Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RICOH FAMILY GROUP PENSION EQUITY PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1988

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
RICOH USA, INC.

300 EAGLEVIEW BOULEVARD
SUITE 200
EXTON, PA 19341

2b Employer Identification Number (EIN)
23-0334400

2c Plan Sponsor's telephone number
610-296-8000

2d Business code (see instructions)
424100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	KATHERINE HUGGINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2926
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	**6a(1)**	1003
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	897
b	Retired or separated participants receiving benefits	**6b**	629
c	Other retired or separated participants entitled to future benefits	**6c**	1246
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2772
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	79
f	Total. Add lines **6d** and **6e**.	**6f**	2851
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

1A 1C 1I 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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 FAMILY GROUP PENSION EQUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RICOH USA, INC.

D Employer Identification Number (EIN)
23-0334400

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	156442867
b Actuarial value	**2b**	156442867

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	563	61013427	61013427
b For terminated vested participants	1360	55249596	55249596
c For active participants	1003	44746817	46485707
d Total	2926	161009840	162748730

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1500000
c Target normal cost	**6c**	1500000

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

08/24/2026
Date

DOUGLAS A. ROSS
Type or print name of actuary

26-07311
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-771-0701
Telephone number (including area code)

MSC# 17741
P.O. BOX 6718
SOMERSET, NJ 08875

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	22093355
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3904238
9	Amount remaining (line 7 minus line 8)	0	18189117
10	Interest on line 9 using prior year's actual return of 0.20 %	0	36378
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.15 %		0
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		0
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	18225495

Part III Funding Percentages

14	Funding target attainment percentage	14	84.92 %
15	Adjusted funding target attainment percentage	15	85.08 %
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	86.46 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] 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: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	
22 Weighted average retirement age			**22**	61

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	1500000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	24531358	2501853
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**	4001853

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4001853	4001853

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
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 [X] 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RICOH FAMILY GROUP PENSION EQUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RICOH USA, INC.

D Employer Identification Number (EIN)
23-0334400

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

AON CONSULTING, INC.

22-2232264

(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 26 50	NONE	832067	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

61-0736136

(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?
16 50	NONE	93366	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CURCIO WEBB

36-4171366

(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?
16 50	NONE	57500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

WELLINGTON MANAGEMENT

04-2683227

(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 50	NONE	55764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK

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	NONE	44286	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NISA INVESTMENT ADVISORS, LLC

101 SOUTH HANLEY ROAD, SUITE 1700
ST. LOUIS, MO 63105-3487

(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 50	NONE	36695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

GRANT THORNTON, LLP

36-6055558

(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	33833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

04-1867445

(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 28 50 51	NONE	16762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONDRIAN INVESTMENT GROUP INC.

56-2475915

(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 50	NONE	6401	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BALLARD SPAHR LLP

23-0382195

(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?
29 50	NONE	5532	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RICOH FAMILY GROUP PENSION EQUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RICOH USA, INC.

D Employer Identification Number (EIN)
23-0334400

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: RICOH DB PLANS MASTER RET. TRUST

b Name of sponsor of entity listed in (a): RICOH USA, INC.

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)
23-0334400-015	M	159457007

a Name of MTIA, CCT, PSA, or 103-12 IE: CIF II LONG BOND

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

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)
04-6913417-080	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RICOH FAMILY GROUP PENSION EQUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RICOH USA, INC.

D Employer Identification Number (EIN)
23-0334400

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)	36675838	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	120070625	159457007
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	156746463	159457007
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	303596	110583
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	303596	110583
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	156442867	159346424

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)		
(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)		0
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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1756444
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		12457502
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		14213946
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9458302	
(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)		9458302
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)	155816	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	33833	
(5) Investment advisory and investment management fees	2i(5)	120530	
(6) Bank or trust company trustee/custodial fees	2i(6)	44286	
(7) Actuarial fees	2i(7)	832067	
(8) Legal fees	2i(8)	8845	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	656710	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1852087
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11310389
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2903557
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) [X] 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) [X] 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: GRANT THORNTON, LLP **(2)** EIN: 36-6055558

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**		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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586568.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
RICOH FAMILY GROUP PENSION EQUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RICOH USA, INC.

D Employer Identification Number (EIN)
23-0334400

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 36-3046063

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 | 71

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.)

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

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 23.1 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 76.2 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 0.7 % Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

RICOH FAMILY
GROUP PENSION EQUITY PLAN

EMPLOYER ID NO: 23-0334400
Plan Number: 002

Financial Statements as of and for the years ended

December 31, 2025 and 2024

(And Report of Independent Certified Public Accountants)

RICOH FAMILY
GROUP PENSION EQUITY PLAN

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* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Participants and Plan Administrator
Ricoh Family Group Pension Equity Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit
We have performed audits of the financial statements of Ricoh Family Group Pension Equity 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, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 11 to the financial statements, is complete and accurate.

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

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

Grant Thornton LLP is a U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

Basis for opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US 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 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 US 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 US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

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

Grant Thornton LLP

Philadelphia, Pennsylvania
October 6, 2026

RICOH FAMILY GROUP
PENSION EQUITY PLAN

Statements of Net Assets Available for Benefits

As of December 31, 2025 and 2024

		2025	2024
Assets:			
Investments, at fair value	$	—	36,675,838
Plan Interest in the Master Trust		159,457,007	120,070,625
Total investments		159,457,007	156,746,463
Total assets		159,457,007	156,746,463
Liabilities:			
Accrued expenses		110,583	303,596
Total liabilities		110,583	303,596
Total net assets available for benefits	$	159,346,424	156,442,867

See accompanying notes to financial statements.

RICOH FAMILY GROUP
PENSION EQUITY PLAN

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2025 and 2024

		2025	2024
Additions:			
Investment income:			
Net appreciation (depreciation) in fair value of investments	$	1,469,990	(1,691,861)
Dividends		286,454	1,376,342
Plan interest in the net investment earnings of the Master Trust		12,457,502	955,366
Investment expenses		(120,530)	(237,405)
Total additions		14,093,416	402,442
Deductions:			
Payment of benefits		9,458,302	7,613,065
Administrative expenses		1,731,557	1,892,010
Total deductions		11,189,859	9,505,075
Net increase (decrease)		2,903,557	(9,102,633)
Net assets available for benefits:			
Beginning of year		156,442,867	165,545,500
End of year	$	159,346,424	156,442,867

See accompanying notes to financial statements.

RICOH FAMILY
GROUP PENSION EQUITY PLAN

Notes to Financial Statements

As of and for the years ended December 31, 2025 and 2024

(1) Description of the Plan

The following brief description of the Ricoh Family Group Pension Equity Plan (the ”Plan”) is provided for general information purposes. Participants should refer to the Plan document for a more complete description of the Plan’s provisions. Copies of the Plan document are available from Ricoh USA, Inc. Retirement Plans Committee (the “Committee” or “Plan Administrator”).

In 2017, Ricoh USA Inc. (the “Company” or the “Employer”) established the Ricoh Benefit Plans Master Retirement Trust (the “Master Trust”). The Master Trust is held in custody by the Trustees—The Northern Trust Company (from 2023 through March 2024) and U.S. Bank National Association (“US Bank”) (effective April 1, 2024). It comprises the assets of both the IKON Office Solutions, Inc. Pension Plan (the “Pension Plan”) and the Plan.

(a) *General*

The Plan was adopted October 1, 1988 and is a qualified, noncontributory defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is financed through contributions made by the Company. All employees of the Company who had attained age 21 had been eligible to participate in the Plan upon completion of one year of eligible service, as defined by the Plan.

On September 24, 2009, the third amendment to the Plan was approved providing that no new participants may enter the Plan after September 30, 2009 except as follows:

a) In the case of rehire, with respect to benefits accrued prior to October 1, 2009; or

b) In the case of an individual who is an eligible employee and participant as of October 1, 2009 and has a severance on or after October 1, 2009.

