

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

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.) [x] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [x] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [x]
D Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: AGFA CORPORATION PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/04/1999
2a Plan sponsor's name (employer, if for a single-employer plan): AGFA CORPORATION
2b Employer Identification Number (EIN): 22-3615964
2c Plan Sponsor's telephone number: 201-440-0111
2d Business code (see instructions): 541920

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  BENEFIT PLAN ADMINISTRATIVE COMMITTEE  AGFA 580 GOTHAM PKWY CARLSTADT, NJ 07072	<b>3b</b> Administrator's EIN 22-3615964  <b>3c</b> Administrator's telephone number 201-440-0111																				
<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> 947																				
<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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td style="text-align: right;">136</td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;">127</td></tr> <tr><td><b>6b</b></td><td style="text-align: right;">264</td></tr> <tr><td><b>6c</b></td><td style="text-align: right;">506</td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">897</td></tr> <tr><td><b>6e</b></td><td style="text-align: right;">49</td></tr> <tr><td><b>6f</b></td><td style="text-align: right;">946</td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td style="text-align: right;">0</td></tr> </table>	<b>6a(1)</b>	136	<b>6a(2)</b>	127	<b>6b</b>	264	<b>6c</b>	506	<b>6d</b>	897	<b>6e</b>	49	<b>6f</b>	946	<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	0
<b>6a(1)</b>	136																				
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<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>	0																				
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 3F 3H 1I

**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) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  1  </u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (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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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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>AGFA CORPORATION PENSION 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>AGFA CORPORATION</b>		<b>D</b> Employer Identification Number (EIN) <b>22-3615964</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BRIGHTHOUSE LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-0566090</b>	<b>87726</b>	<b>80154A</b>	<b>0</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	27285
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	89928
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 27003
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 0
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 967
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 967
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 27970
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 685
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 685	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 27285

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

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

<b>SCHEDULE SB</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>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</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

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

<b>A</b> Name of plan <u>AGFA CORPORATION PENSION 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 or 5500-SF <u>AGFA CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>22-3615964</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>64372140</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>69577543</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>212</u>	<u>23857964</u>
	<b>b</b> For terminated vested participants .....	<u>600</u>	<u>39463054</u>
	<b>c</b> For active participants .....	<u>135</u>	<u>10069026</u>
	<b>d</b> Total .....	<u>947</u>	<u>73390044</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.12 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>400000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>400000</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>07/17/2025</u> Date
	<u>DAVID E. FORBES, FSA EA MAAA</u> Type or print name of actuary	<u>23-05261</u> Most recent enrollment number
	<u>MILLIMAN</u> Firm name	<u>973-278-8860</u> Telephone number (including area code)
	<u>150 CLOVE ROAD 8TH FLOOR LITTLE FALLS, NJ 07424</u> Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	8409636
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	1829762
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	6579874
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.86</u> % .....	0	714574
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	7294448

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	84.77 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	84.77 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	80.00 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			<b>Totals ▶</b>	<b>18(b)</b>	0	<b>18(c)</b>	0

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

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 65

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	400000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	11189117	1208982
<b>b</b> Waiver amortization installment.....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	1608982
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	1608982	1608982

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

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

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

<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>AGFA CORPORATION PENSION 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>AGFA CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>22-3615964</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

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

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

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

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

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

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 16 50 99	NONE	161709	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)

THE BANK OF NEW YORK MELLON

13-5160382

(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?
21 28 50 51 52 62 19 99	NONE	123377	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"/>

**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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <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 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>AGFA CORPORATION PENSION 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>AGFA CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>22-3615964</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>EB TEMPORARY INVESTMENT FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-023</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>295878</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON DB SL STOCK INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-010</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>4007772</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON DB SL INTL STOCK INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-034</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>1205562</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON DB SL EMERG MRKTS SIF</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-189</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>906821</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON DB SL SMALL CAP SIF</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-009</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>2134458</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE POOLED SEPARATE ACCOUNTS</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>METLIFE INSURANCE COMPANY OF CT</u>		
<b>c</b> EIN-PN <u>06-0566090-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>89928</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON DB SL LONG TERM CREDIT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-062</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>44345499</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DB SL INTERMEDIATE GOVT BOND INDEX

**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

<b>c</b> EIN-PN 25-6078093-061	<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) 1270677
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: DB SL LONG BOND INDEX FUND

**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

<b>c</b> EIN-PN 25-6078093-006	<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) 7632030
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<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>	OMB No. 1210-0110  <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>AGFA CORPORATION PENSION 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>AGFA CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>22-3615964</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>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	614	486
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	64373160	61798698
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	74701	89928
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	27003	29775
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	64475478	61918887
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	25828	50233
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	25828	50233
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	64449650	61868654

**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>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b 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>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends: (A) Preferred stock.....</b>	<b>2b(2)(A)</b>	2	
<b>(B) Common stock.....</b>	<b>2b(2)(B)</b>		
<b>(C) Registered investment company shares (e.g. mutual funds).....</b>	<b>2b(2)(C)</b>		
<b>(D) Total dividends. Add lines 2b(2)(A), (B), and (C)</b> .....	<b>2b(2)(D)</b>		
<b>(3) Rents.....</b>	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....</b>	<b>2b(4)(A)</b>		
<b>(B) Aggregate carrying amount (see instructions).....</b>	<b>2b(4)(B)</b>		
<b>(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....</b>	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....</b>	<b>2b(5)(A)</b>		
<b>(B) Other.....</b>	<b>2b(5)(B)</b>		
<b>(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....</b>	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	-71489
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	
<b>c</b> Other income .....	2c	17998
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	-53489

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	2242422
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other .....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	2242422
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	102427
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	123377
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	20976
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses .....	2i(11)	38305
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	285085
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	2527507

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	-2580996
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	
(2) From this plan .....	2l(2)	

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **EISNERAMPER LLP**

(2) EIN: **87-1363769**

**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.)		X	
<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.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>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?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 545172.

