

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: BAYER CORPORATION DISABILITY PLAN
1b Three-digit plan number (PN): 510
1c Effective date of plan: 05/01/1974
2a Plan sponsor's name (employer, if for a single-employer plan): BAYER CORPORATION C/O HR OPERATIONS DEPARTMENT
2b Employer Identification Number (EIN): 25-1339219
2c Plan Sponsor's telephone number: 888-473-1001
2d Business code (see instructions): 325410

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

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

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 type="checkbox"/> Same as Plan Sponsor BAYER BENEFIT PLANS COMMITTEE 800 NORTH LINDBERGH BLVD ST. LOUIS, MO 63167	3b Administrator's EIN 99-3485709 3c Administrator's telephone number 888-473-1001
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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
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5 Total number of participants at the beginning of the plan year	5	18893
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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)	18893
	6a(2)	16896
	6b	0
	6c	0
	6d	16896
	6e	
	6f	
	6g(1)	
	6g(2)	
	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4H

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		7497606
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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 BAYER CORPORATION DISABILITY PLAN	B Three-digit plan number (PN) ▶	510
C Plan sponsor's name as shown on line 2a of Form 5500 BAYER CORPORATION C/O HR OPERATIONS DEPARTMENT	D Employer Identification Number (EIN) 25-1339219	

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

BNY MELLON

25-6078093

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

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

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)

HARTFORD LIFE AND ACCIDENT INS CO

06-0838648

(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?
12 50	NONE	88740	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	6555	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)

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
18 19 51 52	NONE	1696	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	7	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)

MELLON INVESTMENTS CORPORATION

25-1442864

(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 51 52	NONE	995	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)

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

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

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <u>BAYER CORPORATION DISABILITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>510</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BAYER CORPORATION C/O HR OPERATIONS DEPARTMENT</u>	D Employer Identification Number (EIN) <u>25-1339219</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CF STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6254705-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>193002</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US AGGREGATE BOND INDX NL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-070</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>462114</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 BAYER CORPORATION DISABILITY PLAN	B Three-digit plan number (PN) ▶ 510
C Plan sponsor's name as shown on line 2a of Form 5500 BAYER CORPORATION C/O HR OPERATIONS DEPARTMENT	D Employer Identification Number (EIN) 25-1339219

Part I	Asset and Liability Statement
---------------	--------------------------------------

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
a Total noninterest-bearing cash	1a	339	234
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	1246
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	884698	655116
(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)	460333	180594
(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	1345370	837190
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1345370	837190

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)	8792255	
(B) Participants.....	2a(1)(B)	1785988	
(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)		10578243
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	668	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		668
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		156578
(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)		12401
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10747890

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3671017	
(2) To insurance carriers for the provision of benefits	2e(2)	7497606	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11168623
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)	78180	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2712	
(6) Bank or trust company trustee/custodial fees	2i(6)	6555	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		87447
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11256070

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-508180
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: SCHNEIDER DOWNS & CO., INC.

(2) EIN: 25-1408703

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		50000
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 _____.

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

Financial Statements as of and for the Years Ended
December 31, 2024 and 2023 and Supplemental Schedules as
of and for the Year Ended December 31, 2024

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

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INDEPENDENT AUDITOR’S REPORT

To the Plan Administrator
Bayer Corporation Long-Term Disability Plan
St. Louis, Missouri

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

We have performed audits of the accompanying financial statements of the Bayer Corporation Long-Term Disability Plan (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 and statements of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and statements of changes in benefit obligations, for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 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 referred to above, 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 (U.S. GAAP).
- the information in the financial statements referred to above 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 (U.S. GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern 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 of the Financial Statements 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 U.S. GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements. In performing an audit in accordance with U.S. GAAS, we:

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

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The Supplemental Schedule 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 DOL’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL’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).