On December 28, 2010, the fifth amendment of the Plan was approved providing that the accrual of benefits were frozen for all participants as of December 31, 2009. In addition, for participants with severance dates on or after January 1, 2008, vesting service required to fully vest in their accrued benefit decreased from five full years to three.

Effective for distribution made on and after January 1, 2024, the Plan increased the voluntary cash-out threshold pursuant to the SECURE 2.0 Act of 2022.

(b) *Plan Administration*

The Plan is administered by the Committee. The Trustee serves as custodian of the Plan's assets. Plan assets are primarily maintained in the Master Trust; however, certain assets were held outside the Master Trust during a portion of the year. The board of directors of the Company appoints the Committee and the Trustee.

(c) ***Investment Policy***

The investment policy establishes strategic asset allocation percentage targets and appropriate benchmarks for each significant asset class to obtain a prudent balance between risk and return. The interaction between plan assets and benefit obligations is periodically reviewed to assist in the establishment of strategic asset allocation targets.

(d) ***Funding Policy***

The Plan is subject to ERISA's minimum funding requirements. The Plan's actuary determines the contribution necessary to meet the minimum funding requirements annually based on the projected unit credit funding method. The Company's funding policy is to contribute no less than the minimum required amount necessary on an actuarially determined basis to provide the Plan with assets sufficient to meet the benefits to be paid to plan participants. Contributions above the minimum required amount are subject to the discretion of the Company. The Company's funding for the years ended December 31, 2025 and 2024 met the minimum funding requirements of ERISA.

(e) ***Vesting***

As of October 1, 2009, all participants' accrued benefits are fully vested.

(f) ***Retirement***

Normal retirement date is the first day of the month coinciding with or following a participant's 65th birthday. The Plan also provides early retirement benefits if a participant has completed the required years of service (as defined) and has attained age 55. A Participant electing early retirement will receive a specified reduced percentage of normal retirement benefits depending on that participant's years of service. An actuarially reduced 50% preretirement spouse's death benefit is available to spouses of vested participants who die prior to retirement.

(g) ***Benefits***

A Participant in the Plan on or before June 30, 2003 is entitled to an annual pension beginning at normal retirement age 65. Participants in the Plan after June 30, 2003 with five or more years of service are entitled to an annual pension beginning at normal retirement age 65.

Accumulated Pension Equity Plan (PEP) Percentage – Based on their age, participants accrue a certain number of PEP Percentage points every year while they are an active plan participant. If participants work less than a full year, they accrue a proportionate part of the PEP Percentage for the year, depending on the number of months they work. PEP Percentages for the Plan range between 2% and 8%. For participants who are legacy Lanier Plan participants, the PEP Percentages range between 2% and 14%.

A Participant, upon attainment of normal retirement age and completed years of service, is entitled to an annual benefit, payable monthly for life, based on a combination of their PEP Percentage multiplied by their Final Average Compensation and divided by an Annuity Conversion Factor.

Final Average Compensation – This average is based on the participant's highest five consecutive calendar years of compensation, as defined, out of the last 10 years of consecutive calendar years of employment by the Company. For Ricoh Business Solutions and Savin Corporation employees, this average will not reflect compensation earned prior to January 1, 2001.

Annuity Conversion Factor – This factor converts the total value of a participant's accumulated pension to a monthly benefit that commences at normal retirement age and continues for as long as they live. The particular factor that applies will depend on the participant's age (in years and months) as of the last day of employment with the Company.

Participants may elect to receive their distributions, subject to certain plan provisions, in the form of an annuity or in a lump-sum payment. The Plan also provides for disability retirement benefits.

(h) ***Death Benefits***

Upon the death of a participant who is receiving payment under the Plan, his beneficiary shall be entitled to receive such payments as payable to the participant. If the participant dies while married before the commencement of retirement payments under the Plan, the participant's spouse shall receive as a death benefit a Normal Fund Payment. If the participant dies while not married, the participant's beneficiary shall receive, as a death benefit, a Normal Fund Payment.

(i) ***Disability Benefits***

Employee is considered to be subject to a disability if determined to be totally and permanently disabled by the federal Social Security Administration or under a Ricoh long-term disability plan. If the disability occurs after the participant has the required number of years of Vesting Service, the participant is entitled to a special disability pension. The required number of years of Vesting Service is five, except that for Tier 1, 2 or 3 Lanier Participants ten years is required. To qualify, the participant must remain disabled until the date he/she reaches age 55, except that for Tier 1, 2 or 3 Lanier Participants, participant must remain disabled only through the date that payments of the benefits begin. The earliest that disability pension benefits are payable under the Plan is age 55, except that Tier 1, 2, or 3 Lanier Participants may elect to receive payment before reaching age 55.

(2) Summary of Significant Accounting Policies

(a) ***Basis of Accounting***

The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

(b) ***Investment and Income Recognition of Master Trust***

The assets of the Plan have been commingled into the Master Trust with the assets of the Pension Plan for investment and administrative purposes. The investment in the Master Trust represents the Plan's interest in the net assets of the Master Trust, which is approximately 28.4% and 29.4% at December 31, 2025 and 2024, respectively. The percentage is based on a pro rata share of the net assets in the Master Trust.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation)

includes the Master Trust's gains and losses on investments bought and sold as well as held during the year. The investment income for the Plan's interest in the Master Trust consists of its allocated share of investment income, realized gains and losses, and the change in unrealized appreciation (depreciation) from the Master Trust.

There are no investments held outside of the Master Trust.

(c) ***Plan Expenses***

Expenses incurred in connection with the administration of the Plan, such as Trustee, actuarial, administrative, and professional fees, are paid by the Plan.

(d) ***Use of Estimates***

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and net changes during the year. These estimates and assumptions may affect the disclosure of contingent assets and liabilities, the actuarial present value of accumulated plan benefits at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

(e) ***Payment of Benefits***

Benefit payments to participants are recorded when paid.

(3) Risks and Uncertainties

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

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

(4) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are the future monthly pension payments under the Plan's provisions attributable to the service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present participating employees or their beneficiaries. Benefits are calculated in accordance with the Plan's provisions (note 1).

The actuarial present value of accumulated plan benefits was calculated by the independent actuary. It represents the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment

(by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the actuarial valuation as of December 31, 2024 are as follows:

Discount rate	5.59%
Retirement age assumption	55–70
Mortality table – Healthy and disabled	Pri-2012 Mortality Tables and Mortality Rate projected generationally from 2012 using Scale MP-2021

Accrual of benefits under the Plan were frozen, effective December 31, 2009, with the exception of those participants who meet certain criteria as outlined in the Plan document. Effective December 28, 2010, accrual of benefits under the Plan were frozen for all participants.

The actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024 are presented using beginning of year benefit information date. The actuarial present value of accumulated plan benefits below is measured as of January 1, 2025. Had the valuations been performed as of December 31, 2024**,** there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2024, the date of the most recent actuarial determination, is as follows:

Vested benefits:	
Participants currently receiving benefits	$ 59,981,992
Other participants	98,803,506
Total vested benefits	158,785,498
Nonvested benefits	1,465,460
Total actuarial present value of accumulated plan benefits	$ 160,250,958

The aggregate change in the actuarial present value of all accumulated plan benefits for the year ended December 31, 2024 are as follows:

Actuarial present value as of beginning of year	$ 172,552,347
Interest accumulation	8,253,892
Benefit payments	(7,613,065)
Assumption changes	(13,676,264)
Benefits accumulated and plan experience	734,048
Actuarial present value as of end of year	$ 160,250,958

The assumption changes between December 31, 2023 and December 31, 2024 impacting the actuarial present value of accumulated plan benefits are due to (1) a change in the interest rate from 4.89% to 5.59%; (2) a change in the lump sum conversion interest rate from segment rates of 4.89%, 5.14% and 5.29% to segment rates of 4.74%, 5.55% and 5.92%.