<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>	<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 <u>AGFA CORPORATION PENSION 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>AGFA CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>22-3615964</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		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 25-1926855 27-4411131

**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		0
---	--	---

<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 \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

AGFA CORPORATION  
PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023  
(with supplemental information)

# AGFA CORPORATION PENSION PLAN

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants and Beneficiaries  
of the Agfa Corporation Pension Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 each of the years then ended, stating that the certified investment information, as described in Note D 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 *Auditors' 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.
- 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).



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### ***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 *Auditors’ Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

### ***Auditors’ 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 auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control. Accordingly, no such opinion is expressed.



- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

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

##### *Supplemental Schedule Required by ERISA*

The supplemental schedule of assets (held at year end) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



- the information in the supplemental schedules 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).

*EisnerAmper LLP*

EISNERAMPER LLP  
Iselin, New Jersey  
October 13, 2025



## AGFA CORPORATION PENSION PLAN

### Statements of Net Assets Available for Benefits

	December 31,	
	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments at fair value:		
Common/collective trusts	\$ 61,798,698	\$ 64,373,160
Unallocated life insurance contracts	<u>119,703</u>	<u>101,704</u>
	<u>61,918,401</u>	<u>64,474,864</u>
Interest receivable	<u>486</u>	<u>614</u>
Total assets	<u>61,918,887</u>	<u>64,475,478</u>
<b>LIABILITIES</b>		
Accrued expenses	<u>50,233</u>	<u>25,828</u>
Total liabilities	<u>50,233</u>	<u>25,828</u>
<b>Net assets available for benefits</b>	<u>\$ 61,868,654</u>	<u>\$ 64,449,650</u>

## AGFA CORPORATION PENSION PLAN

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

	Year Ended December 31,	
	<u>2024</u>	<u>2023</u>
<b>Additions to (deductions from) net assets available for benefits:</b>		
Investment (loss) income:		
Interest and dividends	\$ 6,391	\$ 9,141
Net realized/unrealized (depreciation) appreciation in fair value of investments	<u>(59,880)</u>	<u>6,461,301</u>
Total investment (loss) income	<u>(53,489)</u>	<u>6,470,442</u>
Benefits paid to participants	(2,242,422)	(1,618,693)
Administrative expenses	<u>(285,085)</u>	<u>(257,205)</u>
<b>Net (decrease) increase</b>	<b>(2,580,996)</b>	<b>4,594,544</b>
Net assets available for benefits - beginning of year	<u>64,449,650</u>	<u>59,855,106</u>
<b>Net assets available for benefits - end of year</b>	<b><u>\$ 61,868,654</u></b>	<b><u>\$ 64,449,650</u></b>

## AGFA CORPORATION PENSION PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE A - DESCRIPTION OF THE PLAN

The following description of the Agfa Corporation Pension Plan (the "Plan"), which became effective on June 4, 1999, is presented for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

In April 2023, Agfa Corporation (the "Company") sold a division of its business, which resulted in a group of participants related to the division being terminated from the Company and thus changing from active to terminated vested status.

The Plan, currently frozen for eligibility and benefit accruals, is a defined benefit pension plan and covers Agfa Corporation employees as follows:

#### [1] Eligibility:

- Every employee became an active participant in the Plan on the first anniversary date on which they performed an hour of service, as defined in the Plan document.
- Former employees of Bayer Corporation, who became part of the Agfa Corporation division as of the date immediately preceding Agfa Corporation's Initial Public Offering ("IPO") date, became participants of the Plan.
- Every Sterling participant was deemed to be a participant in the Plan on January 1, 2000.
- Effective January 1, 2004, participation in the Plan was frozen and no individual hired by Agfa Corporation on or after January 1, 2004 is eligible to participate in the Plan, unless the individual is covered by a collective bargaining agreement that expressly provides for participation in the Plan or an individual who was rehired after December 31, 2003, as defined.
- Effective December 31, 2006, a participant who is covered by the Plan is not credited with benefit services after December 31, 2006, except with respect to a union participant. Eligible compensation continued to be taken into account when determining benefits, until a future date, as defined.
- Effective January 1, 2007, Agfa HealthCare Corporation separated from Agfa Corporation ("Plan sponsor") and became a participating employer in the Plan. Effective October 1, 2007, Agfa Finance Corporation demerged from Agfa Corporation and became a participating employer in the Plan. Effective November 1, 2007, Agfa Materials Corporation demerged from Agfa Corporation and became a participating employer in the Plan. The participating employers are collectively referred to as (the "Company").
- Effective April 1, 2009, the Plan was fully frozen for nonunion participants, eliminating additional benefit effects associated with compensation changes.
- Effective January 8, 2010, the Plan was frozen as to 195 North Street union participants, who are covered by collective bargaining agreements and compensation or benefit service after January 7, 2010 shall not be taken into account under the Plan.
- On August 11, 2010, the Plan sponsor, Agfa Corporation, acquired substantially all of the assets of the Harold M. Pitman Company. Former employees of the Harold M. Pitman Company, who are considered new employees of Agfa Corporation, are not eligible for the Plan.

## AGFA CORPORATION PENSION PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

##### [1] Eligibility: (continued)

- Effective December 1, 2014, the Plan was amended to freeze benefit accruals for Teamsters Local 560 for members of the 400 Heller Park bargaining unit. 400 Heller Park Union Participants' service and compensation after November 30, 2014 shall not be taken into account under the Plan. Therefore, effective December 1, 2014, benefit accruals are frozen for all participants.

##### [2] Benefits:

Under the terms of the Plan, participants are eligible for monthly benefit payments upon reaching age 65 and completing five years of service. Monthly benefit payments are determined by application of a benefit formula to an employee's highest average compensation during any 60 consecutive months during which he or she received benefit service and for which his or her compensation was the highest, selected from the 120-month period preceding termination from employment. If a participant completes fewer than 60 months of benefit service, average compensation is based on the period for which he or she receives benefit service. The benefit is defined as 1.00% of average compensation, as defined, plus 0.45% of average compensation in excess of the Social Security benefit coverage level, all multiplied by years of credited service, not to exceed 35 years. Eligible employees may elect early retirement, with reduced payments to begin at age 55 after the completion of 10 years of service. The benefit determined for former participants under merged plans may be determined under a different formula than indicated above.

