

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: RICOH PRINTING SYSTEMS AMERICA, INC. RESTATED PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 04/01/1970
2a Plan sponsor's name (employer, if for a single-employer plan): RICOH PRINTING SYSTEMS AMERICA, INC.
2b Employer Identification Number (EIN): 41-0849373
2c Plan Sponsor's telephone number: 805-578-4109
2d Business code (see instructions): 335900

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 employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1128
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	54
	6a(2)	47
	6b	812
	6c	97
	6d	956
	6e	145
	6f	1101
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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.

A Name of plan <u>RICOH PRINTING SYSTEMS AMERICA, INC. RESTATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RICOH PRINTING SYSTEMS AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>41-0849373</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>46040450</u>
	b Actuarial value	2b	<u>46317796</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>981</u>	<u>38735822</u>
	b For terminated vested participants	<u>107</u>	<u>4360943</u>
	c For active participants	<u>54</u>	<u>6655169</u>
	d Total	<u>1142</u>	<u>49751934</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.01 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>315511</u>
	b Expected plan-related expenses	6b	<u>545000</u>
	c Target normal cost	6c	<u>860511</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.

SIGN HERE	
Signature of actuary	<u>08/04/2025</u>
<u>GENEVIEVE CLARKE, FSA, EA, MAAA</u>	Date
Type or print name of actuary	<u>23-08457</u>
<u>NYHART</u>	Most recent enrollment number
Firm name	<u>619-810-1688</u>
<u>P.O. BOX 219240</u> <u>KANSAS CITY, MO 64121</u>	Telephone number (including area code)
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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.09</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1391
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.12</u> %		71
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1462
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	92.96 %
15	Adjusted funding target attainment percentage	15	92.96 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (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		
04/11/2024	392883	0					
07/11/2024	392883	0					
10/07/2024	392883	0					
01/15/2025	61000	0					
			Totals ▶	18(b)	1239649	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1206997
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	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
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a 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** 64

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	860511
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3505548	344133
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**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1204644
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1204644
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1206997

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

a Total (excess, if any, of line 37 over line 36)	38a	2353
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan RICOH PRINTING SYSTEMS AMERICA, INC. RESTATED PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RICOH PRINTING SYSTEMS AMERICA, INC.	D Employer Identification Number (EIN) 41-0849373	

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

NUVEEN

27-4357327

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

PACIFIC INVESTMENT MANAGEMENT CO.

33-0629048

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

THORNBURG INVESTMENT MANAMANAGEMENT

85-0301299

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

THORNBURG SECURITIES CORPORATION

85-0318563

(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)

NWQ INVESTMENT MANAGEMENT

47-0875103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 50 68 51	NONE	125957	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ASCENSUS

82-3719843

(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 17 50	NONE	60015	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)

U.S. BANK, N.A.

31-0841368

(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 50 68 25 51 28 62	NONE	58599	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	13650	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RICOH PRINTING SYSTEMS AMERICA, INC. RESTATED PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RICOH PRINTING SYSTEMS AMERICA, INC.	D Employer Identification Number (EIN) 41-0849373

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a	0	385
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	682819	61000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	19126	15852
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1595765	1019094
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	15031418	17911338
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	28742715	28206734
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	46071843	47214403
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	19543	49578
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	19543	49578
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	46052300	47164825

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1239649	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1239649
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	47244	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		47244
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	366992	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1145150	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1512142
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4702803	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4259136	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		443667
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2363096	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		418873
c Other income	2c		7759
d Total income. Add all income amounts in column (b) and enter total	2d		6032430

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4223835	
(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)		4223835
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13650	
(5) Investment advisory and investment management fees	2i(5)	125957	
(6) Bank or trust company trustee/custodial fees	2i(6)	58599	
(7) Actuarial fees	2i(7)	60015	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	437849	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		696070
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4919905

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1112525
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 557535.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>RICOH PRINTING SYSTEMS AMERICA, INC. RESTATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RICOH PRINTING SYSTEMS AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>41-0849373</u>	

Part I	Distributions
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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
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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): 41-6271370

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
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... 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

Part III	Amendments
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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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? 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:

a 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).....	14a	
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).....	14b	
c 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).....	14c	

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:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
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.....	16b	

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: 63.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 29.0 %
 High-Yield Debt: 4.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.0 % Other: 1.0 %

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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705198A.

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Managing Committee
Ricoh Printing Systems America, Inc.
Pension Plan
2390-A Ward Avenue
Simi Valley, California 93065

Members of the Committee:

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

We have performed audits of the accompanying financial statements of Ricoh Printing Systems America, Inc. 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, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2024, the statement of changes in accumulated plan benefits for the year ended January 1, 2024, 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 the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the 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 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information

prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Matters - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion –

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are

Managing Committee
Ricoh Printing Systems America, Inc.
Pension Plan

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).