The foregoing actuarial assumptions are based upon the presumption that the Plan continues indefinitely. If the Plan were to be terminated, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least possible that certain changes in these estimates and assumptions could be material to the financial statements.

(5) Interest in the Master Trust

The Master Trust consists of the Plan and the Pension Plan. The specific investments of both plans are held in the Master Trust, which is administered by the Trustee. The use of the Master Trust permits the commingling of the trust assets for investment and administrative purposes. Although the assets of both plans are commingled in the Master Trust, the Trustee maintains separate supporting records for the purpose of tracking the individual activity of each plan.

The Plan’s and the Pension Plan’s divided interest in the Master Trust was approximately 28.4% and 71.6%, as of December 31, 2025, and 29.4% and 70.6% as of December 31, 2024, respectively.

Investment income or loss related to the Master Trust is allocated to each plan based upon the individual Plan’s interest in the Master Trust derived from a calculation based on the Plan specific transactions (i.e., contributions, benefits paid, and certain expenses) then applied to the general activities (i.e., gains/losses, dividends/interest, certain expenses, appreciation (depreciation), etc.).

The following table presents the net assets of the Master Trust and the Plan as of December 31, 2025 and 2024:

	2025		2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Money market funds	$ 4,537,754	1,723,705	4,670,879	1,360,345
Fixed income securities:				
U.S. government and agency securities	—	—	68,125,600	20,015,301
Corporate bonds	—	—	67,119,166	19,719,611
Municipal bonds	—	—	3,624,223	1,064,797
Investments, at net asset value:				
Mutual funds - Equity	362,557,346	97,342,620	—	—
Commingled trust funds	193,709,084	60,388,395	263,474,821	77,408,902
Total Investments	560,804,184	159,454,720	407,014,689	119,568,956
Receivables:				
Accrued interest	8,046	2,287	1,707,521	501,669
Total net assets	$ 560,812,230	159,457,007	408,722,210	120,070,625

The following are the components of total income for the Master Trust for years ended December 31, 2025 and 2024:

	2025	2024
Additions:		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ 33,550,459	(6,279,075)
Interest	-	4,102,148
Dividends	8,597,447	6,594,364
Total income	$ 42,147,906	4,417,437

(6) Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, 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 as follows:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

There have been no changes in methodologies in 2025 or 2024.

The following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds: This fund invests in highly liquid debt securities that are considered largely risk-free. Money markets are valued at the daily closing price as reported by the fund on the active market on which the individual securities are traded with daily redemption is permitted. As such, investments in this category are level 1 since quoted prices from an active market are available.

Fixed income securities: Fixed income securities are valued based on the credit rating of the issuer and the interest rate environment at the time of the measurement date.

U.S. government securities and municipal bonds - U.S. government securities are normally valued at the closing price reported in the active market in which the individual security and municipal bonds are valued using a model that incorporates market observable data, such as reported sales of similar securities, broker quotes, yields, bids, offers, and reference data. Certain securities are valued principally using dealer quotations. U.S. government securities and municipal bonds are categorized in level 1 or level 2 of the fair value hierarchy, depending on the inputs used and market activity levels for specific securities. The valuation of these investments was based on inputs corroborated by observable market-based data and indicative dealer quotes. As such, investments in this category are both level 1 and level 2.

U.S. agency securities - U.S. agency securities comprise two main categories consisting of agency-issued debt and mortgage pass-throughs. Agency-issued debt securities are generally valued in a manner similar to U.S. government securities. Mortgage pass-throughs include to-be-announced (TBA) securities and mortgage pass-through certificates. TBA securities and mortgage pass-throughs are generally valued using dealer quotations. Depending on market activity levels and whether quotations or other data are used, these securities are typically categorized in level 1 or level 2 of the fair value hierarchy. The valuation of these investments was based on inputs corroborated by observable market-based data and indicative dealer quotes. As such, investments in this category are either level 1 or level 2.

Corporate bonds - The fair value of corporate bonds is estimated using various techniques, which may consider recently executed transactions in securities of the issuer or comparable issuers, market price quotations (when observable), bond spreads, fundamental data relating to the issuer, and credit default swap spreads adjusted for any basis difference between cash and derivative instruments. Although most corporate bonds are categorized in level 2 of the fair value hierarchy. The valuation of these investments was based on inputs corroborated by observable market- data and indicative dealer quotes. As such, investments in this category are level 2.

Mutual Funds – Equity: Investments in mutual funds that invest primarily in equity securities. These investments are valued using quoted market prices or other market-based pricing information provided by U.S. Bank and are classified within Level 1 of the fair value hierarchy because they have readily determinable fair values in active markets.

Commingled trust funds: These investments are valued using the fund's daily Net Asset Value (NAV), which reflects the fair value of the underlying assets minus liabilities. Because the NAV is calculated daily and is used for participant transactions, these investments are considered to have a readily determinable fair value and are classified as Level 1 investments in the fair value hierarchy.

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2025:

	Master Trust fair value as of December 31, 2025			
	Quoted prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market funds	$ 4,537,754	-	-	4,537,754
Mutual funds - Equity	362,557,346	-	-	362,557,346
Commingled trust funds	193,709,084	-	-	193,709,084
Investment assets at fair value	$ 560,804,184	-	-	560,804,184

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

	Plan's investment fair value as of December 31, 2024			
	Quoted prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Commingled trust funds	$ 36,675,838	-	-	36,675,838
Investment assets at fair value	$ 36,675,838	-	-	36,675,838

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

	Master Trust fair value as of December 31, 2024			
	Quoted prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market funds	$ 4,670,879	-	-	4,670,879
Fixed income securities:				
U.S. government and agency securities	67,680,079	445,521	-	68,125,600
Corporate bonds	-	67,119,166	-	67,119,166
Municipal bonds	-	3,624,223	-	3,624,223
Commingled trust funds	263,474,821	-	-	263,474,821
Investment assets at fair value	$ 335,825,779	71,188,910	-	407,014,689

Transfers Between Levels — The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The significance of transfers between levels is evaluated based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

(7) Exempt Party-in-interest transactions

The Master Trust invested in the US Bank Money Market Fund during 2025 and 2024 and the Northern Trust Money Market Fund during the 2024 plan years which are assets managed by the Trustees. Fees paid by the Plan for the investment management and trustee services amounted to $44,286 and $36,850

for the years ended December 31, 2025 and 2024, respectively. Transactions in these investments are party-in-interest transactions, which are exempt from prohibited transaction rules.

(8) Plan Termination

Although the Company has not expressed any intention to do so, it has the right under the Plan to terminate the Plan subject to the provisions set forth under ERISA. In the event of plan termination and no successor plan is established, the net assets of the Plan will be allocated in a preferential order as provided under the plan document and as prescribed by ERISA and its related regulations. A Participant's accrued benefit at the time of plan termination is nonforfeitable. The portion of a participant's accrued benefit not guaranteed by the Pension Benefit Guaranty Corporation (PBGC) is conditioned upon the sufficiency of the plan assets. The Company shall be entitled to any remaining asset balance subsequent to the payment of all administrative expenses and participants' accrued benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. For example, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

(9) Reconciliation of Financial Statements and Form 5500

The following is a reconciliation of total additions per the financial statements to the Form 5500 for the year ended December 31, 2025 and 2024:

		2025	2024
Total additions per the statement of changes in net assets available for benefits	$	14,093,416	402,442
Add investment expenses deducted from additions		120,530	237,405
Total income per Form 5500	$	14,213,946	639,847

The following is a reconciliation of total deductions per the financial statements to the Form 5500 for the year ended December 31, 2025 and 2024:

		2025	2024
Total deductions per the statement of changes in net assets available for benefits	$	11,189,859	9,505,075
Add investment expenses deducted from additions		120,530	237,405
Total expenses per Form 5500	$	11,310,389	9,742,480

(10) Tax Status

The Internal Revenue Service (IRS) issued a determination letter updated August 17, 2021, subject to the Plan's adoption of certain proposed amendments, stating that the Plan was in accordance with applicable plan design requirements as of that date. Accordingly, the earnings of the underlying trust of the Plan are not subject to tax under present income tax law. Although the Plan has not received a new determination letter for amendments to the Plan subsequent to the date of the letter from the IRS, the plan sponsor is of the opinion that the Plan and its underlying trust have operated within the terms of the Plan and remain qualified under the applicable provisions of the IRC.