The normal form of benefit payment for a single or partnered participant is the single-life annuity. The normal form of benefit payment for a married participant is the qualified joint and survivor annuity. Present value of benefits in the amount of \$1,000 or less is paid out in lump-sum distributions.

If employees terminate before rendering five years of vesting service, as defined, they forfeit the right to receive any of their accumulated plan benefits unless involuntarily terminated at the time a partial plan termination is determined to have occurred, to the extent funded. Upon a partial Plan termination, benefits vest to the extent that there are sufficient assets to cover the value of non-vested benefits.

If an employee dies prior to his/her annuity starting date and has a non-forfeitable right to all or a portion of his/her accrued benefit, the surviving spouse or surviving domestic partner will be entitled to a pre-retirement survivor annuity. Active employees who become totally disabled receive disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. These benefits begin following the later of normal retirement date or the date payments under the Company's long-term disability plan end.

Pursuant to an asset purchase agreement, Agfa HealthCare Corporation spun off its imaging business unit to Agfa US Corp. effective April 1, 2018. Also pursuant to a Plan amendment effective April 1, 2018, Agfa US Corp. became a participating employer in the Plan.

Effective on July 3, 2019, the Plan entered into a non-participating, single premium, group annuity buy-out contract with Banner Life Insurance Company ("Banner") in the amount of \$130,044,000. The contract enabled the settlement of Plan liabilities associated with benefits of certain retirees in pay status with monthly benefits of \$1,800 or less. Pursuant to the terms of the non-participating, single premium, group annuity buy-out contract, a reconciliation of certain data was to be performed within 6 months which could result in an adjustment to the premium. As a result of the reconciliation, effective February 17, 2020, the non-participating, single premium, group annuity buy-out contract with Banner was amended to adjust the premium amount to \$127,906,738. The single premium reduction amount of \$2,137,262 was transferred back to the Plan on February 18, 2020.

## AGFA CORPORATION PENSION PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

##### [2] Benefits: (continued)

Effective September 13, 2020, certain eligible participants who terminated employment on or before July 31, 2020 with a vested benefit, or active participants who would attain the age of 59½ by December 1, 2020, could elect during the period October 1, 2020 to November 13, 2020, to make a one-time election for immediate commencement of their vested pension benefit in any form permitted by the Plan. Distributions in 2020 related to this election amounted to \$44,107,243.

Effective on October 27, 2020, the Plan entered into a non-participating, single premium, group annuity buy-out contract with Prudential Insurance Company of America ("Prudential") in the amount of \$189,863,785. The contract enabled the settlement of Plan liabilities associated with benefits of remaining retirees in pay status. Pursuant to the terms of the non-participating, single premium, group annuity buy-out contract, a reconciliation of certain data was to be performed within 6 months which could result in an adjustment to the premium. As a result of the reconciliation, effective June 3, 2021, the non-participating, single premium, group annuity buy-out contract with Prudential was amended to adjust the premium amount to \$188,050,975. The single premium reduction amount of \$1,812,811 was transferred back to the Plan on June 3, 2021.

Effective on December 28, 2020, the Plan entered into another non-participating, single premium, group annuity buy-out contract with Prudential in the amount of \$6,499,899. The contract enabled the settlement of Plan liabilities associated with participants that were part of the lump sum election effective September 13, 2020 who elected an annuity form of payment. Pursuant to the terms of the non-participating, single premium, group annuity buy-out contract, a reconciliation of certain data was to be performed within 6 months which could result in an adjustment to the premium. As a result of the reconciliation, effective May 18, 2021, the non-participating, single premium, group annuity buy-out contract with Prudential was amended to adjust the premium amount to \$6,507,554. The single premium amount due of \$7,714 was paid to Prudential on May 18, 2021.

##### [3] Funding:

Participants do not contribute to the Plan. Participating member companies contribute such amounts as are deemed necessary on an actuarial basis to provide sufficient funds to meet the benefits to be paid to Plan members. Contributions are based on and are at least equal to amounts required to be funded for each year for the Plan under the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Although the Plan sponsor has not expressed any intent to terminate the Plan, it may do so at any time. Under the provisions of ERISA, if the Plan is terminated, the Company may be obligated to make additional contributions to the Plan.

The contributions of the participating member companies are designed to fund the Plan's service costs on a current basis and to fund, over 30 years, the estimated accrued benefit cost arising from qualifying benefit service. The 2024 and 2023 minimum funding requirement of ERISA was \$0.

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### [1] Basis of presentation:

The financial statements of the Plan are prepared on an accrual method of accounting.

##### [2] Payment of benefits:

Benefits are recorded when paid.

## AGFA CORPORATION PENSION PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### [3] Investment valuation and income recognition:

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisors; custodians and the insurance company. See Note E 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 (depreciation) appreciation in the value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

##### [4] Administrative and other expenses:

Agent, government filing, and PBGC guaranteed benefit fees are paid by the Plan sponsor and participating affiliated companies. Expenses for trustee fees, custodian fees, actuarial fees, consulting fees, professional fees, contract administration, investment advisors, legal fees, manager fees, asset administration fees, and other miscellaneous expenses are paid by the Plan.

##### [5] Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and when applicable, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

##### [6] Adjusted Funding Target Attainment Percentage ("AFTAP"):

The Pension Protection Act (the "Act") included many provisions and numerous revisions to rules surrounding defined benefit plans, including rules that govern Plan funding. The Act established minimum funding standards for defined benefit plans and limited benefit increases and accruals for underfunded plans. Pursuant to the Act, each year the actuaries are required to certify to the Plan's funded percentage. The Plan received such certification for the 2024 Plan year for the AFTAP, which is one way of measuring the funded status of a plan using actuarial assumptions mandated by the Internal Revenue Service ("IRS"), and the actuary determined that the AFTAP for the Plan is 84.77%.

