQUESTED

Check No. 0000352739  
Check Date 08/29/2024  
Check Amount \$1.25  
Vendor Number 0000107586



OD-000008 0003 0003 000012

UNITED STATES TREASURYINTERNAL REVE  
NUE SERVICE  
INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0039

WEB: WWW.EFI.COM  
PHONE: 650 357 3500

Invoice Date	Invoice Number	Description	Gross Amount	Discount Amount	Net Amount
08/23/2024	2024 IRSFORM5330 0190720640		\$1.25		\$1.25
<b>TOTAL</b>					<b>\$1.25</b>

↓ PLEASE FOLD ON PERFORATION AND DETACH HERE ↓

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

ELECTRONICS FOR IMAGING  
12 INNOVATION WAY  
LONDONDERRY, NH 03053



0000352739  
August 29, 2024

11-35/1210  
VOID AFTER 180 DAYS

Amount: \*\*One dollars and 25 cents\*\*

\*\*\$1.25\*\*

Pay to the order of UNITED STATES TREASURYINTERNAL REVE  
NUE SERVICE

Bank of America N.A. San Francisco, CA Form 5330, Section 4975  
FEIN 94-3086355, Plan #001

AUTHORIZED SIGNATURE

**Return of Excise Taxes Related to Employee Benefit Plans**

(under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

OMB No. 1545-0575

Go to [www.irs.gov/Form5330](http://www.irs.gov/Form5330) for instructions and the latest information.

Filer tax year beginning <b>January 1</b> , <b>2023</b> and ending <b>December 31</b> , <b>2023</b>	
<b>A</b> Name of filer (see instructions) <b>ELECTRONICS FOR IMAGING, INC</b> Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.) <b>6453 KAISER DRIVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>FREMONT, CA 94555</b>	<b>B</b> Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.) Employer identification number (EIN) <b>94-3086355</b> Social security number (SSN)
<b>C</b> Name of plan <b>EFI 401 (K) SAVINGS PLAN</b>	<b>E</b> Plan sponsor's EIN <b>94-3086355</b>
<b>D</b> Name and address of plan sponsor <b>ELECTRONICS FOR IMAGING, INC</b>	<b>F</b> Plan year ending (MM/DD/YYYY) <b>12/31/2023</b>
<b>H</b> If this is an amended return, check here <input type="checkbox"/>	<b>G</b> Plan number <b>001</b>

**Part I Taxes.** You can only complete one section of Part I for each Form 5330 filed. See instructions.

Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)	FOR IRS USE ONLY		
<b>1</b> Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	<b>1</b>	
<b>2</b> Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	<b>2</b>	
<b>3a</b> Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	<b>3a</b>	<b>0</b>
<b>b</b> Section 4975(b) tax on failure to correct prohibited transactions	224	<b>3b</b>	
<b>4</b> Section 4976 tax on disqualified benefits for funded welfare plans	200	<b>4</b>	
<b>5a</b> Section 4978 tax on ESOP dispositions	209	<b>5a</b>	
<b>b</b> The tax on line 5a is a result of the application of: <input type="checkbox"/> Sec. 664(g) <input type="checkbox"/> Sec. 1042		<b>5b</b>	
<b>6</b> Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	<b>6</b>	
<b>7 Total Section A taxes.</b> Add lines 1 through 6. Enter here and on Part II, line 17		<b>7</b>	<b>0</b>

Section B. Taxes that are reported by the 15th day of the 10th month after the last day of the plan year	FOR IRS USE ONLY		
<b>8a</b> Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	<b>8a</b>	
<b>b</b> Section 4971(b) tax for failure to correct minimum funding standards	225	<b>8b</b>	
<b>9a</b> Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	<b>9a</b>	
<b>b</b> Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	<b>9b</b>	
<b>10a</b> Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	<b>10a</b>	
<b>b</b> Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	<b>10b</b>	
<b>c</b> Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	<b>10c</b>	
<b>d</b> Section 4971(h) tax on failure of a CSEC plan sponsor to adopt funding restoration plan (from Schedule L, line 2)	453	<b>10d</b>	

Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees	FOR IRS USE ONLY		
<b>11</b> Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	<b>11</b>	
<b>12 Total Section B taxes.</b> Add lines 8a through 10d or 11. Enter here and on Part II, line 17		<b>12</b>	