GAAP requires 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 not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(11) Certified Investment Information

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The assets of the Master Trust and the Plan are held by the Trustee. Accordingly, US Bank and Northern Trust have certified that the data included in the accompanying financial statements of the Master Trust and the Plan are complete and accurate, (Note 5). US Bank and Northern Trust also certified the Plan interest in the net investment earnings of the Master Trust in Statement of Changes in Net Assets Available for Benefit.

(12) Subsequent Events

The Company has evaluated subsequent events for potential recognition and/or disclosure through October 6, 2026, the date the financial statements were available to be issued.

*****

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
EIN: 23-0334400 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		5								
40-44		32 $1,184	23 $3,259							
45-49		47 $1,088	58 $4,036	19	1					
50-54		42 $1,215	51 $4,022	49 $5,845	13	2				
55-59	1	62 $1,168	64 $3,837	53 $6,189	44 $10,326	39 $11,021	2			
60-64		48 $1,459	55 $4,177	45 $6,696	42 $8,053	57 $11,834	30 $16,813	3		
65-69		20 $1,260	22 $3,760	12	8	16	18	3		
70+		7	5	1	1	1	1		1	

N-1,003

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
EIN: 23-0334400 PN: 002

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on the full yield curve with no lookback (as of December 2024) (to which the interest rate stabilization corridor does not apply), with sample rates as follows: Duration 0.5–4.60% Duration 5.5–4.80% Duration 10.5–5.20% Duration 15.5–5.45% Duration 20.5–5.56% Duration 25.5–5.57% Duration 30.5–5.58%
Optional Payment Form Election Percentage	60% of participants eligible to receive a lump sum elect a lump sum. 18% of participants eligible to receive a lump sum elect a single life annuity. 18% of participants eligible to receive a lump sum elect a 100% joint and survivor annuity. 4% of participants eligible to receive a lump sum elect a certain and life annuity. 45% of participants not eligible to receive a lump sum elect a single life annuity. 45% of participants not eligible to receive a lump sum elect a 100% joint and survivor annuity. 10% of participants not eligible to receive a lump sum elect a certain and life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums and actuarial equivalence for annuity payment forms
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums and actuarial equivalence for annuity payment forms
Retirement Age	
Active Participants	See Tables 1–3
Terminated Vested Participants	Years 2024–2026: Age 64 for Tier 4 participants and age 65 for all other terminated vested participants. Years 2027–2029: Age 65 for Tier 4 participants and age 66 for all other terminated vested participants. Years 2030 and later: Age 66 for all terminated vested participants.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
EIN: 23-0334400 PN: 002

Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii)
Withdrawal Rates	See Table 4
Disability Rates	See Table 5
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Beneficiary Survival Probability for Current Retirees with Joint & Survivor Annuity	Based on the amounts-weighted aggregate rates from the Pri-2012 mortality study, with male retiree mortality rates adjusted for Ricoh experience, projected generationally from 2012 using Scale MP-2021 for the duration between retirement date and valuation date. Applied to beneficiary records for which survival status could not be directly confirmed.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation of Plan Assets	Market value of assets
Trust Expenses Included in Target Normal Cost	The prior year's actual plan recurring administrative expenses (excluding PBGC premiums), plus the estimated PBGC premiums for the current year and allowance for any one-time expenses ($1,500,000 for 2025).
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates — For Years 2024–2026

Age	Male	Female
55	8.00%	11.00%
56	8.00%	11.00%
57	8.00%	11.00%
58	8.00%	11.00%
59	15.00%	15.00%
60	15.00%	15.00%
61	15.00%	15.00%
62	20.00%	30.00%
63	20.00%	30.00%
64	35.00%	35.00%
65	35.00%	35.00%
66	35.00%	35.00%
67	35.00%	35.00%
68	35.00%	35.00%
69	35.00%	35.00%
70+	100.00%	100.00%

Table 2

Retirement Rates – For Years 2027-2029

Age	Male	Female
55	8.00%	11.00%
56	8.00%	11.00%
57	8.00%	11.00%
58	8.00%	11.00%
59	8.00%	11.00%
60	15.00%	15.00%
61	15.00%	15.00%
62	15.00%	15.00%
63	20.00%	30.00%
64	20.00%	30.00%
65	35.00%	35.00%
66	35.00%	35.00%
67	35.00%	35.00%
68	35.00%	35.00%
69	35.00%	35.00%
70+	100.00%	100.00%

Table 3

Retirement Rates — For Years 2030+

Age	Male	Female
55	8.00%	11.00%
56	8.00%	11.00%
57	8.00%	11.00%
58	8.00%	11.00%
59	8.00%	11.00%
60	8.00%	11.00%
61	15.00%	15.00%
62	15.00%	15.00%
63	15.00%	15.00%
64	20.00%	30.00%
65	20.00%	30.00%
66	35.00%	35.00%
67	35.00%	35.00%
68	35.00%	35.00%
69	35.00%	35.00%
70+	100.00%	100.00%

Table 4

Withdrawal Rates

Age	Male	Female	Age	Male	Female
21	35.000%	37.500%	51	9.500%	9.500%
22	32.400%	35.400%	52	9.000%	9.000%
23	29.800%	33.300%	53	8.500%	8.500%
24	27.200%	31.200%	54	8.000%	8.000%
25	30.000%	27.000%	55+	0.000%	0.000%
26	30.000%	25.200%			
27	30.000%	23.400%			
28	30.000%	21.600%			
29	30.000%	19.800%			
30	15.000%	18.000%			
31	14.400%	17.200%			
32	13.800%	16.400%			
33	13.200%	15.600%			
34	12.600%	14.800%			
35	12.000%	14.000%			
36	11.800%	13.600%			
37	11.600%	13.200%			
38	11.400%	12.800%			
39	11.200%	12.400%			
40	11.000%	15.000%			
41	10.800%	14.400%			
42	10.600%	13.800%			
43	10.400%	13.200%			
44	10.200%	12.600%			
45	10.000%	12.000%			
46	10.000%	11.600%			
47	10.000%	11.200%			
48	10.000%	10.800%			
49	10.000%	10.400%			
50	10.000%	10.000%			

Table 5

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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 FAMILY GROUP PENSION EQUITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RICOH USA, INC.

D Employer Identification Number (EIN)
23-0334400

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	156,442,867
b Actuarial value	**2b**	156,442,867

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	563	61,013,427	61,013,427
b For terminated vested participants	1,360	55,249,596	55,249,596
c For active participants	1,003	44,746,817	46,485,707
d Total	2,926	161,009,840	162,748,730

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,500,000
c Target normal cost	**6c**	1,500,000

Statement by Enrolled Actuary

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

SIGN HERE

Douglas A. Ross DAR
Signature of actuary

08/24/2026
Date

Douglas A. Ross
Type or print name of actuary

2607311
Most recent enrollment number

Aon Consulting, Inc.
Firm name

847-771-0701
Telephone number (including area code)

MSC# 17741
P.O. Box 6718
Somerset NJ 08875
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	22,093,355
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3,904,238
9	Amount remaining (line 7 minus line 8)	0	18,189,117
10	Interest on line 9 using prior year's actual return of 0.20 %	0	36,378
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.15 %		0
	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		0
	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	18,225,495

Part III Funding Percentages

14	Funding target attainment percentage	14	84.92 %
15	Adjusted funding target attainment percentage	15	85.08 %
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	86.46 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ 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: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	1,500,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	24,531,358	2,501,853
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**	4,001,853

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4,001,853	4,001,853

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
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 [X] 2021

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
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Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP for the Plan was issued March 28, 2025. The final valuation results reflect audited assets that were not available until after March 28, 2025 and funding balance elections made after March 28, 2025. Since the AFTAP was at least 80% before and after these changes, the AFTAP was not reissued.