#### NOTE C - ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits are expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) current employees or their beneficiaries. Benefits payable under the terms of the Plan are included to the extent they are deemed attributable to qualifying employee service rendered to the valuation date.

The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date the Plan was frozen for benefit accruals. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent deemed attributable to employee service rendered through the date the benefit accruals were frozen.

## AGFA CORPORATION PENSION PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE C - ACTUARIAL INFORMATION (CONTINUED)

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

The significant actuarial assumptions used in the valuation as of January 1, 2024, were:

Discount rate	4.5% (previously 4.5%)
Mortality	PRI-2012 Total Dataset Employee/Retiree Amount-Weighted Tables projected with improvement scale MP-2021, separate for males and females. There were no updates to the statutory tables applicable for the 2024 Plan year from the 2023 Plan year.

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

The actuarial present value of accumulated plan benefits at December 31, 2023, is as follows:

Vested benefits:	
Participants currently receiving benefits	\$ 25,422,042
Other participants	<u>54,440,909</u>
Total vested benefits	79,862,951
Non-vested benefits	<u>82,548</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 79,945,499</u>

The changes in accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits at December 31, 2022	<u>\$ 78,305,483</u>
Increase (decrease) during plan year attributed to:	
Increase (for interest) due to decrease in the discount period	3,487,727
Benefits paid	(1,618,693)
Actuarial (gains)/losses	22,962
Change in assumption (commencement ages for deferred vested participants)	<u>(251,980)</u>
Net change	<u>1,640,016</u>
Actuarial present value of accumulated plan benefits at December 31, 2023	<u>\$ 79,945,499</u>

The actuarial present value of accumulated plan benefits is calculated as of January 1, 2024 and 2023. If the calculation was performed for December 31, 2023 and 2022, according to the Plan's actuary, there would be no material difference.

## AGFA CORPORATION PENSION PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE D - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, has certified to the completeness and accuracy of all investments and related investment activity in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statements of changes in net assets available for benefits for the years then ended, and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2024.

#### NOTE E - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board's ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

*Level 2* – Inputs to the valuation methodology include: (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) 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 methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Group annuity contract with Brighthouse Financial (formerly Met Life):* Valued at fair value as set by the contract terms, which is one year.

*Common/collective trusts:* Valued at net asset value ("NAV") per unit owned, which represents the market value of all the assets owned by the fund, minus its total liabilities, divided by the number of shares/units issued. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The primary strategies of the common collective trusts include tracking performance of the Barclays U.S. 1-3 Year Government/Credit Index, the Russell 2000 Index, the S&P 500 Index, the Barclays U.S. Intermediate Credit Index and the Barclays U.S. Long Credit Index.

## AGFA CORPORATION PENSION PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan uses fair value measurements for investments in certain entities that calculate NAV per share. The fair value for common/collective trusts is \$61,798,698 and \$64,373,160 as of December 31, 2024 and 2023, respectively. These funds may invest in securities and a combination of other collective funds. Investments within the Plan may receive distributions through liquidation of the underlying assets of the investees. The estimated period of time over which the underlying assets are expected to be liquidated by the investees is dependent on the current economic conditions and the specific fund. The funds reserve the right to suspend the offering or redemption of units for a period of time, reject any purchase order, or postpone payment dates if, in The Bank of New York Mellon/BNY Mellon, N.A.'s opinion, such offering, redemption, purchase, or payment would disrupt the management of the fund.

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

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

#### Investment Assets at Fair Value as of December 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Unallocated life insurance contracts	\$ -	\$ -	\$ 119,703	\$ 119,703
Total investment assets in the fair value hierarchy	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 119,703</u>	119,703
<b>Investments measured at net asset value (A):</b>				
Common/collective trusts				<u>61,798,698</u>
<b>Total investment assets at fair value</b>				<u>\$ 61,918,401</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Unallocated life insurance contracts	\$ -	\$ -	\$ 101,704	\$ 101,704
Total investment assets in the fair value Hierarchy	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 101,704</u>	101,704
<b>Investments measured at net asset value (A):</b>				
Common/collective trusts				<u>64,373,160</u>
<b>Total investment assets at fair value</b>				<u>\$ 64,474,864</u>

## AGFA CORPORATION PENSION PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

- (A) Certain investments that are measured at fair value using NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

#### Level 3 Gains and Losses

The following table sets forth a summary of acquisitions and dispositions of the Plan's Level 3 assets for the years ended December 31, 2024 and 2023. The classification of a financial instrument in Level 3 of the valuation hierarchy is based on the significance of the unobservable factors to the overall fair value measurement.

However, these instruments generally include other observable components that are actively quoted or validated to third-party sources, as reported to the Plan sponsor by The Bank of New York Mellon/BNY Mellon, N.A. Accordingly, the gains and losses in the table below include changes in fair value due to observable parameters as well as unobservable parameters in the valuation methodologies. The risks of Level 3 financial instruments are managed using Level 1 or Level 2 instruments, which are not included in the table; accordingly, the gains or losses below do not reflect the effect of the risk management activities related to the Level 3 instruments.

#### Level 3 Assets for the Year Ended December 31,

	<u>Group Annuity Contract</u>	
	<u>2024</u>	<u>2023</u>
Acquisitions	\$ 18,684	\$ 11,345
Dispositions	(685)	(1,813)

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

#### Fair Value of Investments in Entities that Use Net Asset Value

The following tables summarize investments measured at fair value based on NAV per share, as a practical expedient, as of December 31, 2024 and 2023, respectively:

#### Investment Assets at Fair Value as of December 31, 2024

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trusts:				
BNYM-M DB SL International SIF	\$ 1,205,562	N/A	Daily	2 days
BNYM-M DB SL Emerging Mkts SIF	906,822	N/A	Daily	2 days
EB Temporary Investment Fund	295,878	N/A	Daily	same day
BNYM-M DB SL Small Cap SIF	2,134,458	N/A	Daily	1 day
BNYM-M DB SL Stock Index Fund	4,007,772	N/A	Daily	1 day
BNYM-M DB SL Long BIF	7,632,030	N/A	Daily	1 day
BNYM-M DB SL Int Government BIF	1,270,677	N/A	Daily	1 day
BNYM-M DB SL Long-Term Credit BIF	44,345,499	N/A	Daily	1 day