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

October 13, 2025

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2024	December 31, 2023
ASSETS		
CASH (OVERDRAFT)	\$ (24,615)	\$ -
INVESTMENTS, AT FAIR VALUE		
Mutual Funds	28,206,734	28,742,715
Common Stocks	17,911,338	15,031,418
Money Market Fund	1,019,094	1,595,765
TOTAL INVESTMENTS	47,137,166	45,369,898
RECEIVABLES		
Employer Contributions	61,000	682,819
Interest and Dividends	15,852	19,126
TOTAL ASSETS	47,214,018	46,071,843
LIABILITIES		
Accrued Expenses	24,578	19,543
TOTAL LIABILITIES	24,578	19,543
NET ASSETS AVAILABLE FOR BENEFITS	\$ 47,164,825	\$ 46,052,300

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>January 1, 2024 to December 31, 2024</u>	<u>January 1, 2023 to December 31, 2023</u>
ADDITIONS		
INVESTMENT INCOME		
Interest and Dividends	\$ 1,567,146	\$ 1,389,566
Net Appreciation of Investments	3,225,634	4,044,008
Less: Investment Management Fees	<u>(125,957)</u>	<u>(103,507)</u>
NET INVESTMENT INCOME	4,666,823	5,330,067
CONTRIBUTIONS AND OTHER INCOME		
Employer Contributions	1,239,649	1,642,276
Miscellaneous	7,140	10,743
Uncashed Benefit Checks	<u>5,387</u>	<u>4,252</u>
TOTAL ADDITIONS	<u>5,918,999</u>	<u>6,987,338</u>
DEDUCTIONS		
Benefits Paid to Participants	4,236,361	4,116,255
Administrative Expenses	<u>570,113</u>	<u>966,518</u>
TOTAL DEDUCTIONS	<u>4,806,474</u>	<u>5,082,773</u>
NET INCREASE	1,112,525	1,904,565
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>46,052,300</u>	<u>44,147,735</u>
End of Year	<u>\$ 47,164,825</u>	<u>\$ 46,052,300</u>

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS

Vested Benefits	
Participants Currently Receiving Benefits	\$ 35,484,267
Terminated Vested Participants	3,818,784
Active Vested Participants	<u>5,836,241</u>
TOTAL VESTED BENEFITS	45,139,292
Nonvested Accrued Benefits	<u>60,657</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 45,199,949</u></u>

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
JANUARY 1, 2023 TO JANUARY 1, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AS OF JANUARY 1, 2023		\$ 45,718,286
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTED TO:		
Benefits Accumulated and Other Plan Experience	\$ 742,426	
Interest Adjustment	2,840,496	
Benefits Paid	<u>(4,101,259)</u>	
NET (DECREASE)		<u>(518,337)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AS OF JANUARY 1, 2024		<u>\$ 45,199,949</u>

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Ricoh Printing Systems America, Inc. Pension Plan (the “Plan”) is a defined benefit plan established on April 1, 1970 to provide pension benefits to domestic employees of Ricoh Printing Systems America, Inc. (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Company’s Board of Directors appoints a Managing Committee to administer the Plan and interpret its provisions.

Employees become eligible to participate in the Plan after one year of service and become fully vested after five years of service. Employees are entitled to annual pension benefits at normal retirement age, 65 years of age or 5 years of service, if later, based upon a formula defined in the Plan document. Death benefits are paid in the event of death prior to and after retirement, in accordance with the Plan document. A terminated vested employee who has attained age 55 and has five years of service may elect early retirement and receive reduced monthly benefits.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS AND OTHER INTERESTED PARTIES SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

A. Basis of Accounting

The Plan’s financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

B. Estimates

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

C. Investment Valuation and Income Recognition

GAAP establishes a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market:

Level 1 – Inputs are quoted prices in an active market.

Level 2 – Inputs are quoted prices for similar instruments and model based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management’s estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables summarize the Plan’s investments based on the inputs used to value them:

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(Continued)

C. Investment Valuation and Income Recognition (Continued)

	December 31, 2024			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 28,206,734	\$ -	\$ -	\$ 28,206,734
Common Stocks	17,911,338	-	-	17,911,338
Money Market Fund	-	1,019,094	-	1,019,094
	\$ 46,118,072	\$ 1,019,094	\$ -	\$ 47,137,166

	December 31, 2023			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 28,742,715	\$ -	\$ -	\$ 28,742,715
Common Stocks	15,031,418	-	-	15,031,418
Money Market Fund	-	1,595,765	-	1,595,765
	\$ 43,774,133	\$ 1,595,765	\$ -	\$ 45,369,898

Level 1 investments consist of common stocks and mutual funds valued at their quoted market prices. Level 2 investments consist of a money market fund comprising short-term fixed income securities valued using matrices of trades in similar securities. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recognized on the ex-dividend date.

Realized and unrealized gains and losses on securities are computed using investments' costs for financial statement purposes. For Form 5500 reporting, realized and unrealized gains and losses are computed based on investments' market values as of the beginning of the year. For investments purchased during the year, realized and unrealized gains and losses are the same for financial statement and Form 5500 purposes.