Pittsburgh, Pennsylvania
October 15, 2025

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS – At fair value		
Common Collective Trusts	\$ 655,116	\$ 884,698
Registered Investment Company	<u>180,828</u>	<u>460,672</u>
Total investments	835,944	1,345,370
RECEIVABLE		
Accrued interest and dividend income	<u>1,246</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 837,190</u>	<u>\$ 1,345,370</u>

The accompanying notes are an integral part of these financial statements.

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
CHANGES IN NET ASSETS ATTRIBUTABLE TO:		
ADDITIONS		
Employer contributions	\$ 8,792,255	\$ 9,597,907
Employee contributions	1,785,988	1,852,039
Total contributions	10,578,243	11,449,946
Net appreciation in the fair value of investments	169,647	261,363
Total additions	10,747,890	11,711,309
DEDUCTIONS		
Administrative expenses	(87,447)	(115,352)
Premiums paid	(7,497,606)	(8,348,510)
Disability benefits paid	(3,671,017)	(3,743,858)
Total deductions	(11,256,070)	(12,207,720)
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(508,180)	(496,411)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	1,345,370	1,841,781
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	\$ 837,190	\$ 1,345,370

The accompanying notes are an integral part of these financial statements.

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

STATEMENTS OF BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
BENEFIT OBLIGATIONS - At present value of estimated amounts:		
Disability benefits	<u>15,063,000</u>	<u>17,360,000</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 15,063,000</u>	<u>\$ 17,360,000</u>

The accompanying notes are an integral part of these financial statements.

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
INCREASES/(DECREASES):		
Projected claims	\$ (3,295,000)	\$ (4,102,000)
Benefits earned	506,000	120,000
Assumption change (Note 2)	(278,000)	187,000
Increase for interest	770,000	944,000
Net decrease	(2,297,000)	(2,851,000)
CHANGE IN PLAN'S BENEFIT OBLIGATIONS	(2,297,000)	(2,851,000)
PLAN'S BENEFIT OBLIGATIONS, BEGINNING OF YEAR	17,360,000	20,211,000
PLAN'S BENEFIT OBLIGATIONS, END OF YEAR	\$ 15,063,000	\$ 17,360,000

The accompanying notes are an integral part of these financial statements.

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following brief description of the Bayer Corporation Long-Term Disability Plan (the “Plan”), which is part of the Bayer Corporation Disability Plans, provides only general information. Participants should refer to the plan document or the summary plan description for a complete description of the Plan’s provisions.

General

The Plan provides disability benefits covering substantially all active fulltime employees working thirty or more hours per week for Bayer Corporation (the “Company”) and its affiliates that have adopted the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Bayer Corporation is the Plan sponsor. The Bayer Benefit Plans Committee (“BBPC”) is responsible for the administration of the Plan in accordance with ERISA and the Plan documents.

Benefits for all Plan claims first incurred on or after January 1, 2019 are fully insured and paid through the Plan’s insurance carrier, The Hartford. The Company purchases insurance contracts for these insured benefits. Premiums for long-term disability benefits are paid to the insurance company from the general assets of the Company.

All other Plan claims (first incurred before January 1, 2019) are funded through a voluntary employee’s beneficiary association (“VEBA”) trust. These claims are paid by the claims administrator, The Hartford, directly to participants and are then reimbursed by the Plan’s VEBA. Despite the Plan’s utilization of a third-party claim’s administrator, ultimate responsibility for payments to participants is retained by the Plan.

The VEBA holds the Plan’s assets and was established on January 10, 1992. The Bank of New York Mellon (“BNY Mellon”) serves as the trustee of the VEBA. In addition, there are separate investment managers who manage substantially all of Plan’s investment assets.

The Monsanto Company Disability Plan (“Monsanto Plan”) merged into the Plan effective January 1, 2019. The benefit obligations transferred are associated with employees that were formerly employed by Monsanto Company. No assets were transferred to the Plan as a result of this merger. Effective January 1, 2019, an individual who was on disability under the Monsanto Plan as of December 31, 2018 began to receive such disability benefits under the Plan (“legacy Monsanto Plan claims”).