Section C. Tax that is reported by the last day of the 15th month after the end of the plan year	FOR IRS USE ONLY		
<b>13</b> Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17	205	<b>13</b>	

Name of filer: **ELECTRONICS FOR IMAGING, INC**

Filer's identifying number: **94-3086355**

**Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred**

<b>14</b>	Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3). Enter here and on Part II, line 17 . . . . .	204	<b>14</b>
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**Section E. Tax that is reported by the last day of the month following the month in which the failure occurred**

<b>15</b>	Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, line 17 . . . . .	228	<b>15</b>
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**Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction**

<b>16</b>	Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17 . . . . .	237	<b>16</b>
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**Part II Tax Due**

<b>17</b>	Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable) . . . . .	<b>17</b>	<b>0</b>
<b>18</b>	Enter the amount of tax paid with Form 5558 or any other tax paid prior to filing this return . . . . .	<b>18</b>	
<b>19</b>	<b>Tax due.</b> Subtract line 18 from line 17. If the result is greater than zero, enter here . . . . .	<b>19</b>	<b>0</b>

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

*David Smith* 650-357-3500 8/27/24  
 Your signature Telephone number Date

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no.			

Name of filer: **ELECTRONICS FOR IMAGING, INC**

Filer's identifying number: **94-3086355**

**Schedule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p)) . . . . .		<b>1</b>
2	Amount allowable as a deduction under section 404 . . . . .		<b>2</b>
3	Subtract line 2 from line 1 . . . . .		<b>3</b>
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86 . . . . .	<b>4</b>	
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year . . . . .	<b>5</b>	
6	Subtract line 5 from line 4 . . . . .	<b>6</b>	
7	Amount of line 6 carried forward and deductible in this tax year . . . . .	<b>7</b>	
8	Subtract line 7 from line 6 . . . . .		<b>8</b>
9	Tentative taxable excess contributions. Add lines 3 and 8 . . . . .		<b>9</b>
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax . . . . .		<b>10</b>
11	Taxable excess contributions. Subtract line 10 from line 9 . . . . .		<b>11</b>
12	Multiply line 11 by 10%. Enter here and on Part I, line 1 . . . . .		<b>12</b>

**Schedule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3)) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total amount contributed for current year less rollovers. See instructions . . . . .		<b>1</b>
2	Amount excludable from gross income under section 403(b). See instructions . . . . .		<b>2</b>
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0- . . . . .		<b>3</b>
4	Prior year excess contributions not previously eliminated. If zero, go to line 8 . . . . .		<b>4</b>
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0- . . . . .		<b>5</b>
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions . . . . .		<b>6</b>
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4 . . . . .		<b>7</b>
8	Taxable excess contributions. Add lines 3 and 7 . . . . .		<b>8</b>
9	Multiply line 8 by 6% . . . . .		<b>9</b>
10	Enter the value of your account as of the last day of the year . . . . .		<b>10</b>
11	Multiply line 10 by 6% . . . . .		<b>11</b>
12	<b>Excess contributions tax.</b> Enter the lesser of line 9 or line 11 here and on Part I, line 2 . . . . .		<b>12</b>





Name of filer: **ELECTRONICS FOR IMAGING, INC**

Filer's identifying number: **94-3086355**

**Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Sections 4971(g)(3) and 4971(g)(4)) Reported by the 15th day of the 10th month after the last day of the plan year**

<b>1</b>	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status.		
<b>a</b>	Enter the amount of contributions necessary to meet the applicable benchmarks or requirements . . . . .	<b>1a</b>	
<b>b</b>	Enter the amount of the accumulated funding deficiency . . . . .	<b>1b</b>	
<b>c</b>	Multiply the greater of line 1a or line 1b by 5%. Enter the result here and on Part I, line 10b . . . . .	<b>1c</b>	
<b>2</b>	Section 4971(g)(4) tax on failure to adopt rehabilitation plan.		
<b>a</b>	Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2 . . . . .	<b>2a</b>	
<b>b</b>	Enter the number of days during the tax year which are included in the period beginning on the first day following the close of the 240-day period and ending on the day the rehabilitation plan is adopted . . . . .		
<b>c</b>	Multiply line 2b by \$1,100 . . . . .	<b>2c</b>	
<b>d</b>	Enter the greater of line 2a or line 2c here and on Part I, line 10c . . . . .	<b>2d</b>	

**Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees**

<b>1</b>	Did you make an election to be taxed under section 4977? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2</b>	If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid: _____		
<b>3</b>	If line 1 is "Yes," enter the excess fringe benefits on this line. See instructions . . . . .	<b>3</b>	
<b>4</b>	Enter 30% of line 3 here and on Part I, line 11 . . . . .	<b>4</b>	

**Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year**

<b>1</b>	Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), or 501(c)(18) or excess aggregate contributions . . . . .	<b>1</b>	
<b>2</b>	Multiply line 1 by 10% and enter here and on Part I, line 13 . . . . .	<b>2</b>	

**Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred**

<b>1</b>	Date reversion occurred . . . . . MM ____ DD ____ YY ____		
<b>2a</b>	Employer reversion amount: _____ <b>b</b> Excise tax rate (20% or 50%): _____		
<b>3</b>	Multiply line 2a by line 2b and enter the amount here and on Part I, line 14 . . . . .	<b>3</b>	
<b>4</b>	Explain below why you qualify for a 20% rather than a 50% excise tax rate: ----- -----		

**Schedule J. Tax on Failure To Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred**

<b>1</b>	Enter the number of applicable individuals who were not provided ERISA section 204(h) notice: _____		
<b>2</b>	Enter the effective date of the amendment . . . . . MM ____ DD ____ YY ____		
<b>3</b>	Enter the number of days in the noncompliance period: _____		
<b>4</b>	Enter the total number of failures to provide ERISA section 204(h) notice. See instructions . . . . .	<b>4</b>	
<b>5</b>	Multiply line 4 by \$100. Enter here and on Part I, line 15 . . . . .	<b>5</b>	
<b>6</b>	Provide a brief description of the failure, and of the correction, if any: ----- -----		

**Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction**

<b>1</b>	Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to: _____		
<b>2</b>	Multiply line 1 by \$20,000. Enter the result here and on Part I, line 16 . . . . .	<b>2</b>	

**Schedule L. Tax on Failure of a CSEC Plan Sponsor To Adopt Funding Restoration Plan (Section 4971(h)) Reported by the 15th day of the 10th month after the last day of the plan year**

<b>1</b>	Enter the number of days during the tax year which are included in the period beginning on the day following the close of the 180-day period described in section 433(j)(3) and ending on the day on which the funding restoration plan is adopted . . . . .		
<b>2</b>	Multiply line 1 by \$100. Enter the result here and on Part I, line 10d . . . . .	<b>2</b>	

**Return of Excise Taxes Related to Employee Benefit Plans**

(under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

OMB No. 1545-0575

Go to [www.irs.gov/Form5330](http://www.irs.gov/Form5330) for instructions and the latest information.

Filer tax year beginning <u>January 1</u> , 2024 and ending <u>December 31</u> , 2024	
<b>A</b> Name of filer (see instructions) <u>ELECTRONICS FOR IMAGING, INC</u> Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.) <u>6453 KAISER DRIVE</u> City or town, state or province, country, and ZIP or foreign postal code <u>FREMONT, CA 94555</u>	<b>B</b> Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.) Employer identification number (EIN) <u>94-3086355</u> Social security number (SSN)
<b>C</b> Name of plan <u>EFI 401 (K) SAVINGS PLAN</u>	<b>E</b> Plan sponsor's EIN <u>94-3086355</u>
<b>D</b> Name and address of plan sponsor <u>ELECTRONICS FOR IMAGING, INC</u>	<b>F</b> Plan year ending (MM/DD/YYYY) <u>12/31/2024</u>
<b>H</b> If this is an amended return, check here <input type="checkbox"/>	<b>G</b> Plan number <u>001</u>