D. Contributions and Funding Policy

The Company's contributions are determined by the Plan's consulting actuary based on data provided by the Company. The Company contributed \$1,239,649 for the year ended December 31, 2024 and \$1,642,276 for the year ended December 31, 2023. The Plan met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

E. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees up to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances, retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(Continued)

E. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits is determined by Nyhart, Plan actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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 more significant assumptions underlying the actuarial computations at January 1, 2024 are as follows:

- Mortality - 2024 IRS Generational Mortality - Pri-2012 base mortality with separate rates for annuitants and non-annuitants as provided in IRC 430(h)(3). Mortality projections are based on SOA Adjusted Improvement Scale MP-2021 and the projection methodology described in IRS regulation 1.430(h)(3)-(1)(c).
- Retirement - Rates vary by age, weighted average retirement age is 64.
- Interest Rate - 6.50%
- Marital Status and Ages - 80% of participants are assumed to be married. Husbands are assumed to be three years older than their wives.

The foregoing actuarial assumptions are based on continuity of the Plan. 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 interest rates and mortality assumptions have been updated as required under the Pension Protection Act, all subsequent legislation, and associated IRS Regulations, including the changes presented by the American Rescue Plan Act of 2021. These changes resulted in a decrease in the Funding Target and an increase in the Target Normal Cost.

Due to a decrease in PBGC premiums and a decrease in expected administrative expenses, expected plan expenses were decreased from \$1,015,000 to \$545,000.

F. Administrative Expenses

Administrative expenses are paid by the Plan. For the years ended December 31, 2024 and 2023, the Plan paid the following in administrative expenses:

	2024	2023
Trustee and Recordkeeping Fees	\$ 58,599	\$ 54,722
Actuarial Fees	60,015	43,768
Audit Fees	13,650	-
PBGC Insurance	437,004	867,680
Other Expenses	845	348
	\$ 570,113	\$ 966,518

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(Continued)

G. Risks and Uncertainties

Plan investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the value of investment securities in the near term could materially affect the amounts reported in the financial statements.

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

NOTE 2 - INCOME TAX STATUS

The Plan is a volume submitter plan that has received an opinion from the Internal Revenue Service stating that the form of the Plan is acceptable under Section 401 of the Internal Revenue Code (IRC). The Plan is required to operate in accordance with the IRC to maintain its tax qualification status. The plan administrator and the Managing Committee believe that the Plan is designed and is operating in compliance with the applicable requirements of the IRC. Accordingly, no taxes have been provided for in the accompanying financial statements.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 3 - PLAN TERMINATION

Although it has not expressed any intent 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 of ERISA. In the event of termination, the funds of the Plan shall be used for the exclusive benefit of participants and other persons entitled to benefits under the Plan. The net assets of the Plan generally will not be available on a pro rata basis to provide for participants' benefits. Whether a particular participant's accumulated Plan benefits will be paid depends on the priority of those benefits, any additional contribution that may be required of the Company and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (the "PBGC") at that time. Some of the benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. Excess unallocated funds may be returned to the Company.

NOTE 4 - FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Information regarding investments held at December 31, 2024 and 2023, and investment income for the years then ended that is disclosed in the accompanying financial statements and supplemental schedules was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by U.S. Bank, N.A., the trustee of the Plan.

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 13, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

SUPPLEMENTAL SCHEDULES

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 41-0849373; PLAN NO. 001
DECEMBER 31, 2024

No. of Shares	<u>Money Market Fund</u>	Fair Value	Cost
1,019,094	First American Govt Obligation Fund	\$ 1,019,094	\$ 1,019,094
	<u>Common Stocks</u>		
16,334	Adma Biologics Inc	\$ 280,128	\$ 27,958
22,509	At T Inc	512,530	386,167
2,122	Alexandria Real Estate Equities Inc	207,001	248,927
3,091	Alliant Energy Corp	182,802	158,900
1,714	Alphabet Inc	324,460	154,126
7,088	Baker Hughes Company	290,750	152,181
2,645	Boeing Co	468,165	378,259
2,000	Camden Property	232,080	187,263
971	Cheniere Energy Inc	208,639	29,053
5,963	Citigroup Inc	419,736	244,535
739	Curtiss Wright Corp	262,249	88,701
2,756	Discover Financial Services	477,422	198,154
1,844	Duke Energy Holding Corp	198,673	208,819
5,093	Dupont De Nemours Inc	388,341	338,808
2,202	Fiserv Inc	452,335	177,821
3,776	First Energy Corp	150,209	126,667
10,012	Flowserve Corp	575,890	334,978
23,033	Ford Motor Co	228,027	273,198
12,781	Gen Digital Inc	349,944	268,132
1,641	General Dynamics Corp	432,387	241,399
10,353	General Mtrs Co Com	551,504	362,860
4,936	Gilead Sciences Inc.	455,938	392,863
2,075	Hess Corp	275,996	99,762
597	Hubbell Inc	250,077	105,595
2,206	Innospec Inc	242,792	167,339
6,869	Intel Corp	137,724	255,227
2,348	J P Morgan	562,839	116,331
2,044	Merck Co Inc.	203,337	213,316
2,272	Morgan Stanley	285,636	137,032
8,811	New Atlas Holdco Inc	195,428	170,884
2,630	Oracle Corporation	438,263	120,610
20,019	Permian Resources Corp	287,873	241,138
8,238	Pfizer Inc	218,554	243,380
4,112	Pinnacle West Cap Corp	348,574	298,759
876	Pulte Group Inc	95,396	38,008
3,061	Rambus Inc	161,804	26,237
1,793	Regal Beloit Corp	278,148	307,201
5,753	Stag Industrial Inc	194,567	174,800
2,577	State Str Corp	252,933	150,594
7,601	Teradata Corp	236,771	196,660
13,886	Tripadvisor Inc	205,096	237,331
847	Unitedhealth Group Inc Com	428,464	425,889
	<u>Forward</u>	\$ 12,949,482	\$ 8,705,862