Benefits for legacy Monsanto Plan claims were paid by Monsanto Company assets through March 31, 2020. Effective April 1, 2020, legacy Monsanto Plan claims are paid from the Plan’s VEBA. Benefits for the Plan’s long-term disability claims incurred before January 1, 2019 have been, and continue to be, paid from the Plan’s VEBA.

The Company’s contributions represent coverage for claims and premiums paid and administrative expenses less amounts contributed by participants. The Plan’s benefit obligations are expected to be funded by Company contributions, investment income, and participant contributions to the Plan in future years.

1. DESCRIPTION OF PLAN (Continued)

Benefits

The Plan provides for long-term disability benefits with coverage beginning after 26 weeks of disability. The first 26 weeks of disability are covered under a separate short-term disability benefit. Long-term disability payments are adjusted to reflect other sources of disability income as defined in the Plan document and Plan Summary Plan Description.

During Plan enrollment, with the exception of salary grade VS 4.1 and above level participants which may only select Option 2 with varying minimum benefits outlined below, participants may select from three long-term disability options as follows:

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
Benefit Level	50% of base pay	60% of base pay*	70% of base pay
Maximum Benefit	\$25,000/month	\$25,000/month	\$25,000/month
Minimum Benefit	None	10% of base pay	20% of base pay
Minimum Benefit VS 4.1 and above	N/A	\$100	N/A

* Salary grade VS4.1 and above, benefit level is 60% of base salary plus short-term incentive at target

Administration

The BBPC has responsibility for administering the Plan. The Hartford provides administrative services as a third-party claims administrator for claims first incurred before January 1, 2019. Claims incurred on or after January 1, 2019 are fully insured and paid through the Plan's insurance carrier, The Hartford. As an administrator and carrier of the Plan, services provided by The Hartford generally include processing of claims, arranging for the payment of benefits and performing related functions for the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of significant accounting policies consistently applied by the Plan administrator in the preparation of the accompanying statements of net assets available for benefits and statements of benefit obligations and related statements of changes in net assets available for benefits and the statements of changes in benefit obligations and the related notes to the financial statements (financial statements) follows:

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis and in accordance with accounting principles generally accepted in the United States of America.

Valuation of Investments and Income Recognition

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date and interest is recorded when earned. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Plan Benefit Obligations

Plan obligations at December 31, 2024 and 2023 for future long-term disability payments to participants considered disabled at that date have been estimated based on monthly benefit amounts and probability of payment until retirement age for claims incurred before January 1, 2019. Plan obligations for disability claims incurred by active participants but not reported (“IBNR”) at that date have been estimated by the Plan’s actuary, utilizing actuarial methods which take into consideration prior claims experienced and the expected time period from the date such claims are incurred to the date that the related claims are submitted and paid based on Plan experience. Significant actuarial assumptions include using the 2012 Group Long Term Disability Table with adjustments to reflect the 2019 study (GLTD Table) for males and females with ten year select period for mortality and recovery rates and assuming that retirements occur at age 65 at December 31, 2024 and 2023. Such estimated amounts are reported in the accompanying statements of the Plan’s benefit obligations at present value, based on a discount rate of 5.40% and 4.90% at December 31, 2024 and 2023, respectively. The change in the discount rate is reflected in the assumption change in the accompanying statements of changes in benefit obligations.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the long-term disability benefit obligation.

Payment of Benefits

Benefit claim disbursements are recorded when paid by the third-party claims administrator.

Plan Expenses

The Company and VEBA pay the administrative expenses consisting of fees charged by the claims administrator and trustee for services provided.

Payment of Premiums

Premiums for long-term disability benefits are paid during the year to The Hartford to cover expenses and claims incurred on or after January 1, 2019 from the general assets of the Company.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts – assets, liabilities, benefit obligations and changes therein, and disclosures of contingent assets and liabilities. Actual results could materially differ from those estimates. Significant estimates also include the actuarial valuation of benefit obligations and the fair value of investments. Actual results could materially differ from those estimates.

Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. The estimated actuarial present value of future benefits for disabled participants is reported based on certain assumptions pertaining to interest rates and employee demographics, both of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements. The accompanying financial statements consider events through September XX, 2025, the date on which the financial statements were available to be issued.

Effective January 1, 2025, Plan claims first incurred prior to January 1, 2019 and on or after January 1, 2025 are administered and paid by the claims administrator, New York Life, directly to participants. Claims first incurred prior to January 1, 2019 are subsequently reimbursed by the Plan's VEBA.

3. FUNDING

Claims first incurred before January 1, 2019 are funded through a 501(c)(9) trust (VEBA) and claims first incurred on or after January 1, 2019 are fully insured and paid through the Plan's insurance carrier, The Hartford. (see Note 1)

The Company provides a 50% coverage option at no cost to employees for fully insured participants, and additionally, based on the long-term disability coverage selected, employees pay for a portion of their coverage under the Plan with payroll contributions on an after-tax basis. Refer to Note 1 for participant selection options.

During 2024 and 2023, the respective employee contribution rate for the participants who elected the 60% coverage option was \$.263/\$100 of coverage and \$.310/\$100 of coverage for the participants who elected the 70% coverage option.

4. TAX STATUS

The Internal Revenue Service has informed the Trust by an exemption letter dated January 10, 1992 that the Trust is designed in accordance with applicable sections of the Internal Revenue Code ("IRC") 501(c)(9). The Plan is not required to file for a determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be not be sustained upon examination by the relevant taxing authority. The Company's management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of an income tax liability or disclosure in the financial statements.

The Plan is subject to routine audits by government agencies; however, there are currently no audits for any tax periods in process. The Plan administrator believes it is no longer subject to income tax examinations for years prior to December 31, 2021.

5. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided to participants, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of a termination of the Plan, none of the assets of the trust may revert to, or inure to, the benefit of the Company until all liabilities to participants receiving (or who will be eligible to receive prior to the date of termination) disability income payments have been satisfied.

6. INFORMATION CERTIFIED BY THE TRUSTEE (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules including investments held at December 31, 2024 and 2023, and net appreciation/(depreciation) in fair of investments, for the years ended December 31, 2024 and 2023, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by BNY Mellon (Trustee of the Plan).

The Plan's independent auditor's did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements and supplemental schedules.

7. RELATED PARTY TRANSACTIONS

The Plan invests in certain funds managed by BNY Mellon; therefore, transactions related to these funds qualify as party-in-interest transactions that are allowable under ERISA. Additionally, the Company may pay certain administrative expenses or perform administrative functions on behalf of the Plan for which no fees are charged; therefore, these transactions also qualify as party-in-interest transactions.

8. FAIR VALUE MEASUREMENTS

Accounting Standards Codification (ASC) 820, Fair Value Measurement and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Basis of Fair Value Measurement

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Refers to securities not traded on an active market but for which observable market inputs are readily available;

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

There have been no changes in the valuation methodologies used at December 31, 2024 and 2023. Following is a description of the valuation methodologies used for assets measured at fair value.

8. FAIR VALUE MEASUREMENTS (Continued)

The Plan's investments are carried at fair value or estimated fair value of the underlying securities. For investment funds, the valuation technique is based on the number of units held and the unit value reported by the trustee who determines fair value by quoted market prices.

Short-term investments:

Federated Government Obligations Fund: The objective of the Federated Government Obligations Fund is current income consistent with stability of principal by investing in a portfolio of U.S. Treasury and government securities. Investments consisting of fixed income securities with a maturity of one year or less are valued on a daily net asset value that can be validated with a sufficient level of observable activity in an active market (i.e., purchases and sales at net asset value) and therefore these interests in fixed income securities have been classified within Level 1 of the fair value hierarchy. The per unit net asset value of the fund is determined each business day.