**Part I Taxes.** You can only complete one section of Part I for each Form 5330 filed. See instructions.

Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)	FOR IRS USE ONLY		
<b>1</b> Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	<b>1</b>	
<b>2</b> Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	<b>2</b>	
<b>3a</b> Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	<b>3a</b>	1.25
<b>b</b> Section 4975(b) tax on failure to correct prohibited transactions	224	<b>3b</b>	
<b>4</b> Section 4976 tax on disqualified benefits for funded welfare plans	200	<b>4</b>	
<b>5a</b> Section 4978 tax on ESOP dispositions	209	<b>5a</b>	
<b>b</b> The tax on line 5a is a result of the application of: <input type="checkbox"/> Sec. 664(g) <input type="checkbox"/> Sec. 1042		<b>5b</b>	
<b>6</b> Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	<b>6</b>	
<b>7 Total Section A taxes.</b> Add lines 1 through 6. Enter here and on Part II, line 17		<b>7</b>	1.25

Section B. Taxes that are reported by the 15th day of the 10th month after the last day of the plan year	FOR IRS USE ONLY		
<b>8a</b> Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	<b>8a</b>	
<b>b</b> Section 4971(b) tax for failure to correct minimum funding standards	225	<b>8b</b>	
<b>9a</b> Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	<b>9a</b>	
<b>b</b> Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	<b>9b</b>	
<b>10a</b> Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	<b>10a</b>	
<b>b</b> Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	<b>10b</b>	
<b>c</b> Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	<b>10c</b>	
<b>d</b> Section 4971(h) tax on failure of a CSEC plan sponsor to adopt funding restoration plan (from Schedule L, line 2)	453	<b>10d</b>	

Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees	FOR IRS USE ONLY		
<b>11</b> Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	<b>11</b>	
<b>12 Total Section B taxes.</b> Add lines 8a through 10d or 11. Enter here and on Part II, line 17		<b>12</b>	

Section C. Tax that is reported by the last day of the 15th month after the end of the plan year	FOR IRS USE ONLY		
<b>13</b> Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17	205	<b>13</b>	

Name of filer: **ELECTRONICS FOR IMAGING, INC**

Filer's identifying number: **94-3086355**

**Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred**

<b>14</b>	Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3). Enter here and on Part II, line 17 . . . . .	204	<b>14</b>
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**Section E. Tax that is reported by the last day of the month following the month in which the failure occurred**

<b>15</b>	Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, line 17 . . . . .	228	<b>15</b>
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**Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction**

<b>16</b>	Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17 . . . . .	237	<b>16</b>
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**Part II Tax Due**

<b>17</b>	Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable) . . . . .	<b>17</b>	1.25
<b>18</b>	Enter the amount of tax paid with Form 5558 or any other tax paid prior to filing this return . . . . .	<b>18</b>	
<b>19</b>	<b>Tax due.</b> Subtract line 18 from line 17. If the result is greater than zero, enter here . . . . .	<b>19</b>	1.25

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

*Daniel Smith* 650-357-3500 8/27/24  
 Your signature Telephone number Date

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no.			

Name of filer: **ELECTRONICS FOR IMAGING, INC**

Filer's identifying number: **94-3086355**

**Schedule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

<b>1</b>	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p)) . . . . .		<b>1</b>
<b>2</b>	Amount allowable as a deduction under section 404 . . . . .		<b>2</b>
<b>3</b>	Subtract line 2 from line 1 . . . . .		<b>3</b>
<b>4</b>	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86 . . . . .	<b>4</b>	
<b>5</b>	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year . . . . .	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4 . . . . .	<b>6</b>	
<b>7</b>	Amount of line 6 carried forward and deductible in this tax year . . . . .	<b>7</b>	
<b>8</b>	Subtract line 7 from line 6 . . . . .		<b>8</b>
<b>9</b>	Tentative taxable excess contributions. Add lines 3 and 8 . . . . .		<b>9</b>
<b>10</b>	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax . . . . .		<b>10</b>
<b>11</b>	Taxable excess contributions. Subtract line 10 from line 9 . . . . .		<b>11</b>
<b>12</b>	Multiply line 11 by 10%. Enter here and on Part I, line 1 . . . . .		<b>12</b>