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 41-0849373; PLAN NO. 001
DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Common Stocks (Continued)</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>	\$ 12,949,482	\$ 8,705,862
7,330	Viasat Inc	62,378	317,841
6,220	Walmart Inc	561,977	250,234
2,314	Walt Disney Co	257,664	213,396
11,935	Warner Bros Discovery Inc Series A	126,153	159,681
8,001	Wells Fargo	561,990	308,585
2,889	Western Alliance Bancorporation	241,347	164,515
547	Aon Plc Shs	196,461	30,282
8,920	Bank of Nt Butterfield Son	326,026	287,670
544	Everest Group	197,178	193,319
5,239	Nvent Electric Plc	357,090	100,274
988	Renaissance Re Holdings Ltd	245,824	143,345
4,382	Smurfit	236,015	195,429
3,802	Astrazeneca P L C Spnd A D R	249,107	220,187
40,783	Haleon Plc Spon Ads A D R	389,070	331,554
9,624	Shell Plc Spon A D R	602,944	422,247
7,270	Sanofi A D	350,632	343,833
	<u>TOTALS - COMMON STOCKS</u>	<u>\$ 17,911,338</u>	<u>\$ 12,388,254</u>
	<u>Mutual Funds</u>		
489,786	Thornburg International Value Fund	\$ 12,788,315	\$ 11,845,632
1,088,673	PIMCO Total Return Fund	9,231,948	11,251,182
1,108,687	PIMCO Emg Mkts	6,186,471	7,101,671
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 28,206,734</u>	<u>\$ 30,198,485</u>

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 41-0849373; PLAN NO. 001
JANUARY 1, 2024 TO DECEMBER 31, 2024

<u>Issuer</u>	<u>Description</u>	<u>Transaction</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Proceeds</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
US Bank	First American Govt Obligation Fund - Money Market Fund	Purchases	-	-	\$ 6,782,594	\$ -	\$ 6,782,594	\$ -
		Sales	-	-	-	7,359,273	7,359,273	-
PIMCO	Total Return Fund - Mutual Fund	Purchases	-	-	483,497	-	483,497	-
		Sales	-	-	-	2,100,000	2,539,033	(439,033)

Active Participant Schedule

Active participant information grouped based on age and credited service.

Age Group	Years of Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
Under 25										
25 to 29										
30 to 34			2							
35 to 39		1	2	2						
40 to 44			1	2						
45 to 49				2	1					
50 to 54		1	1	3	4		1			
55 to 59			3	1	3	1				
60 to 64				3	3	1		2	3	4
65 to 69		1	1		1					2
70 & up						1		1		

Except where otherwise indicated, the following assumptions were selected by the plan sponsor with the concurrence of the actuary. Prescribed assumptions are based on the requirements of the relevant law, the Internal Revenue Code, and applicable regulation. The actuary was not able to evaluate the prescribed assumptions for reasonableness for the purpose of the measurement.

Valuation Date January 1, 2024

Participant and Asset Information Collected as of January 1, 2024

Retirement Rates (FE)

<u>Age</u>	<u>Rate</u>
55	15%
56-58	5%
59-61	9%
62	17.5%
63	10%
64	15%
65	100%

For all participants no older than the youngest age above, these rates result in a weighted average retirement age of 64.

The retirement rates were set by the prior actuary. We believe these assumptions to be reasonable, and in our professional opinion, additional evaluation of the assumption is not merited, given the demographics of the plan.

Mortality Rates (FE)

Healthy - Prescribed

2024 IRS Generational Mortality - Pri-2012 base mortality with separate rates for annuitants and non-annuitants as provided in IRC 430(h)(3). Mortality projections are based on SOA Adjusted Improvement Scale MP-2021 and the projection methodology described in IRS regulation 1.430(h)(3)-(1)(c).

The mortality table is prescribed by federal regulation.

Disabled

Not Applicable

Lump Sum Mortality

Not Applicable

ASC 960

Pri-2012 projected using MP-2021 Generational Improvements

As the plan is not large enough to have credible experience, mortality assumptions are set to reflect general population trends.

The Society of Actuaries (SOA) has not released an updated mortality improvement scale for 2022 or 2023, as it would be based on 2020 and 2021 data, which is impacted by the COVID pandemic, and it is unclear how the pandemic may impact future mortality. We considered alternative projections scales that reflected continued excess deaths from the pandemic, however implemented a conservative approach of continuing with the PRI-2012 with MP-2021 scale for the mortality assumption, given anticipated impacts would be small gains.