Common/collective trust fund:

CF Stock Index Fund: The objective of the CF DV Stock Index Fund of The Bank of New York Mellon ("CF Stock Index Fund") is to track the performance of the S&P 500 Index. In meeting this objective, the assets of the fund may be invested in securities and a combination of other collective funds. Valued using the NAV provided by the administrator of the fund on each valuation date. The NAV is used as a practical expedient to estimate fair value. The per unit net asset value of the fund is determined each business day.

US Aggregate Bond Index Fund: The objective of the State Street U.S. Aggregate Bond Index Non-Lending Common Trust Fund ("US Aggregate Bond Index Fund") is to approximate as closely as practicable, before expenses, the performance of the Barclay's U.S. Aggregate Bond Index over the long term. The fund attempts to achieve its investment objective by investing in other collective investment funds, each an underlying fund, which has characteristics consistent with the US Aggregate Bond Index Fund's overall investment objective valued using the NAV provided by the administrator of the fund on each valuation date. The NAV is used as a practical expedient to estimate fair value. The per unit net asset value of the fund is determined each business day.

There are no unfunded commitments, redemption restrictions, or limitations on the frequency of redemption of these funds that utilize net asset value as a practical expedient.

8. FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth, by level within the fair value hierarchy, the investment assets at fair value, at December 31, 2024 and 2023. As required by ASC 820, these assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	Investment Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Short-term investments	\$ 180,828	\$ -	\$ -	\$ 180,828
Total assets in the fair value hierarchy	<u>\$ 180,828</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 180,828
Investments measured at net asset value (a)				<u>655,116</u>
Total investment assets at fair value				<u>\$ 835,944</u>

	Investment Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Short-term investments	\$ 460,672	\$ -	\$ -	\$ 460,672
Total assets in the fair value hierarchy	<u>\$ 460,672</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 460,672
Investments measured at net asset value (a)				<u>884,698</u>
Total investment assets at fair value				<u>\$ 1,345,370</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

FORM 5500, SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 25-1339219 PLAN NUMBER: 510
DECEMBER 31, 2024

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E
	Identity of Party Involved	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Bank of New York Mellon	CF Stock Index Fund	\$ 164,219	\$ 193,002
	Federated Investors	Federated Gov't Obligations Fund	180,594	180,828
	State Street Global Advisors	US Aggregate Bond Index Fund	451,551	462,114
		Total Investments	\$ 796,364	\$ 835,944

*Party in interest.

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

FORM 5500, SCHEDULE H, LINE 4(j)
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024
EIN: 25-1339219 PLAN NUMBER: 510

SINGLE TRANSACTIONS INVOLVING AN AMOUNT IN EXCESS
OF 5 PERCENT OF THE CURRENT VALUE OF PLAN ASSETS

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN G	COLUMN H Current Value of Asset on Transaction Date	COLUMN I Net Gain/Loss
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Date	Gain/Loss
Federated Investors	Federated Gov't Obligations Fund	\$ 304,000	\$ -	\$ 304,000	\$ 304,000	\$ -
Federated Investors	Federated Gov't Obligations Fund	-	83,000	83,000	83,000	-
Federated Investors	Federated Gov't Obligations Fund	-	221,000	221,000	221,000	-
Federated Investors	Federated Gov't Obligations Fund	-	302,000	302,000	302,000	-
Federated Investors	Federated Gov't Obligations Fund	89,017	-	89,017	89,017	-
Federated Investors	Federated Gov't Obligations Fund	210,036	-	210,036	210,036	-
Federated Investors	Federated Gov't Obligations Fund	299,000	-	299,000	299,000	-
Federated Investors	Federated Gov't Obligations Fund	-	89,000	89,000	89,000	-
Federated Investors	Federated Gov't Obligations Fund	-	210,000	210,000	210,000	-
Federated Investors	Federated Gov't Obligations Fund	-	275,167	275,167	275,167	-
Federated Investors	Federated Gov't Obligations Fund	84,000	-	84,000	84,000	-
Federated Investors	Federated Gov't Obligations Fund	188,000	-	188,000	188,000	-
Federated Investors	Federated Gov't Obligations Fund	272,000	-	272,000	272,000	-
Federated Investors	Federated Gov't Obligations Fund	-	84,000	84,000	84,000	-
Federated Investors	Federated Gov't Obligations Fund	-	188,000	188,000	188,000	-
Federated Investors	Federated Gov't Obligations Fund	-	148,983	148,983	148,983	-

Columns E and F are omitted because they are not applicable.