	March 28, 2025 Certification	Final Valuation Results
Funding Target	$162,748,730	$162,748,730
Value of Plan Assets	$156,746,463	$156,442,867
Applicable Funding Standard Carryover Balance	$0	$0
Appilcable Prefunding Balance	$18,265,511	$18,225,495
AFTAP	85.08%	84.92%

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

As of January 1, 2025, the rounded weighted average retirement age of 61 is calculated as:

(767 male participants x 61.44 + 236 female participants x 60.66) / 1,003 active participants

Male			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	8.00%	0.7787	3.64
59.5	15.00%	0.7164	6.39
60.5	15.00%	0.6089	5.53
61.5	15.00%	0.5176	4.77
62.5	20.00%	0.4400	5.50
63.5	20.00%	0.3520	4.47
64.5	35.00%	0.2816	6.36
65.5	35.00%	0.1830	4.20
66.5	35.00%	0.1190	2.77
67.5	35.00%	0.0773	1.83
68.5	35.00%	0.0503	1.21
69.5	35.00%	0.0327	0.79
70	100.00%	0.0212	1.49
	Weighted Average		61.44

Female			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(a) × (b) × (c)
55.5	11.00%	1.0000	6.11
56.5	11.00%	0.8900	5.53
57.5	11.00%	0.7921	5.01
58.5	11.00%	0.7050	4.54
59.5	15.00%	0.6274	5.60
60.5	15.00%	0.5333	4.84
61.5	15.00%	0.4533	4.18
62.5	30.00%	0.3853	7.22
63.5	30.00%	0.2697	5.14
64.5	35.00%	0.1888	4.26
65.5	35.00%	0.1227	2.81
66.5	35.00%	0.0798	1.86
67.5	35.00%	0.0519	1.22
68.5	35.00%	0.0337	0.81
69.5	35.00%	0.0219	0.53
70	100.00%	0.0142	1.00
	Weighted Average		60.66

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
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Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		5								
40-44		32 $1,184	23 $3,259							
45-49		47 $1,088	58 $4,036	19	1					
50-54		42 $1,215	51 $4,022	49 $5,845	13	2				
55-59	1	62 $1,168	64 $3,837	53 $6,189	44 $10,326	39 $11,021	2			
60-64		48 $1,459	55 $4,177	45 $6,696	42 $8,053	57 $11,834	30 $16,813	3		
65-69		20 $1,260	22 $3,760	12	8	16	18	3		
70+		7	5	1	1	1	1		1	

N-1,003

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
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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
2025	481,156	1,383,035	5,661,554	7,525,745
2026	1,195,151	1,553,780	5,555,928	8,304,860
2027	1,751,592	1,541,129	5,451,147	8,743,868
2028	2,195,085	1,904,213	5,351,232	9,450,530
2029	2,575,459	2,297,182	5,227,266	10,099,908
2030	2,875,808	2,537,739	5,099,725	10,513,272
2031	3,102,275	2,972,882	4,950,261	11,025,418
2032	3,290,743	3,288,826	4,775,502	11,355,071
2033	3,444,392	3,501,467	4,612,281	11,558,140
2034	3,560,353	3,851,985	4,439,959	11,852,297
2035	3,650,006	4,102,413	4,259,428	12,011,846
2036	3,719,943	4,259,222	4,066,400	12,045,564
2037	3,773,600	4,441,299	3,857,568	12,072,467
2038	3,796,340	4,537,039	3,646,006	11,979,385
2039	3,798,469	4,663,583	3,429,835	11,891,887
2040	3,791,559	4,713,277	3,214,050	11,718,886
2041	3,768,787	4,778,364	2,992,945	11,540,095
2042	3,735,228	4,762,487	2,775,874	11,273,588
2043	3,690,566	4,788,381	2,560,172	11,039,119
2044	3,633,925	4,773,424	2,342,428	10,749,777
2045	3,566,148	4,714,722	2,130,006	10,410,875
2046	3,479,597	4,664,771	1,926,550	10,070,918
2047	3,378,992	4,579,184	1,729,944	9,688,119
2048	3,261,709	4,480,008	1,541,405	9,283,122
2049	3,135,130	4,329,175	1,362,132	8,826,436
2050	2,989,142	4,162,340	1,193,261	8,344,743
2051	2,835,104	3,976,977	1,035,837	7,847,918
2052	2,671,231	3,786,573	890,743	7,348,546
2053	2,502,208	3,584,166	758,626	6,845,000
2054	2,329,690	3,375,269	639,857	6,344,817
2055	2,155,060	3,161,421	534,482	5,850,963
2056	1,980,685	2,943,906	442,227	5,366,818
2057	1,808,482	2,725,246	362,547	4,896,275
2058	1,640,386	2,507,385	294,656	4,442,427
2059	1,477,995	2,293,004	237,591	4,008,590

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	1,323,008	2,083,791	190,265	3,597,063
2061	1,176,539	1,881,694	151,526	3,209,758
2062	1,039,605	1,688,240	120,213	2,848,058
2063	912,850	1,504,913	95,196	2,512,959
2064	796,639	1,332,746	75,423	2,204,808
2065	691,055	1,172,501	59,941	1,923,497
2066	595,932	1,024,605	47,913	1,668,451
2067	510,898	889,194	38,628	1,438,720
2068	435,417	766,173	31,495	1,233,085
2069	368,854	655,257	26,029	1,050,140
2070	310,515	556,007	21,843	888,365
2071	259,679	467,878	18,630	746,187
2072	215,636	390,258	16,152	622,046
2073	177,710	322,467	14,225	514,402
2074	145,259	263,803	12,709	421,771

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 30,244,242	January 1, 2023	13	$ 3,066,459
Shortfall	$ (8,941,912)	January 1, 2024	14	$ (862,221)
Shortfall	$ 3,229,028	January 1, 2025	15	$ 297,615

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
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Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on the full yield curve with no lookback (as of December 2024) (to which the interest rate stabilization corridor does not apply), with sample rates as follows: Duration 0.5–4.60% Duration 5.5–4.80% Duration 10.5–5.20% Duration 15.5–5.45% Duration 20.5–5.56% Duration 25.5–5.57% Duration 30.5–5.58%
Optional Payment Form Election Percentage	60% of participants eligible to receive a lump sum elect a lump sum. 18% of participants eligible to receive a lump sum elect a single life annuity. 18% of participants eligible to receive a lump sum elect a 100% joint and survivor annuity. 4% of participants eligible to receive a lump sum elect a certain and life annuity. 45% of participants not eligible to receive a lump sum elect a single life annuity. 45% of participants not eligible to receive a lump sum elect a 100% joint and survivor annuity. 10% of participants not eligible to receive a lump sum elect a certain and life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums and actuarial equivalence for annuity payment forms
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums and actuarial equivalence for annuity payment forms
Retirement Age	
Active Participants	See Tables 1–3
Terminated Vested Participants	Years 2024–2026: Age 64 for Tier 4 participants and age 65 for all other terminated vested participants. Years 2027–2029: Age 65 for Tier 4 participants and age 66 for all other terminated vested participants. Years 2030 and later: Age 66 for all terminated vested participants.