Disability Rates

Not Applicable

Withdrawal Rates (FE)

Rates in accordance with Table T-5 less 1951 mortality

<u>Age</u>	<u>Rate</u>
25	7.72%
30	7.22%
35	6.28%
40	5.15%
45	3.98%
50	2.56%
55	0.94%
60	0.09%

As the plan is not large enough to have credible experience, withdrawal assumptions reflect the Table T-5 less 1951 mortality withdrawal assumptions that, in our professional judgement, best reflects the anticipated experience of the plan.

Annual Pay Increases (CO)	3.00%		
	The annual pay increase reflects the employer's average target increase for a career employee.		
Taxable Wage Base Increases (CO)	2.00%		
Salary Limit Increases (CO)	2.00%, for purposes of determining the maximum deductible only, otherwise no assumed increase in future years		
	These assumption selections were based on current and expected future cost of living adjustments to plan limits		
415 Limit Increases (CO)	None		
Interest Rates			
	1st Segment (0-5 years)	2nd Segment (5-20 years)	3rd Segment (20+ years)
Minimum Funding and Benefit Restrictions - Prescribed (CO)	4.75%	4.87%	5.59%
Maximum Funding - Prescribed (CO)	3.62%	4.46%	4.52%
PBGC - Prescribed (CO)	3.62%	4.46%	4.52%
ASC 960 (CO)	6.50%	6.50%	6.50%

All funding segment rates are based on the sponsor's election to use a 4 month lookback. The PBGC interest rates are based on the sponsor's election to use the Alternative calculation method. The Alternative calculation method was elected in 2020. Interest rates used for Minimum and Maximum funding purposes are prescribed by IRS regulation. The ASC 960 interest rate is the expected long term rate of return on assets. This assumption has been set by the plan sponsor in conjunction with their asset advisors. We have reviewed the assumption and believe it to be reasonable.

Payment Form Election (FE)	
Lump Sum	0% (N/A)
Annuity	100%
Expense and/or Contingency Loading (FE)	The Target Normal Cost is increased by administrative expenses assumed to be \$110,000 plus estimated PBGC premium rounded to the nearest \$5,000.
Marital Status and Ages (FE)	80% of Participants assumed to be married with wives assumed to be three years younger than husbands
Market Value of Assets	Equal to the fair value of assets as of the valuation date, plus the discounted value of contributions made following the valuation date and before the date of this report for the purpose of satisfying the prior year's funding requirements

Plan Asset Valuation Method

PPA Smoothed Value of Assets. Gains or losses on the Market Value of Assets are recognized over three years, subject to a 10% corridor around the Market Value of Assets

Selected by the Plan Sponsor, as allowed under IRC 430(g), to reduce the effect of current market volatility each year

Expected Rate of Return on Assets (CO)

Not Available

Cost Method

PPA requires the use of the Unit Credit cost method for determining the minimum required contribution and PBGC premiums. The maximum tax deductible contribution calculation includes limited Projected Unit Credit calculations as required under IRC 404(o)

ASC 960 requires the use of the Unit Credit cost method

at-risk Assumptions

For purposes of determining the "at-risk" Funding Target and Target Normal Cost, the above assumptions were used except participants eligible to retire within the next 10 years are assumed to retire immediately when first eligible (but not before the end of the current year)

FE indicates an assumption representing an estimate of future experience

MD indicates an assumption representing observations of estimates inherent in market data

CO indicates an assumption representing a combination of an estimate of future experience and observations of market data

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 41-0849373; PLAN NO. 001

JANUARY 1, 2024 TO DECEMBER 31, 2024

<u>Issuer</u>	<u>Description</u>	<u>Transaction</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Proceeds</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
US Bank	First American Govt Obligation Fund - Money Market Fund	Purchases Sales	- -	- -	\$ 6,782,594 -	\$ - 7,359,273	\$ 6,782,594 7,359,273	\$ - -
PIMCO	Total Return Fund - Mutual Fund	Purchases Sales	- -	- -	483,497 -	- 2,100,000	483,497 2,539,033	- (439,033)

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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.

A Name of plan Ricoh Printing Systems America, Inc. Restated Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Ricoh Printing Systems America, Inc.	D Employer Identification Number (EIN) 41-0849373	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		46,040,450
b Actuarial value	2b		46,317,796
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	981	38,735,822	38,735,822
b For terminated vested participants	107	4,360,943	4,360,943
c For active participants	54	6,655,169	6,726,579
d Total	1,142	49,751,934	49,823,344
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.01%
6 Target normal cost			
a Present value of current plan year accruals	6a		315,511
b Expected plan-related expenses	6b		545,000
c Target normal cost	6c		860,511

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.