## AGFA CORPORATION PENSION PLAN

### Notes to Financial Statements December 31, 2024 and 2023

#### NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

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

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trusts:				
BNYM-M DB SL International SIF	\$ 1,232,090	N/A	Daily	2 days
BNYM-M DB SL Emerging Mrkts SIF	962,244	N/A	Daily	2 days
EB Temporary Investment Fund	292,459	N/A	Daily	same day
BNYM-M DB SL Small Cap SIF	2,293,717	N/A	Daily	1 day
BNYM-M DB SL Stock Index Fund	4,125,055	N/A	Daily	1 day
BNYM-M DB SL Long BIF	8,018,431	N/A	Daily	1 day
BNYM-M DB SL LGUS T-Strips BIF	1,241,261	N/A	Daily	1 day
BNYM-M DB SL Long-Term Credit BIF	46,207,903	N/A	Daily	1 day

#### NOTE F - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set for in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a) Benefits attributable to employee contributions, taking into account those paid out before termination.
- b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC") (a U.S. government agency) up to the applicable limitations (discussed subsequently).
- d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- e) All non-vested benefits.

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

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

## **AGFA CORPORATION PENSION PLAN**

### **Notes to Financial Statements December 31, 2024 and 2023**

#### **NOTE G - TAX STATUS**

The IRS has determined and informed the Company by a letter dated December 11, 2015, stating that the Plan is qualified under the Internal Revenue Code ("IRC") and therefore the related trust is exempt from taxation. The Plan has been amended since receiving the tax determination letter. However, the Plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and therefore, the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

#### **NOTE H - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS**

Certain investments are shares of a registered investment company and common/collective trusts managed by The Bank of New York Mellon/BNY Mellon, N.A. The Bank of New York Mellon/BNY Mellon is the Plan trustee, therefore, transactions related to these investments qualify as party-in-interest transactions. Fees paid to The Bank of New York Mellon/BNY Mellon, N.A. by the Plan were \$114,107 and \$109,489 during 2024 and 2023, respectively. Fees paid to Milliman by the Plan were \$146,573 and \$160,106 during 2024 and 2023, respectively.

#### **NOTE I - RISKS AND UNCERTAINTIES**

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

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

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2024 may not necessarily be indicative of amounts that could be realized in a current market exchange.

#### **NOTE J - SUBSEQUENT EVENTS**

Subsequent events have been evaluated through October 13, 2025, the date in which the financial statements were available to be issued.

# AGFA CORPORATION PENSION PLAN

Employer Identification No. 22-3615964, Plan No. 001  
 Schedule H of Form 5500  
 Schedule of Assets (Held at End of Year)  
 December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Common/collective trusts:				
*	BNYM-M DB SL INTERNATIONAL SIF		\$ 770,134	\$ 1,205,562
*	BNYM-M DB SL EMERGING MKTS SIF		714,475	906,822
*	EB TEMPORARY INVESTMENT FUND	VAR RT 12/31/2049 DD 11/01/01	295,878	295,878
*	BNYM-M DB SL SMALL CAP SIF		1,371,371	2,134,458
*	BNYM-M DB SL STOCK INDEX FUND		1,643,296	4,007,772
*	BNYM-M DB SL LONG BIF		9,209,058	7,632,030
*	BNYM-M DB SL INT GOVERNMENT BIF		1,289,461	1,270,677
*	BNYM-M DB SL LONG-TERM CR BIF		<u>36,434,222</u>	<u>44,345,499</u>
			<u>51,727,895</u>	<u>61,798,698</u>
Unallocated insurance contracts:				
	BRIGHTHOUSE GAC 80154	ANNUITY	<u>117,819</u>	<u>119,703</u>
			<u>\$ 51,845,714</u>	<u>\$ 61,918,401</u>

\* Party-in-interest, as defined by ERISA.

**Agfa Corporation Pension Plan**  
**Attachment to Form 5500, Schedule SB – 2024**  
**Line 26 – Schedule of Active Participant Data**  
**EIN/PN: 22-3615964 / 001**

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**Number of Participants by Age and Service Groups**

Age	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35+	Total
0-24	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	5	10	1	-	-	-	-	-	20
50-54	3	15	7	-	-	-	-	-	30
55-59	4	19	12	9	3	-	-	-	68
60-64	4	10	6	10	12	1	-	-	41
65-69	-	-	-	-	-	2	1	-	3
70+	-	1	-	-	-	-	-	-	1
<b>Total</b>	16	55	26	19	15	3	1	-	135

**Agfa Corporation Pension Plan**  
**EIN: 22-3615964**  
**Plan Number: 001**

**Attachment to Form 5500, Schedule SB – 2024**

**Schedule SB, Part V – Summary of Actuarial Assumptions/Methods**

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## **Summary of Actuarial Methods**

**Valuation Date:** January 1, 2024

### **Actuarial Methods**

**Attribution Method:** The valuation of retirement benefits is determined under the “Unit Credit Actuarial Cost Method” as prescribed by the Pension Protection Act of 2006 (PPA). Under this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Plan Assets (with adjustments for credit balances). The amortization payment for a plan year is the aggregate total of the Shortfall Amortization payments, which are based on amounts necessary to amortize the additional Shortfall of each year in level annual installments over a 15-year period beginning with such year under the American Rescue Plan Act of 2021 (ARPA). The amortization period was extended from 7 years to 15 years, and all prior shortfall amortizations were eliminated effective with the 2021 valuation as the Plan Sponsor elected to apply the provisions of Section 9705 of the American Rescue Plan Act of 2021 for the 2021 plan year.

The Target Normal Cost is the actuarial present value of benefits expected to accrue during the valuation year plus anticipated administration expense, if any.

**Asset Valuation Method:** 2 year (3-point) Average Value of Assets as permitted under IRS Notice 2009-22, not less than 90% nor greater than 110% of Market Value of Assets on the valuation date.