Schedule SB Attachment (Form 5500)—2025 Plan Year
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Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii)
Withdrawal Rates	See Table 4
Disability Rates	See Table 5
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Beneficiary Survival Probability for Current Retirees with Joint & Survivor Annuity	Based on the amounts-weighted aggregate rates from the Pri-2012 mortality study, with male retiree mortality rates adjusted for Ricoh experience, projected generationally from 2012 using Scale MP-2021 for the duration between retirement date and valuation date. Applied to beneficiary records for which survival status could not be directly confirmed.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation of Plan Assets	Market value of assets
Trust Expenses Included in Target Normal Cost	The prior year's actual plan recurring administrative expenses (excluding PBGC premiums), plus the estimated PBGC premiums for the current year and allowance for any one-time expenses ($1,500,000 for 2025).
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates — For Years 2024–2026

Age	Male	Female
55	8.00%	11.00%
56	8.00%	11.00%
57	8.00%	11.00%
58	8.00%	11.00%
59	15.00%	15.00%
60	15.00%	15.00%
61	15.00%	15.00%
62	20.00%	30.00%
63	20.00%	30.00%
64	35.00%	35.00%
65	35.00%	35.00%
66	35.00%	35.00%
67	35.00%	35.00%
68	35.00%	35.00%
69	35.00%	35.00%
70+	100.00%	100.00%

Table 2

Retirement Rates – For Years 2027-2029

Age	Male	Female
55	8.00%	11.00%
56	8.00%	11.00%
57	8.00%	11.00%
58	8.00%	11.00%
59	8.00%	11.00%
60	15.00%	15.00%
61	15.00%	15.00%
62	15.00%	15.00%
63	20.00%	30.00%
64	20.00%	30.00%
65	35.00%	35.00%
66	35.00%	35.00%
67	35.00%	35.00%
68	35.00%	35.00%
69	35.00%	35.00%
70+	100.00%	100.00%

Table 3

Retirement Rates — For Years 2030+

Age	Male	Female
55	8.00%	11.00%
56	8.00%	11.00%
57	8.00%	11.00%
58	8.00%	11.00%
59	8.00%	11.00%
60	8.00%	11.00%
61	15.00%	15.00%
62	15.00%	15.00%
63	15.00%	15.00%
64	20.00%	30.00%
65	20.00%	30.00%
66	35.00%	35.00%
67	35.00%	35.00%
68	35.00%	35.00%
69	35.00%	35.00%
70+	100.00%	100.00%

Table 4

Withdrawal Rates

Age	Male	Female	Age	Male	Female
21	35.000%	37.500%	51	9.500%	9.500%
22	32.400%	35.400%	52	9.000%	9.000%
23	29.800%	33.300%	53	8.500%	8.500%
24	27.200%	31.200%	54	8.000%	8.000%
25	30.000%	27.000%	55+	0.000%	0.000%
26	30.000%	25.200%			
27	30.000%	23.400%			
28	30.000%	21.600%			
29	30.000%	19.800%			
30	15.000%	18.000%			
31	14.400%	17.200%			
32	13.800%	16.400%			
33	13.200%	15.600%			
34	12.600%	14.800%			
35	12.000%	14.000%			
36	11.800%	13.600%			
37	11.600%	13.200%			
38	11.400%	12.800%			
39	11.200%	12.400%			
40	11.000%	15.000%			
41	10.800%	14.400%			
42	10.600%	13.800%			
43	10.400%	13.200%			
44	10.200%	12.600%			
45	10.000%	12.000%			
46	10.000%	11.600%			
47	10.000%	11.200%			
48	10.000%	10.800%			
49	10.000%	10.400%			
50	10.000%	10.000%			

Table 5

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
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Schedule SB, Part V — Summary of Plan Provisions

Effective Date of Plan

Last restated on January 1, 2020. Most recently amended effective April 1, 2024.

Participation

Employees age 21 or older become eligible for participation upon completion of one year of service.

Effective December 31, 2007, the Ricoh Family Group Pension Equity Plan for Employees of the Atlanta-Based Payroll of Ricoh Americas Corporation ("Atlanta Plan") merged into the Ricoh Americas Corporation Family Group Pension Equity Plan ("New Jersey Plan", formerly the Ricoh Family Group Pension Equity Plan).

Effective October 1, 2009, the plan was closed to new entrants.

Legacy Atlanta Plan Participant Tier

Former Atlanta plan participants are classified into participant tiers as follows:

- Tier 1: Early or normal retirement eligible as of July 1, 1997;
- Tier 2: Within five years of early or normal retirement eligibility as of July 1, 1997;
- Tier 3: Former Harris/DPI participant who either transferred from 3M to Harris/DPI before June 30, 1986 or transferred from 3M Puerto Rico. Inc. after January 31, 1987 but before August 1, 1987; and
- Tier 4: Not a Tier 1, 2 or 3 participant who became a Legacy Atlanta Plan participant before July 1, 2003.
- Tier 5: A Legacy Atlanta Plan participant who became a participant on or after July 1, 2003.

Former New Jersey Plan participants and new plan participants are considered Tier 5 for Pension Equity formula purposes.

Grandfathered New Jersey Participant

A grandfathered New Jersey participant is a former New Jersey Plan participant who as of July 9, 2003:

- Was a New Jersey Plan participant and eligible employee;
- Had 10 or more years of vesting service; and
- Had age plus vesting service of 65 or more.

Eligibility for Benefits

Normal Retirement	Age 65.
Early Retirement	
Tiers 1–2	Age 55 with 10 or more years of vesting service.
Tier 3	Age 55.
Tiers 4–5	Age 55 with five or more years of vesting service.
Deferred Vested Retirement	Five years of service if terminated prior to January 1, 2008, otherwise three years of service.
Disability Benefit	Participation in the plan.
Spouse Benefit	Five years of service if terminated prior to January 1, 2008, otherwise three years of service.

Amount of Benefits

Normal Retirement	The plan was amended to freeze benefit accruals for all plan participants who had not achieved 70 “age plus service” points as of December 31, 2009. The plan was amended to freeze all benefit accruals as of December 31, 2010.
Grandfathered New Jersey Plan Participants	Annual pension equal to the sum of: (1) Pre-1988 service: 0.8% of 1988 pay up to 1988 average covered compensation plus 1.4% of 1988 pay over 1988 average covered compensation, all times pre-1988 credited service. (2) 1988–2003 service: 0.8% of career average pay up to average covered compensation plus 1.4% of career average pay over average covered compensation, all times 1988–2003 credited service. (3) Beginning July 9, 2003, a PEP benefit under Tier 5 provisions.

Tier 5

A PEP benefit equal to accumulated Tier 5 scale PEP credits multiplied by final average pay; converted to an age 65 annuity.

Tier 5 scale PEP credits:

Age	Credits
0–34	2%
35–44	3%
45–54	5%
55+	8%

Tier 4

A PEP benefit equal to accumulated Tier 5 scale PEP credits multiplied by final average pay plus half of the PEP credits multiplied by the excess of final average pay over average covered compensation; converted to an age 65 annuity. Portion of benefit earned before July 2003 is payable as a lump sum.

Tier 4 scale PEP credits vary by location:

Age	US Credits	Puerto Rico Credits
0–34	2%	2.5%
35–39	4%	5%
40–49	6%	7%
50–54	10%	11%
55–59	11%	13%
60+	12%	14%

Transition percentages were determined as of July 1, 1997 as the greater of the percentages above applied to past service (using an additional 1% per year for those aged 40 and over with five or more years of service) or a percent based on the lump sum value of prior plan accrued benefits.

Employees of Lanier Puerto Rico also receive 1% for each year of service up to 20, 2% for each year of service over 20 up to 25 and 3% for each year of service over 25. Benefits for this group were frozen and participants transferred to an ineligible class effective January 31, 2003.

Tiers 1–3

Greater of Tier 4 benefit or grandfathered formula.