SIGN HERE	Genevieve Clarke		
	Signature of actuary		08/04/2025
	Genevieve Clarke, FSA, EA, MAAA		Date
	Type or print name of actuary		2308457
	Nyhart		Most recent enrollment number
	Firm name		619-810-1688
	P.O. Box 219240		Telephone number (including area code)
	Kansas City MO 64121		
	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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59% <input type="checkbox"/> N/A, full yield curve used
b	Applicable month (enter code).....		21b	4
22	Weighted average retirement age		22	64
23	Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25	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			
26	Demographic and benefit information			
a	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	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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				
28	Unpaid minimum required contributions for all prior years		28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....		29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....		30	0

Part VIII Minimum Required Contribution For Current Year					
31	Target normal cost and excess assets (see instructions):				
a	Target normal cost (line 6c).....		31a	860,511	
b	Excess assets, if applicable, but not greater than line 31a		31b	0	
32	Amortization installments:	Outstanding Balance	Installment		
a	Net shortfall amortization installment	3,505,548	344,133		
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	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			34	1,204,644
35	Balances elected for use to offset funding requirement	0	0	0	
36	Additional cash requirement (line 34 minus line 35).....			36	1,204,644
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37	1,206,997
38	Present value of excess contributions for current year (see instructions)				
a	Total (excess, if any, of line 37 over line 36)			38a	2,353
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39	0
40	Unpaid minimum required contributions for all years			40	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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

Summary of Contributions

Below is a summary of historical contributions.

Effective Rate: 5.01%

Contributions for Plan Year Beginning in 2024

Contribution Date	Amount	Discounted Value
April 11, 2024	\$392,883	\$387,619
July 11, 2024	\$392,883	\$382,936
October 07, 2024	\$392,883	\$378,461
January 15, 2025	\$61,000	\$57,981
Totals	1,239,649.00	1,206,997.00

Age	Expected Actives at Age	Retirement Rate	Expected Retirements	Weighted Age
55.00	17.5499	14.99%	2.6302	144.6587
56.00	16.8911	5.00%	0.8437	47.2488
57.00	19.0152	4.99%	0.9497	54.1324
58.00	19.0238	4.99%	0.9500	55.1002
59.00	18.0275	8.99%	1.6203	95.5948
60.00	19.3601	8.99%	1.7398	104.3859
61.00	20.5642	8.98%	1.8477	112.7091
62.00	20.6509	17.47%	3.6075	223.6676
63.00	21.9769	9.98%	2.1934	138.1865
64.00	23.7026	14.97%	3.5482	227.0817
65.00	22.0652	95.47%	21.0652	1,369.2361
66.00	3.9941	100.00%	3.9941	263.6132
67.00	1.0000	100.00%	1.0000	67.0000
68.00	0.0000	100.00%	0.0000	0.0000
69.00	0.0000	100.00%	0.0000	0.0000
70.00	0.0000	100.00%	0.0000	0.0000
71.00	1.0000	100.00%	1.0000	71.0000
72.00	0.0000	100.00%	0.0000	0.0000
73.00	0.0000	100.00%	0.0000	0.0000
74.00	0.0000	100.00%	0.0000	0.0000
75.00	0.0000	100.00%	0.0000	0.0000
76.00	0.0000	100.00%	0.0000	0.0000

* Please note that the retirement rates are a weighted average of the rates shown in Part V for active participants eligible to retire at the age and zero for all other active participants.

77.00	0.0000	100.00%	0.0000	0.0000
78.00	0.0000	100.00%	0.0000	0.0000
79.00	0.0000	100.00%	0.0000	0.0000
80.00	1.0000	100.00%	1.0000	80.0000
Total			47.9903	3,053.6148

Weighted Average Retirement Age = Weighted Age/Expected Retirements : 63.63

* Please note that the retirement rates are a weighted average of the rates shown in Part V for active participants eligible to retire at the age and zero for all other active participants.

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	262,140	213,990	5,066,627	5,542,757
2025	362,166	250,731	4,020,566	4,633,463
2026	436,733	277,078	3,853,742	4,567,553
2027	448,852	288,978	3,682,936	4,420,766
2028	486,494	311,345	3,510,315	4,308,154
2029	520,890	312,831	3,334,009	4,167,730
2030	511,637	313,826	3,155,678	3,981,141
2031	505,722	313,529	2,966,195	3,785,446
2032	507,434	317,509	2,780,780	3,605,723
2033	498,644	315,357	2,599,738	3,413,739
2034	488,510	310,570	2,419,672	3,218,752
2035	479,139	305,927	2,241,621	3,026,688
2036	468,153	302,597	2,066,332	2,837,082
2037	459,721	295,217	1,894,165	2,649,103
2038	451,517	286,493	1,727,144	2,465,154
2039	437,148	278,518	1,566,087	2,281,754
2040	423,284	270,032	1,411,641	2,104,957
2041	408,812	258,898	1,264,598	1,932,308
2042	394,648	247,932	1,125,645	1,768,225
2043	378,934	235,897	995,325	1,610,156
2044	363,180	225,455	874,045	1,462,679
2045	348,439	213,604	762,054	1,324,096
2046	330,124	202,259	659,442	1,191,825
2047	313,910	192,608	566,172	1,072,691
2048	294,722	182,805	482,097	959,624
2049	276,145	171,955	406,987	855,087
2050	257,439	161,326	340,524	759,289
2051	237,796	150,841	282,297	670,935
2052	217,368	139,463	231,819	588,650
2053	197,315	129,759	188,531	515,605
2054	177,995	123,076	151,828	452,900
2055	159,468	114,369	121,070	394,907
2056	142,091	108,282	95,593	345,967
2057	126,720	99,251	74,739	300,710
2058	111,841	91,092	57,874	260,807
2059	98,399	84,647	44,401	227,447
2060	86,390	77,815	33,769	197,974
2061	75,763	71,663	25,476	172,903
2062	66,429	66,128	19,080	151,637
2063	58,278	61,141	14,200	133,619
2064	51,192	56,638	10,515	118,346
2065	45,045	52,556	7,760	105,361
2066	39,707	48,838	5,721	94,266
2067	35,060	45,431	4,225	84,717
2068	30,995	42,290	3,139	76,423
2069	27,418	39,372	2,355	69,145
2070	24,251	36,640	1,793	62,684
2071	21,429	34,060	1,391	56,880
2072	18,901	31,601	1,101	51,603
2073	16,622	29,240	890	46,752