**Agfa Corporation Pension Plan**  
**EIN: 22-3615964**  
**Plan Number: 001**

**Attachment to Form 5500, Schedule SB – 2024**

**Schedule SB, Part V – Summary of Actuarial Assumptions/Methods**

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## Summary of Actuarial Assumptions

### **ECONOMIC ASSUMPTIONS**

#### **Interest Rates:**

The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the alternative method, which was elected for the 2020 plan year.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	3.62%	3.62%
Segment 2 (5–20 years)	4.87%	4.46%	4.46%
Segment 3 (20+ years)	5.59%	4.52%	4.52%
Effective Interest Rate	5.12%	4.44%	4.44%

**Rationale for assumption:** The sponsor has elected to utilize a 4-month look-back, with rates averaged over a 24-month period, limited to applicable minimum and maximum values in accordance with funding stabilization rules. These rates are utilized for purposes of calculating the Plan's Funding Target for minimum funding purposes under ERISA and related tax codes.

#### **FASB ASC Topic 960 Discount Rate and Expected Return on Assets:**

**Assumption:** 4.50% compounded annually. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses. It is based on the plan's investment allocation as of the valuation date.

**Rationale for assumption:** In developing the expected return on assets assumption, we reviewed the Plan's actual asset allocation along with forward-looking data such as projections of inflation and total return growth. Mean returns, standard deviations and correlations between investment categories were determined and used in the investment return assumption.

#### **Administrative Expenses:**

**Assumption:** \$400,000 added to current year expense

**Rationale for assumption:** This assumption represents a reasonable estimate of future experience.

**Agfa Corporation Pension Plan**  
**EIN: 22-3615964**  
**Plan Number: 001**

**Attachment to Form 5500, Schedule SB – 2024**

**Schedule SB, Part V – Summary of Actuarial Assumptions/Methods**

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**DEMOGRAPHIC ASSUMPTIONS**

**Mortality:**

**ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium:**

**Assumption:** Statutory generational mortality tables for 2024 per IRC code section 1.430(h)(3)-(1), with projections to anticipate greater future longevity using Modified projection scale MP-2021, with separate rates for non-annuitants and annuitants.

**Rationale:** The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality table in which credible mortality experience was analyzed. We believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period. The tables without collar adjustments were selected because the plan's participants are a mix of salaried and hourly employees.

**Change in Assumption:** Mortality tables were updated from the statutory tables applicable for the 2023 plan year to the statutory tables applicable for the 2024 plan year.

**FASB ASC Topic 960:**

**Assumption:** PRI-2012 Total Dataset Employee/Retiree Amount-Weighted Mortality Tables projected with improvement scale MP-2021, separate for males and females.

**Rationale for assumption:** The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above-mentioned published mortality tables in which credible mortality experience was analyzed.

**Withdrawal Rates:**

**Assumption:** Illustrative rates are as follows:

Age	Annual Rate
30-35	15.0%
36-44	7.0%
45-49	5.0%
50-54	4.0%

**Rationale for assumption:** This assumption is based on the results of a 2014 experience study.

**Agfa Corporation Pension Plan**  
**EIN: 22-3615964**  
**Plan Number: 001**

**Attachment to Form 5500, Schedule SB – 2024**

**Schedule SB, Part V – Summary of Actuarial Assumptions/Methods**

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**Disability:** The expected incidence of disability among employees depends on age. Illustrative rates are as follows:

Age	Incidence of Disability	
	Male	Female
20	0.04%	0.04%
25	0.04%	0.04%
30	0.04%	0.06%
35	0.05%	0.10%
40	0.11%	0.18%
45	0.22%	0.34%
50	0.46%	0.56%
55	0.96%	0.89%
60	1.61%	1.27%
65+	0.00%	0.00%

**Rationale for assumption:** This assumption represents a reasonable estimate of future experience.

**Retirement Rates for Active Participants:**

Age	Annual Rate
Under 55	0.0%
55-59	2.0%
60-61	5.0%
62-63	10.0%
64	15.0%
65	20.0%
66-69	30.0%
70 and Over	100.00%

**Agfa Corporation Pension Plan**  
**EIN: 22-3615964**  
**Plan Number: 001**

**Attachment to Form 5500, Schedule SB – 2024**

**Schedule SB, Part V – Summary of Actuarial Assumptions/Methods**

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**Rationale for assumption:** This assumption is based on the results of a prior 2014 experience study.

**Commencement Ages for Vested Deferred Participants:**

Vested Deferred participants commence benefits at the following rates, if eligible to commence at the given age:

Age	Rate*
Under 60	0%
60	3%
61	3%
62	3%
63	3%
64	3%
65 and Over	100%

\* If a participant is eligible to retire with an unreduced benefit prior to age 65, the rate is increased to 100% for that age and all future ages.

**Rationale for assumption:** This assumption is based on an analysis of the experience of vested deferred participants.

**Change in assumptions:** The prior assumption was as follows:

Future vested deferred: Age 60 if eligible, otherwise age 65.

Current vested deferred: Age 60 if eligible, otherwise age 65.

This assumption was changed effective with the December 31, 2023 disclosure in order to better match future expected experience.

**Agfa Corporation Pension Plan**  
**EIN: 22-3615964**  
**Plan Number: 001**

**Attachment to Form 5500, Schedule SB – 2024**

**Schedule SB, Part V – Summary of Actuarial Assumptions/Methods**

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**Marriage Assumption:**

**Assumption:** 70% of males and females are assumed to be married. Female spouses are assumed to be 3 years younger than male spouses.

**Rationale for assumption:** This assumption is based on generally accepted industry standards.

**Form of Payment Assumption:**

**Assumption:** 35% Joint & Survivor

**Rationale for assumption:** 35% represents a weighted average of the single life annuity and actual joint & survivor forms elected from 2010 to 2013, based on a 2014 experience study.