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

FORM 5500, SCHEDULE H, LINE 4(j)
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024
EIN: 25-1339219 PLAN NUMBER: 510

SINGLE TRANSACTIONS INVOLVING AN AMOUNT IN EXCESS
OF 5 PERCENT OF THE CURRENT VALUE OF PLAN ASSETS

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN G	COLUMN H Current Value of Asset on Transaction Date	COLUMN I Net Gain/Loss
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Date	Gain/Loss
Federated Investors	Federated Gov't Obligations Fund	\$ 129,469	\$ -	\$ 129,469	\$ 129,469	\$ -
Federated Investors	Federated Gov't Obligations Fund	-	289,317	289,317	289,317	-
Federated Investors	Federated Gov't Obligations Fund	224,000	-	224,000	224,000	-
Federated Investors	Federated Gov't Obligations Fund	285,000	-	285,000	285,000	-
Federated Investors	Federated Gov't Obligations Fund	-	224,000	224,000	224,000	-
Federated Investors	Federated Gov't Obligations Fund	-	311,877	311,877	311,877	-
Federated Investors	Federated Gov't Obligations Fund	132,000	-	132,000	132,000	-
Federated Investors	Federated Gov't Obligations Fund	177,000	-	177,000	177,000	-
Federated Investors	Federated Gov't Obligations Fund	309,000	-	309,000	309,000	-
Federated Investors	Federated Gov't Obligations Fund	-	132,000	132,000	132,000	-
Federated Investors	Federated Gov't Obligations Fund	-	177,000	177,000	177,000	-
Federated Investors	Federated Gov't Obligations Fund	-	291,978	291,978	291,978	-
Federated Investors	Federated Gov't Obligations Fund	190,000	-	190,000	190,000	-
Federated Investors	Federated Gov't Obligations Fund	288,000	-	288,000	288,000	-
Federated Investors	Federated Gov't Obligations Fund	-	190,000	190,000	190,000	-
Federated Investors	Federated Gov't Obligations Fund	-	285,035	285,035	285,035	-

Columns E and F are omitted because they are not applicable.

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

FORM 5500, SCHEDULE H, LINE 4(j)
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024
EIN: 25-1339219 PLAN NUMBER: 510

SINGLE TRANSACTIONS INVOLVING AN AMOUNT IN EXCESS
OF 5 PERCENT OF THE CURRENT VALUE OF PLAN ASSETS

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN G	COLUMN H Current Value of Asset on Transaction Date	COLUMN I Net Gain/Loss
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Date	Gain/Loss
Federated Investors	Federated Gov't Obligations Fund	\$ 79,006	\$ -	\$ 79,006	\$ 79,006	\$ -
Federated Investors	Federated Gov't Obligations Fund	204,006	-	\$ 204,006	204,006	-
Federated Investors	Federated Gov't Obligations Fund	283,000	-	\$ 283,000	283,000	-
Federated Investors	Federated Gov't Obligations Fund	-	79,000	79,000	79,000	-
Federated Investors	Federated Gov't Obligations Fund	-	204,000	204,000	204,000	-
Federated Investors	Federated Gov't Obligations Fund	-	290,784	290,784	290,784	-
Federated Investors	Federated Gov't Obligations Fund	114,000	-	114,000	114,000	-
Federated Investors	Federated Gov't Obligations Fund	275,000	-	275,000	275,000	-
Federated Investors	Federated Gov't Obligations Fund	389,000	-	389,000	389,000	-
Federated Investors	Federated Gov't Obligations Fund	-	114,000	114,000	114,000	-
Federated Investors	Federated Gov't Obligations Fund	-	275,000	275,000	275,000	-
Federated Investors	Federated Gov't Obligations Fund	-	307,730	307,730	307,730	-
Federated Investors	Federated Gov't Obligations Fund	97,000	-	97,000	97,000	-
Federated Investors	Federated Gov't Obligations Fund	207,000	-	207,000	207,000	-
Federated Investors	Federated Gov't Obligations Fund	304,000	-	304,000	304,000	-
Federated Investors	Federated Gov't Obligations Fund	-	97,000	97,000	97,000	-

Columns E and F are omitted because they are not applicable.