**Schedule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3)) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

<b>1</b>	Total amount contributed for current year less rollovers. See instructions . . . . .	<b>1</b>
<b>2</b>	Amount excludable from gross income under section 403(b). See instructions . . . . .	<b>2</b>
<b>3</b>	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0- . . . . .	<b>3</b>
<b>4</b>	Prior year excess contributions not previously eliminated. If zero, go to line 8 . . . . .	<b>4</b>
<b>5</b>	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0- . . . . .	<b>5</b>
<b>6</b>	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions . . . . .	<b>6</b>
<b>7</b>	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4 . . . . .	<b>7</b>
<b>8</b>	Taxable excess contributions. Add lines 3 and 7 . . . . .	<b>8</b>
<b>9</b>	Multiply line 8 by 6% . . . . .	<b>9</b>
<b>10</b>	Enter the value of your account as of the last day of the year . . . . .	<b>10</b>
<b>11</b>	Multiply line 10 by 6% . . . . .	<b>11</b>
<b>12</b>	<b>Excess contributions tax.</b> Enter the lesser of line 9 or line 11 here and on Part I, line 2 . . . . .	<b>12</b>





Name of filer: **ELECTRONICS FOR IMAGING, INC**

Filer's identifying number: **94-3086355**

**Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Sections 4971(g)(3) and 4971(g)(4)) Reported by the 15th day of the 10th month after the last day of the plan year**

<b>1</b>	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status.	
<b>a</b>	Enter the amount of contributions necessary to meet the applicable benchmarks or requirements . . . . .	<b>1a</b>
<b>b</b>	Enter the amount of the accumulated funding deficiency . . . . .	<b>1b</b>
<b>c</b>	Multiply the greater of line 1a or line 1b by 5%. Enter the result here and on Part I, line 10b . . . . .	<b>1c</b>
<b>2</b>	Section 4971(g)(4) tax on failure to adopt rehabilitation plan.	
<b>a</b>	Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2 . . . . .	<b>2a</b>
<b>b</b>	Enter the number of days during the tax year which are included in the period beginning on the first day following the close of the 240-day period and ending on the day the rehabilitation plan is adopted . . . . .	
<b>c</b>	Multiply line 2b by \$1,100 . . . . .	<b>2c</b>
<b>d</b>	Enter the greater of line 2a or line 2c here and on Part I, line 10c . . . . .	<b>2d</b>

**Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees**

<b>1</b>	Did you make an election to be taxed under section 4977? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid: _____	
<b>3</b>	If line 1 is "Yes," enter the excess fringe benefits on this line. See instructions . . . . .	<b>3</b>
<b>4</b>	Enter 30% of line 3 here and on Part I, line 11 . . . . .	<b>4</b>

**Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year**

<b>1</b>	Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), or 501(c)(18) or excess aggregate contributions . . . . .	<b>1</b>
<b>2</b>	Multiply line 1 by 10% and enter here and on Part I, line 13 . . . . .	<b>2</b>

**Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred**

<b>1</b>	Date reversion occurred . . . . . MM ____ DD ____ YY ____	
<b>2a</b>	Employer reversion amount: _____ <b>b</b> Excise tax rate (20% or 50%): _____	
<b>3</b>	Multiply line 2a by line 2b and enter the amount here and on Part I, line 14 . . . . .	<b>3</b>
<b>4</b>	Explain below why you qualify for a 20% rather than a 50% excise tax rate: _____ _____	

**Schedule J. Tax on Failure To Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred**

<b>1</b>	Enter the number of applicable individuals who were not provided ERISA section 204(h) notice: _____	
<b>2</b>	Enter the effective date of the amendment . . . . . MM ____ DD ____ YY ____	
<b>3</b>	Enter the number of days in the noncompliance period: _____	
<b>4</b>	Enter the total number of failures to provide ERISA section 204(h) notice. See instructions . . . . .	<b>4</b>
<b>5</b>	Multiply line 4 by \$100. Enter here and on Part I, line 15 . . . . .	<b>5</b>
<b>6</b>	Provide a brief description of the failure, and of the correction, if any: _____ _____	

**Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction**

<b>1</b>	Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to: _____	
<b>2</b>	Multiply line 1 by \$20,000. Enter the result here and on Part I, line 16 . . . . .	<b>2</b>

**Schedule L. Tax on Failure of a CSEC Plan Sponsor To Adopt Funding Restoration Plan (Section 4971(h)) Reported by the 15th day of the 10th month after the last day of the plan year**

<b>1</b>	Enter the number of days during the tax year which are included in the period beginning on the day following the close of the 180-day period described in section 433(j)(3) and ending on the day on which the funding restoration plan is adopted . . . . .	
<b>2</b>	Multiply line 1 by \$100. Enter the result here and on Part I, line 10d . . . . .	<b>2</b>