**Participant Data:** As of the valuation date.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

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

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


<b>A</b> Name of plan Agfa Corporation Pension Plan		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Agfa Corporation		<b>D</b> Employer Identification Number (EIN) 22-3615964	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	64,372,140	
<b>b</b> Actuarial value .....	<b>2b</b>	69,577,543	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	212	23,857,964	23,857,964
<b>b</b> For terminated vested participants.....	600	39,463,054	39,463,054
<b>c</b> For active participants .....	135	10,069,026	10,151,194
<b>d</b> Total.....	947	73,390,044	73,472,212
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.12 %	
<b>6</b> Target normal cost.....			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	400,000	
<b>c</b> Target normal cost .....	<b>6c</b>	400,000	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		<u>7/17/2025</u>
	Signature of actuary	Date
David E. Forbes, FSA EA MAAA		23-05261
Type or print name of actuary		Most recent enrollment number
Milliman		(973) 278-8860
Firm name		Telephone number (including area code)
150 Clove Road		
8th Floor		
Little Falls NJ 07424		
Address of the firm		

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

<b>SCHEDULE SB</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>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</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

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

<b>A</b> Name of plan Agfa Corporation Pension Plan	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Agfa Corporation	<b>D</b> Employer Identification Number (EIN)  22-3615964	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	64,372,140
	<b>b</b> Actuarial value .....	<b>2b</b>	69,577,543
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	212	23,857,964
	<b>b</b> For terminated vested participants .....	600	39,463,054
	<b>c</b> For active participants .....	135	10,069,026
	<b>d</b> Total .....	947	73,390,044
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.12 %
<b>6</b>	Target normal cost .....		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	400,000
	<b>c</b> Target normal cost .....	<b>6c</b>	400,000

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

<b>SIGN HERE</b>		
	Signature of actuary	Date
	David E. Forbes, FSA EA MAAA	23-05261
	Type or print name of actuary	Most recent enrollment number
	Milliman	(973) 278-8860
	Firm name	Telephone number (including area code)
	150 Clove Road 8th Floor Little Falls NJ 07424	
	Address of the firm	

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

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>	
	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	8,409,636
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	1,829,762
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	6,579,874
<b>10</b> Interest on line 9 using prior year's actual return of <u>10.86%</u> .....	0	714,574
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26%</u> .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....		0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	7,294,448

<b>Part III</b>	<b>Funding Percentages</b>	
<b>14</b> Funding target attainment percentage.....	<b>14</b>	84.77%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	84.77%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	80.00%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV</b>	<b>Contributions and Liquidity Shortfalls</b>				
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
					0

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 400,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b>
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	11,189,117		1,208,982	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 1,608,982
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	1,608,982	1,608,982	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b>
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

Agfa Corporation Pension Plan  
 EIN/PN: 22-3615964/001  
 Attachment to 2024 Form 5500

Attachment to Schedule SB, Line 22 - Weighted Average Retirement Age

(A) <u>Retirement Age</u>	(B) <u>Retirement Rate</u>	(C) <u>Number of Lives Remaining</u>	(D) <u>Number of Retirees</u>	(E) <u>Retirement Age multiplied by Number of Retirees</u>
55	2.00%	10,000	200	11,000
56	2.00%	9,800	196	10,976
57	2.00%	9,604	192	10,944
58	2.00%	9,412	188	10,904
59	2.00%	9,224	184	10,856
60	5.00%	9,040	452	27,120
61	5.00%	8,588	429	26,169
62	10.00%	8,159	816	50,592
63	10.00%	7,343	734	46,242
64	15.00%	6,609	991	63,424
65	20.00%	5,618	1,124	73,060
66	30.00%	4,494	1,348	88,968
67	30.00%	3,146	944	63,248
68	30.00%	2,202	661	44,948
69	30.00%	1,541	462	31,878
70	100.00%	1,079	1,079	75,530
<b>TOTALS</b>			10,000	<u>645,859</u> 10,000
				64.59
<b>Weighted Average Retirement Age</b>				65

**Agfa Corporation Pension Plan**  
**EIN: 22-3615964**  
**Plan Number: 001**

**Attachment to Form 5500, Schedule SB – 2024**

**Schedule SB, Part V – Summary of Plan Provisions**

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## **Basic Information**

**Plan Name:** Agfa Corporation Pension Plan

**Effective Date of Plan:** June 4, 1999.

**Effective Date of Last Amendment:** January 1, 2015

**EIN/PN:** 22-3615964/001.

**Plan Year:** January 1 – December 31

**Eligibility Requirements:** Any full-time employee who (1) is hired before January 1, 2004, (2) is a citizen of the United States or a resident alien, (3) is not covered by a collective bargaining agreement, and (4) completes one year of service. The employee must be employed by a company that has adopted a plan.

**Vesting Service:** One month for each month of participation.

**Benefit Service:** One month for each month of participation. Benefit service is frozen for all participants as of December 1, 2014.

**Compensation:** Basic salary, overtime, commissions, shift differential, bilingual adjustment, regular annual bonuses, and contributions made to savings or flexible benefit plans through salary reduction.

**Final Average Compensation:** Average monthly compensation for the 60 consecutive highest-paid months during the last 120 months of service preceding termination of employment or the participant's applicable compensation freeze date, as of December 1, 2014 if earlier.

**Covered Compensation:** 35-year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains the Social Security Normal Retirement Age.

## **Retirement Dates**

**Normal:** Age 65 and earlier of (1) or (2):

1. Completion of five years of Vesting Service.
2. Attainment of the fifth anniversary of participation in the Plan.

**Early:** Age 55 and 10 years of service

The earlier of age 50 and 15 years of Vesting Service or age 55 and 10 years of Vesting Service for commencement of the frozen Sterling benefit. For involuntarily terminated Sterling employees, the frozen

**Agfa Corporation Pension Plan**  
**EIN: 22-3615964**  
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**Attachment to Form 5500, Schedule SB – 2024**

**Schedule SB, Part V – Summary of Plan Provisions**

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Sterling benefit is payable earlier than age 50 if certain age and service requirements are met.