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

FORM 5500, SCHEDULE H, LINE 4(j)
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024
EIN: 25-1339219 PLAN NUMBER: 510

SINGLE TRANSACTIONS, WHEN AGGREGATED, INVOLVING AN AMOUNT IN EXCESS
OF 5 PERCENT OF THE CURRENT VALUE OF PLAN ASSETS

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN G	COLUMN H Current Value of Asset on Transaction Date	COLUMN I Net Gain/Loss
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Date	Gain/Loss
Federated Investors	Federated Gov't Obligations Fund	\$ -	\$ 207,000	\$ 207,000	\$ 207,000	\$ -
Federated Investors	Federated Gov't Obligations Fund	-	292,441	292,441	292,441	-
Federated Investors	Federated Gov't Obligations Fund	99,018	-	99,018	99,018	-
Federated Investors	Federated Gov't Obligations Fund	189,033	-	189,033	189,033	-
Federated Investors	Federated Gov't Obligations Fund	288,000	-	288,000	288,000	-
Federated Investors	Federated Gov't Obligations Fund	-	99,000	99,000	99,000	-
Federated Investors	Federated Gov't Obligations Fund	-	189,000	189,000	189,000	-
Federated Investors	Federated Gov't Obligations Fund	-	291,276	291,276	291,276	-
Federated Investors	Federated Gov't Obligations Fund	541,000	-	541,000	541,000	-
Federated Investors	Federated Gov't Obligations Fund	-	584,429	584,429	584,429	-
* Bank of New York Mellon	BNY Mellon Cash Reserve	375,000	-	375,000	375,000	-
* Bank of New York Mellon	BNY Mellon Cash Reserve	-	375,000	375,000	375,000	-
* Bank of New York Mellon	CF Stock Index Fund	-	89,000	73,870	89,000	15,130
* Bank of New York Mellon	CF Stock Index Fund	-	84,000	66,446	84,000	17,554
* Bank of New York Mellon	CF Stock Index Fund	900,000	-	900,000	900,000	-

Columns E and F are omitted because they are not applicable.

*Party in interest.

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

FORM 5500, SCHEDULE H, LINE 4(j)
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024
EIN: 25-1339219 PLAN NUMBER: 510

SINGLE TRANSACTIONS, WHEN AGGREGATED, INVOLVING AN AMOUNT IN EXCESS
OF 5 PERCENT OF THE CURRENT VALUE OF PLAN ASSETS

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN G	COLUMN H Current Value of Asset on Transaction	COLUMN I Net Gain/Loss
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Date	Net Gain/Loss
* Bank of New York Mellon	CF Stock Index Fund	\$ -	\$ 132,000	\$ 125,875	\$ 132,000	\$ 6,125
* Bank of New York Mellon	CF Stock Index Fund	-	98,000	89,273	98,000	8,727
* Bank of New York Mellon	CF Stock Index Fund	-	79,000	72,528	79,000	6,472
* Bank of New York Mellon	CF Stock Index Fund	-	114,000	103,275	114,000	10,725
* Bank of New York Mellon	CF Stock Index Fund	-	97,000	84,976	97,000	12,024
* Bank of New York Mellon	CF Stock Index Fund	-	99,000	86,453	86,453	12,547
* Bank of New York Mellon	CF Stock Index Fund	-	166,000	138,273	166,000	27,727
State Street Global Advisors	US Aggregate Bond Index Fund	-	210,000	200,960	210,000	9,040
State Street Global Advisors	US Aggregate Bond Index Fund	-	188,000	183,762	188,000	4,238
State Street Global Advisors	US Aggregate Bond Index Fund	2,100,000	-	2,100,000	2,100,000	-
State Street Global Advisors	US Aggregate Bond Index Fund	-	224,000	228,434	224,000	(4,434)
State Street Global Advisors	US Aggregate Bond Index Fund	-	177,000	178,733	177,000	(1,733)
State Street Global Advisors	US Aggregate Bond Index Fund	-	190,000	188,530	190,000	1,470
State Street Global Advisors	US Aggregate Bond Index Fund	-	204,000	197,897	204,000	6,103