Plan Effective Date

The Plan was effective April 1, 1970. The Plan was last restated effective January 1, 2020 and last amended effective May 14, 2020

Plan Year

January 1 through December 31

Plan Status

The Plan is closed to new participants. All participants hired before May 14, 2020 are eligible to accrue additional benefits

Eligibility for Participation

All covered employees hired before May 14, 2020 shall be eligible to participate in the Plan after they have completed one year of service as a covered employee

Covered employees include all employees of any controlled group company that adopted this Plan. Excludes non-resident aliens with no U.S. income and leased employees

Accrued Benefit

The Accrued Benefit for each year of service is determined as the greater of (1) and (2):

- (1) (a) 1.00% of Compensation up to the Social Security Wage Base for the year, plus
- (b) 1.35% of Compensation in excess of the Social Security Wage Base
- (2) \$10 for each month of Credited Service for Benefit Accrual earned during the plan year

Maximum Benefit Limitation

All benefits are subject to IRC 415 limits in effect for the Plan Year

Benefits

Normal Retirement

Eligibility	The later of the attainment of age 65 or the earlier of completion of 5 years of Credited Service for Vesting or 5th anniversary of plan participation
Benefit	Accrued Benefit

Early Retirement

Eligibility	The attainment of age 55 and 5 years of Credited Service for Vesting
Benefit	Accrued Benefit reduced 1/15th per year for the first 5 years and 1/30th per year for the next 5 years by which the participant's early retirement date precedes his normal retirement date

Late Retirement

Eligibility	Retires after normal retirement date
Benefit	Greater of accrued retirement benefit commencing as of the first day of the month following his late retirement date based on plan Compensation and Credited Service for Benefit Accrual at such date or accrued benefit as of normal retirement date actuarially increased for delayed commencement

Death before Retirement

Eligibility	Participant who was legally married for at least 1 year with at least 5 years of Credited Service for Vesting
Benefit	The spouse of a married participant will receive the qualified pre-retirement survivor annuity payable at the participant's earliest retirement age

Termination

Eligibility	A participant's Accrued Benefit is 100% vested after earning 5 years of Credited Service for Vesting
Benefit	Accrued retirement benefit payable at participant's normal retirement date, the reduced Accrued Benefit payable at participant's early retirement date, or actuarially increased benefit at participant's late retirement date

Compensation

The covered employees total W-2 earnings (including contributions made pursuant to a salary reduction agreement under Code Section 125 and 401(k) and excluding retention bonuses, severance pay, fringe benefits, moving expenses and other similar allowances) up to the 401(a)(17) limits

Social Security Wage Base

The taxable wage base, in effect for the calendar year concurrent with the Plan Year, under the Federal Old Age, Survivor and Disability Insurance Program

Credited Service

For Vesting

A year of vesting service is credited for each 12 months of employment

For Benefit Accrual

Years and months of benefit service are credited for employment as a covered employee

Employee Contributions

Employees shall not be required or permitted to make contributions to the Plan

Payment Forms

Normal Form

A single life annuity for single participants. The normal retirement benefit shall be payable to married participants in the form of an actuarially equivalent qualified joint and 50% survivor annuity

Optional Forms

Life Annuity, Life Annuity with 10 or 15 years certain, 75% or 100% Joint and Survivor Annuity. From October 1, 2016 to December 9, 2016, a lump sum window was offered to eligible vested terminated participants

Funding

The Plan assets are held by US Bank

Actuarial Equivalence

Actuarial Equivalence will be computed using 6.00% interest and the 1971 Group Annuity Mortality Table for males with ages set back 2 years for males and females

Plan Provisions Not Included

We are not aware of any plan provisions not included in the valuation

Adjustments Made for Subsequent Events

We are not aware of any other events following the measurement date and prior to the date of this report that would materially impact the results of this report.