Early Retirement	Normal retirement benefit accrued to date of early retirement reduced 6⅔% for each of the five years before age 65 and 4⅓% for each of the five years thereafter. Grandfathered benefits may have more generous provisions.
Deferred Vested Retirement	An annual pension deferred to age 65 and calculated as the normal retirement benefit or an actuarial equivalent early retirement benefit.
Disability Benefit	A benefit calculated as a normal retirement benefit, including credited service for any period while eligible for long term disability.
Spouse Benefit	
Atlanta Plan Participants	Actuarial equivalent of the participant's accrued benefit
New Jersey Plan Participants	The sum of: (1) The actuarial equivalent of the participant's accrued benefit since their Pension Equity Plan effective date (July 2003). (2) In respect of benefit accrued prior to the participant's Pension Equity Plan effective date: ● For active participants who are eligible for early retirement at the date of death, an immediate life annuity equal to 100% of the normal retirement benefit, reduced for early receipt and the 100% joint and survivor form. ● For active participants who are not eligible for early retirement at the date of death and for inactive participants not yet in payment status, a benefit equal to 50% of the accrued benefit reduced for early receipt and the 50% joint and survivor form. The benefit is deferred until the attainment of the earliest retirement age.
Normal Form of Benefits	For unmarried participants, life annuity. For married participants, an actuarially reduced 50% joint and survivor annuity.

Optional Forms of Benefits

Tiers 1–4 Only	Actuarially equivalent lump sum (for Tier 4, only the pre-2003 component may be taken as a lump sum), including the value of any early retirement subsidy.
All Tiers	50%, 75%, or 100% joint and survivor annuity, 10 or 20 year certain and life annuity. Spouse benefit has optional lump sum.

Definitions

Actuarial Equivalence	Legacy New Jersey participants: 1983 group annuity mortality table with mortality rates weighted 50% male and 50% female and 8.00% interest rate. All other participants: Male rates of the 1983 group annuity mortality table setback one year for participants and five years for beneficiaries and 7.00% interest rate.
Actuarial Increase Factor	A ratio of an annuity based on the participant's age on determination date over an annuity based on the participant's age on July 9, 2003.
Average Covered Compensation	For calendar years after 1988, the average of taxable wage bases for the 35 years ending with the attainment of Social Security retirement age. A participants' average covered compensation shall be automatically adjusted for each plan year. Special 1988 table based on 35 years ending with the year prior to attainment of Social Security retirement age.
Career Average Pay	Average of base pays over all years of participation on or after October 1, 1988.
Final Average Pay	For calendar years after 2000, the five year average of total compensation.
Pre-1988 Credited Service	Service while a participant before October 1, 1988. An employee who was active as of September 30, 1988 will receive past credited service back to date of hire.
1988–2003 Credited Service	Service while a participant from October 1, 1988 to July 9, 2003.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump sum payments from the 2024 plan year IRC section 417(e)(3) mortality table to the 2025 plan year IRC section 417(e)(3) mortality table.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2025 Plan Year
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Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP for the Plan was issued March 28, 2025. The final valuation results reflect audited assets that were not available until after March 28, 2025 and funding balance elections made after March 28, 2025. Since the AFTAP was at least 80% before and after these changes, the AFTAP was not reissued.

	March 28, 2025 Certification	Final Valuation Results
Funding Target	$162,748,730	$162,748,730
Value of Plan Assets	$156,746,463	$156,442,867
Applicable Funding Standard Carryover Balance	$0	$0
Appilcable Prefunding Balance	$18,265,511	$18,225,495
AFTAP	85.08%	84.92%

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Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

As of January 1, 2025, the rounded weighted average retirement age of 61 is calculated as:

(767 male participants x 61.44 + 236 female participants x 60.66) / 1,003 active participants

Male			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	8.00%	0.7787	3.64
59.5	15.00%	0.7164	6.39
60.5	15.00%	0.6089	5.53
61.5	15.00%	0.5176	4.77
62.5	20.00%	0.4400	5.50
63.5	20.00%	0.3520	4.47
64.5	35.00%	0.2816	6.36
65.5	35.00%	0.1830	4.20
66.5	35.00%	0.1190	2.77
67.5	35.00%	0.0773	1.83
68.5	35.00%	0.0503	1.21
69.5	35.00%	0.0327	0.79
70	100.00%	0.0212	1.49
	Weighted Average		61.44

Female			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(a) × (b) × (c)
55.5	11.00%	1.0000	6.11
56.5	11.00%	0.8900	5.53
57.5	11.00%	0.7921	5.01
58.5	11.00%	0.7050	4.54
59.5	15.00%	0.6274	5.60
60.5	15.00%	0.5333	4.84
61.5	15.00%	0.4533	4.18
62.5	30.00%	0.3853	7.22
63.5	30.00%	0.2697	5.14
64.5	35.00%	0.1888	4.26
65.5	35.00%	0.1227	2.81
66.5	35.00%	0.0798	1.86
67.5	35.00%	0.0519	1.22
68.5	35.00%	0.0337	0.81
69.5	35.00%	0.0219	0.53
70	100.00%	0.0142	1.00
	Weighted Average		60.66

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
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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
2025	481,156	1,383,035	5,661,554	7,525,745
2026	1,195,151	1,553,780	5,555,928	8,304,860
2027	1,751,592	1,541,129	5,451,147	8,743,868
2028	2,195,085	1,904,213	5,351,232	9,450,530
2029	2,575,459	2,297,182	5,227,266	10,099,908
2030	2,875,808	2,537,739	5,099,725	10,513,272
2031	3,102,275	2,972,882	4,950,261	11,025,418
2032	3,290,743	3,288,826	4,775,502	11,355,071
2033	3,444,392	3,501,467	4,612,281	11,558,140
2034	3,560,353	3,851,985	4,439,959	11,852,297
2035	3,650,006	4,102,413	4,259,428	12,011,846
2036	3,719,943	4,259,222	4,066,400	12,045,564
2037	3,773,600	4,441,299	3,857,568	12,072,467
2038	3,796,340	4,537,039	3,646,006	11,979,385
2039	3,798,469	4,663,583	3,429,835	11,891,887
2040	3,791,559	4,713,277	3,214,050	11,718,886
2041	3,768,787	4,778,364	2,992,945	11,540,095
2042	3,735,228	4,762,487	2,775,874	11,273,588
2043	3,690,566	4,788,381	2,560,172	11,039,119
2044	3,633,925	4,773,424	2,342,428	10,749,777
2045	3,566,148	4,714,722	2,130,006	10,410,875
2046	3,479,597	4,664,771	1,926,550	10,070,918
2047	3,378,992	4,579,184	1,729,944	9,688,119
2048	3,261,709	4,480,008	1,541,405	9,283,122
2049	3,135,130	4,329,175	1,362,132	8,826,436
2050	2,989,142	4,162,340	1,193,261	8,344,743
2051	2,835,104	3,976,977	1,035,837	7,847,918
2052	2,671,231	3,786,573	890,743	7,348,546
2053	2,502,208	3,584,166	758,626	6,845,000
2054	2,329,690	3,375,269	639,857	6,344,817
2055	2,155,060	3,161,421	534,482	5,850,963
2056	1,980,685	2,943,906	442,227	5,366,818
2057	1,808,482	2,725,246	362,547	4,896,275
2058	1,640,386	2,507,385	294,656	4,442,427
2059	1,477,995	2,293,004	237,591	4,008,590

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	1,323,008	2,083,791	190,265	3,597,063
2061	1,176,539	1,881,694	151,526	3,209,758
2062	1,039,605	1,688,240	120,213	2,848,058
2063	912,850	1,504,913	95,196	2,512,959
2064	796,639	1,332,746	75,423	2,204,808
2065	691,055	1,172,501	59,941	1,923,497
2066	595,932	1,024,605	47,913	1,668,451
2067	510,898	889,194	38,628	1,438,720
2068	435,417	766,173	31,495	1,233,085
2069	368,854	655,257	26,029	1,050,140
2070	310,515	556,007	21,843	888,365
2071	259,679	467,878	18,630	746,187
2072	215,636	390,258	16,152	622,046
2073	177,710	322,467	14,225	514,402
2074	145,259	263,803	12,709	421,771

Schedule SB Attachment (Form 5500)—2025 Plan Year
Ricoh Family Group Pension Equity Plan
EIN: 23-0334400 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Effective Date of Plan

Last restated on January 1, 2020. Most recently amended effective April 1, 2024.