**Disability:** Immediate.

### **Benefits**

**Normal Retirement:** An amount equal to the sum of (1) and (2):

1. The benefit based on the benefit formulas in place as of December 31, 1991, and Final Average Compensation and Covered Compensation as of the participant's termination of active service.
2. 1.00% of Final Average Compensation times Benefit Service plus 0.45% of Final Average Compensation in excess of Covered Compensation times Benefit service (maximum 35 years).

Benefit Service in the above formula is based on Benefit Service earned after January 1, 1992, and up to the participant's applicable service freeze date. Maximum service will be reduced for Benefit Service as of December 31, 1991.

For former Sterling participants, an amount equal to the greater of (1) or (2):

1. 1.00% of Final Average Compensation times Benefit Service plus 0.45% of Final Average Compensation in excess of Covered Compensation times Benefit service (maximum 35 years).
2. The Sterling accrued benefit as of December 31, 1999, under the Sterling Pension Plan plus future accruals after January 1, 2000, under the AGFA formula described in (2) above.

**Retirement:** The accrued normal retirement benefit reduced 4/12% per month for commencement prior to age 65 and 6/12% per month for commencement prior to age 60. However, for those participants with 20 years of Vesting Service, benefits are unreduced at age 62, reduced 4/12% per month for commencing prior to age 62 and 6/12% per month for commencement prior to age 60.

Frozen Sterling benefit will be reduced by 5/12% per month for commencement prior to the age at which benefits are unreduced. Unreduced benefits are available at age 58 with 85 age and service points. The frozen Sterling benefit will not be reduced by more than 50%.

**Late Retirement:** The accrued normal retirement including accruals beyond age 65.

**Deferred Vested:** Normal retirement benefit based on Benefit Service and Final Average Compensation at the earlier of termination of employment or accrual freeze date. Benefit is payable at Normal Retirement Age.

Participants with at least of ten years of Vesting Service at termination, benefits may commence prior to Normal Retirement Age as follows:

**Agfa Corporation Pension Plan**  
**EIN: 22-3615964**  
**Plan Number: 001**

**Attachment to Form 5500, Schedule SB – 2024**

**Schedule SB, Part V – Summary of Plan Provisions**

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Participant on or after January 1, 1989, the accrued benefit is reduced 6/12% per month for commencement prior to age 65. However, if a participant prior to January 1, 1989, the accrued benefit is reduced 5/12% per month for commencement prior to age 65.

The frozen Sterling benefit will be reduced by 5/12% per month for commencement prior to the age at which benefits are unreduced (varies by service). Only five years of Vesting Service is required for early commencement of this benefit.

**Disability Retirement:** Accrued normal retirement benefit based on Benefit Service and Final Average Compensation calculated as of the participant's applicable freeze date.

**Pre-Retirement Death:** For Actives and Inactives with five years of Vesting Service, the early retirement benefit the spouse or domestic partner would have received had the participant terminated immediately prior to death and elected a 50% joint and survivor annuity. Benefit may begin on or after the participant's early retirement age. Benefits are reduced for early commencement as described under Early Retirement.

### **Forms of Benefit**

**Normal Form of Benefit:** Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

**Optional Forms of Benefit:** Optional forms include 50%, 60%, 75% or 100% Joint & Survivor annuity, Ten Year Certain and Life annuity, or any other approved option.

With respect to the frozen Sterling benefit is payable under the 50%, 60%, 75% or 100% Joint & Survivor annuity options, as well as all optional forms provided under the Sterling Plan.

**Optional Forms Conversion Factor:** For purposes of determining the amount of any optional form of retirement income payable, an interest rate of 8.00% compounded annually and the UP-1984 mortality table with no adjustment with regard to the Participant and with a three-year setback with regard to the beneficiary shall be used to determine the Actuarial Equivalence. With respect to the frozen Sterling benefit, Actuarial Equivalence will be computed on the basis of the UP-1984 mortality table and a 5% interest assumption.

# AGFA CORPORATION PENSION PLAN

Employer Identification No. 22-3615964, Plan No. 001  
 Schedule H of Form 5500  
 Schedule of Assets (Held at End of Year)  
 December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Common/collective trusts:				
*	BNYM-M DB SL INTERNATIONAL SIF		\$ 770,134	\$ 1,205,562
*	BNYM-M DB SL EMERGING MKTS SIF		714,475	906,822
*	EB TEMPORARY INVESTMENT FUND	VAR RT 12/31/2049 DD 11/01/01	295,878	295,878
*	BNYM-M DB SL SMALL CAP SIF		1,371,371	2,134,458
*	BNYM-M DB SL STOCK INDEX FUND		1,643,296	4,007,772
*	BNYM-M DB SL LONG BIF		9,209,058	7,632,030
*	BNYM-M DB SL INT GOVERNMENT BIF		1,289,461	1,270,677
*	BNYM-M DB SL LONG-TERM CR BIF		36,434,222	44,345,499
			<u>51,727,895</u>	<u>61,798,698</u>
Unallocated insurance contracts:				
	BRIGHTHOUSE GAC 80154	ANNUITY	<u>117,819</u>	<u>119,703</u>
			<u>\$ 51,845,714</u>	<u>\$ 61,918,401</u>

\* Party-in-interest, as defined by ERISA.

**Agfa Corporation Pension Plan**  
**Attachment to Form 5500, Schedule SB – 2024**  
**line 32 – Schedule of Amortization Bases**  
**EIN/PN: 22-3615964 / 001**

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<u>Date</u> <u>Established</u>	<u>Description</u>	<u>Amortization</u> <u>Amount</u>	<u>Remaining</u> <u>Years</u>	<u>Outstanding</u> <u>Balance</u>
1/1/2021	Shortfall Amortization	\$1,167,198	12.0	\$10,940,583
1/1/2022	Shortfall Amortization	\$140,642	13.0	\$1,397,778
1/1/2023	Shortfall Amortization	\$121,922	14.0	\$1,277,436
1/1/2024	Shortfall Amortization	(\$220,780)	15.0	<u>(\$2,426,680)</u>
Total		\$1,208,982		\$11,189,117