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 41-0849373; PLAN NO. 001

DECEMBER 31, 2024

No. of Shares	Money Market Fund	Fair	
		Value	Cost
1,019,094	First American Govt Obligation Fund	\$ 1,019,094	\$ 1,019,094
	<u>Common Stocks</u>		
16,334	Adma Biologics Inc	\$ 280,128	\$ 27,958
22,509	At T Inc	512,530	386,167
2,122	Alexandria Real Estate Equities Inc	207,001	248,927
3,091	Alliant Energy Corp	182,802	158,900
1,714	Alphabet Inc	324,460	154,126
7,088	Baker Hughes Company	290,750	152,181
2,645	Boeing Co	468,165	378,259
2,000	Camden Property	232,080	187,263
971	Cheniere Energy Inc	208,639	29,053
5,963	Citigroup Inc	419,736	244,535
739	Curtiss Wright Corp	262,249	88,701
2,756	Discover Financial Services	477,422	198,154
1,844	Duke Energy Holding Corp	198,673	208,819
5,093	Dupont De Nemours Inc	388,341	338,808
2,202	Fiserv Inc	452,335	177,821
3,776	First Energy Corp	150,209	126,667
10,012	Flowserve Corp	575,890	334,978
23,033	Ford Motor Co	228,027	273,198
12,781	Gen Digital Inc	349,944	268,132
1,641	General Dynamics Corp	432,387	241,399
10,353	General Mtrs Co Com	551,504	362,860
4,936	Gilead Sciences Inc.	455,938	392,863
2,075	Hess Corp	275,996	99,762
597	Hubbell Inc	250,077	105,595
2,206	Innospec Inc	242,792	167,339
6,869	Intel Corp	137,724	255,227
2,348	J P Morgan	562,839	116,331
2,044	Merck Co Inc.	203,337	213,316
2,272	Morgan Stanley	285,636	137,032
8,811	New Atlas Holdco Inc	195,428	170,884
2,630	Oracle Corporation	438,263	120,610
20,019	Permian Resources Corp	287,873	241,138
8,238	Pfizer Inc	218,554	243,380
4,112	Pinnacle West Cap Corp	348,574	298,759
876	Pulte Group Inc	95,396	38,008
3,061	Rambus Inc	161,804	26,237
1,793	Regal Beloit Corp	278,148	307,201
5,753	Stag Industrial Inc	194,567	174,800
2,577	State Str Corp	252,933	150,594
7,601	Teradata Corp	236,771	196,660
13,886	Tripadvisor Inc	205,096	237,331
847	Unitedhealth Group Inc Com	428,464	425,889
	<u>Forward</u>	\$ 12,949,482	\$ 8,705,862

RICOH PRINTING SYSTEMS AMERICA, INC. PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 41-0849373; PLAN NO. 001

DECEMBER 31, 2024

No. of Shares	Common Stocks (Continued)	Fair Value	Cost
	<u>Forwarded</u>		
7,330	Viasat Inc	62,378	317,841
6,220	Walmart Inc	561,977	250,234
2,314	Walt Disney Co	257,664	213,396
11,935	Warner Bros Discovery Inc Series A	126,153	159,681
8,001	Wells Fargo	561,990	308,585
2,889	Western Alliance Bancorporation	241,347	164,515
547	Aon Plc Shs	196,461	30,282
8,920	Bank of Nt Butterfield Son	326,026	287,670
544	Everest Group	197,178	193,319
5,239	Nvent Electric Plc	357,090	100,274
988	Renaissance Re Holdings Ltd	245,824	143,345
4,382	Smurfit	236,015	195,429
3,802	Astrazeneca P L C Spsd A D R	249,107	220,187
40,783	Haleon Plc Spon Ads A D R	389,070	331,554
9,624	Shell Plc Spon A D R	602,944	422,247
7,270	Sanofi A D	350,632	343,833
	<u>TOTALS - COMMON STOCKS</u>	<u>\$ 17,911,338</u>	<u>\$ 12,388,254</u>
	<u>Mutual Funds</u>		
489,786	Thornburg International Value Fund	\$ 12,788,315	\$ 11,845,632
1,088,673	PIMCO Total Return Fund	9,231,948	11,251,182
1,108,687	PIMCO Emg Mkts	6,186,471	7,101,671
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 28,206,734</u>	<u>\$ 30,198,485</u>

Development of Shortfall Amortization Charge

<u>Type of Base</u>	<u>Present Value of Remaining Installments</u>	<u>Valuation Date Established</u>	<u>Years Remaining</u>	<u>Amortization Installment</u>
Shortfall	\$ 1,082,366	1/1/2024	15	\$ 98,474
Shortfall	\$ 2,215,254	1/1/2023	14	\$ 211,430
Shortfall	\$(1,985,563)	1/1/2022	13	\$(199,784)
Shortfall	\$ 2,193,491	1/1/2021	12	\$ 234,013
	<u>\$ 3,505,548</u>			<u>\$ 344,133</u>

* The shortfall amortization charge cannot be less than zero.

Changes since Prior Valuation and Key Notes

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act, all subsequent legislation, and associated IRS Regulations, including the changes presented by the American Rescue Plan Act of 2021. These changes resulted in a decrease in the Funding Target and an increase in the Target Normal Cost.

Due to a decrease in PBGC premiums and a decrease in expected administrative expenses, expected plan expenses were decreased from \$1,015,000 to \$545,000.