Columns E and F are omitted because they are not applicable.

*Party in interest.

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

FORM 5500, SCHEDULE H, LINE 4(j)
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024
EIN: 25-1339219 PLAN NUMBER: 510

SINGLE TRANSACTIONS, WHEN AGGREGATED, INVOLVING AN AMOUNT IN EXCESS
OF 5 PERCENT OF THE CURRENT VALUE OF PLAN ASSETS

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN G	COLUMN H Current Value of Asset on Transaction	COLUMN I Net Gain/Loss
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Date	Date
State Street Global Advisors	US Aggregate Bond Index Fund	\$ -	\$ 275,000	\$ 261,647	\$ 275,000	\$ 13,353
State Street Global Advisors	US Aggregate Bond Index Fund	-	207,000	195,967	207,000	11,033
State Street Global Advisors	US Aggregate Bond Index Fund	-	189,000	184,440	189,000	4,560
State Street Global Advisors	US Aggregate Bond Index Fund	-	375,000	361,966	375,000	13,034

Columns E and F are omitted because they are not applicable.

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

BAYER CORPORATION
LONG-TERM DISABILITY PLAN

FORM 5500, SCHEDULE H, LINE 4(j)
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024
EIN: 25-1339219 PLAN NUMBER: 510

SERIES TRANSACTIONS, WHEN AGGREGATED, INVOLVING AN AMOUNT IN EXCESS
OF 5 PERCENT OF THE CURRENT VALUE OF PLAN ASSETS

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN G	COLUMN H	COLUMN I
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain / (Loss)
Federated Investors	Federated Gov't Obligations	\$ 6,319,863 (a)	\$ -	\$ 6,319,863	\$ 6,319,863	\$ -
Federated Investors	Federated Gov't Obligations	-	6,599,602 (e)	6,599,602	6,599,602	-
* Bank of New York Mellon	BNY Mellon Cash Reserve	375,000 (b)	-	375,000	375,000	-
* Bank of New York Mellon	BNY Mellon Cash Reserve	-	375,000 (f)	375,000	375,000	-
* Bank of New York Mellon	CF Stock Index Fund	907,284 (c)	-	907,284	907,284	-
* Bank of New York Mellon	CF Stock Index Fund	-	1,081,995 (g)	960,599	1,081,995	121,396
State Street Global Advisors	US Aggregate Bond Index Fund	2,100,000 (d)	-	2,100,000	-	-
State Street Global Advisors	US Aggregate Bond Index Fund	-	2,306,717 (h)	2,250,340	2,306,717	56,377

(a) Consists of 57 purchase transactions

(b) Consists of 1 purchase transaction

(c) Consists of 13 purchase transactions

(d) Consists of 1 purchase transaction

(e) Consists of 35 sales transactions

(f) Consists of 1 sales transaction

(g) Consists of 15 sales transactions

(h) Consists of 15 sales transactions

Columns E and F are omitted because they are not applicable.

*Party in interest.

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

Plan Name	BAYER CORPORATION DISABILITY PLAN
Plan Sponsor EIN	25-1339219
ERISA Plan #	510
Plan Year Ending	12/31/2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

Plan Name	BAYER CORPORATION DISABILITY PLAN
Plan Sponsor EIN	25-1339219
ERISA Plan #	510
Plan Year Ending	12/31/2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X