Participation

Employees age 21 or older become eligible for participation upon completion of one year of service.

Effective December 31, 2007, the Ricoh Family Group Pension Equity Plan for Employees of the Atlanta-Based Payroll of Ricoh Americas Corporation ("Atlanta Plan") merged into the Ricoh Americas Corporation Family Group Pension Equity Plan ("New Jersey Plan", formerly the Ricoh Family Group Pension Equity Plan).

Effective October 1, 2009, the plan was closed to new entrants.

Legacy Atlanta Plan Participant Tier

Former Atlanta plan participants are classified into participant tiers as follows:

- Tier 1: Early or normal retirement eligible as of July 1, 1997;
- Tier 2: Within five years of early or normal retirement eligibility as of July 1, 1997;
- Tier 3: Former Harris/DPI participant who either transferred from 3M to Harris/DPI before June 30, 1986 or transferred from 3M Puerto Rico. Inc. after January 31, 1987 but before August 1, 1987; and
- Tier 4: Not a Tier 1, 2 or 3 participant who became a Legacy Atlanta Plan participant before July 1, 2003.
- Tier 5: A Legacy Atlanta Plan participant who became a participant on or after July 1, 2003.

Former New Jersey Plan participants and new plan participants are considered Tier 5 for Pension Equity formula purposes.

Grandfathered New Jersey Participant

A grandfathered New Jersey participant is a former New Jersey Plan participant who as of July 9, 2003:

- Was a New Jersey Plan participant and eligible employee;
- Had 10 or more years of vesting service; and
- Had age plus vesting service of 65 or more.

Eligibility for Benefits

Normal Retirement	Age 65.
Early Retirement	
Tiers 1–2	Age 55 with 10 or more years of vesting service.
Tier 3	Age 55.
Tiers 4–5	Age 55 with five or more years of vesting service.
Deferred Vested Retirement	Five years of service if terminated prior to January 1, 2008, otherwise three years of service.
Disability Benefit	Participation in the plan.
Spouse Benefit	Five years of service if terminated prior to January 1, 2008, otherwise three years of service.

Amount of Benefits

Normal Retirement	The plan was amended to freeze benefit accruals for all plan participants who had not achieved 70 “age plus service” points as of December 31, 2009. The plan was amended to freeze all benefit accruals as of December 31, 2010.
Grandfathered New Jersey Plan Participants	Annual pension equal to the sum of: (1) Pre-1988 service: 0.8% of 1988 pay up to 1988 average covered compensation plus 1.4% of 1988 pay over 1988 average covered compensation, all times pre-1988 credited service. (2) 1988–2003 service: 0.8% of career average pay up to average covered compensation plus 1.4% of career average pay over average covered compensation, all times 1988–2003 credited service. (3) Beginning July 9, 2003, a PEP benefit under Tier 5 provisions.

Tier 5

A PEP benefit equal to accumulated Tier 5 scale PEP credits multiplied by final average pay; converted to an age 65 annuity.

Tier 5 scale PEP credits:

Age	Credits
0–34	2%
35–44	3%
45–54	5%
55+	8%

Tier 4

A PEP benefit equal to accumulated Tier 5 scale PEP credits multiplied by final average pay plus half of the PEP credits multiplied by the excess of final average pay over average covered compensation; converted to an age 65 annuity. Portion of benefit earned before July 2003 is payable as a lump sum.

Tier 4 scale PEP credits vary by location:

Age	US Credits	Puerto Rico Credits
0–34	2%	2.5%
35–39	4%	5%
40–49	6%	7%
50–54	10%	11%
55–59	11%	13%
60+	12%	14%

Transition percentages were determined as of July 1, 1997 as the greater of the percentages above applied to past service (using an additional 1% per year for those aged 40 and over with five or more years of service) or a percent based on the lump sum value of prior plan accrued benefits.

Employees of Lanier Puerto Rico also receive 1% for each year of service up to 20, 2% for each year of service over 20 up to 25 and 3% for each year of service over 25. Benefits for this group were frozen and participants transferred to an ineligible class effective January 31, 2003.

Tiers 1–3

Greater of Tier 4 benefit or grandfathered formula.

Early Retirement	Normal retirement benefit accrued to date of early retirement reduced 6⅔% for each of the five years before age 65 and 4⅓% for each of the five years thereafter. Grandfathered benefits may have more generous provisions.
Deferred Vested Retirement	An annual pension deferred to age 65 and calculated as the normal retirement benefit or an actuarial equivalent early retirement benefit.
Disability Benefit	A benefit calculated as a normal retirement benefit, including credited service for any period while eligible for long term disability.
Spouse Benefit	
Atlanta Plan Participants	Actuarial equivalent of the participant's accrued benefit
New Jersey Plan Participants	The sum of: (1) The actuarial equivalent of the participant's accrued benefit since their Pension Equity Plan effective date (July 2003). (2) In respect of benefit accrued prior to the participant's Pension Equity Plan effective date: ● For active participants who are eligible for early retirement at the date of death, an immediate life annuity equal to 100% of the normal retirement benefit, reduced for early receipt and the 100% joint and survivor form. ● For active participants who are not eligible for early retirement at the date of death and for inactive participants not yet in payment status, a benefit equal to 50% of the accrued benefit reduced for early receipt and the 50% joint and survivor form. The benefit is deferred until the attainment of the earliest retirement age.
Normal Form of Benefits	For unmarried participants, life annuity. For married participants, an actuarially reduced 50% joint and survivor annuity.

Optional Forms of Benefits

Tiers 1–4 Only	Actuarially equivalent lump sum (for Tier 4, only the pre-2003 component may be taken as a lump sum), including the value of any early retirement subsidy.
All Tiers	50%, 75%, or 100% joint and survivor annuity, 10 or 20 year certain and life annuity. Spouse benefit has optional lump sum.

Definitions

Actuarial Equivalence	Legacy New Jersey participants: 1983 group annuity mortality table with mortality rates weighted 50% male and 50% female and 8.00% interest rate. All other participants: Male rates of the 1983 group annuity mortality table setback one year for participants and five years for beneficiaries and 7.00% interest rate.
Actuarial Increase Factor	A ratio of an annuity based on the participant's age on determination date over an annuity based on the participant's age on July 9, 2003.
Average Covered Compensation	For calendar years after 1988, the average of taxable wage bases for the 35 years ending with the attainment of Social Security retirement age. A participants' average covered compensation shall be automatically adjusted for each plan year. Special 1988 table based on 35 years ending with the year prior to attainment of Social Security retirement age.
Career Average Pay	Average of base pays over all years of participation on or after October 1, 1988.
Final Average Pay	For calendar years after 2000, the five year average of total compensation.
Pre-1988 Credited Service	Service while a participant before October 1, 1988. An employee who was active as of September 30, 1988 will receive past credited service back to date of hire.
1988–2003 Credited Service	Service while a participant from October 1, 1988 to July 9, 2003.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump sum payments from the 2024 plan year IRC section 417(e)(3) mortality table to the 2025 plan year IRC section 417(e)(3) mortality table.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 30,244,242	January 1, 2023	13	$ 3,066,459
Shortfall	$ (8,941,912)	January 1, 2024	14	$ (862,221)
Shortfall	$ 3,229,028	January 1, 2025	15	$ 297,615