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
LEDVANCE LLC PENSION PLAN

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 04/01/2016

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)
LEDVANCE LLC

181 BALLARDVALE STREET
SUITE 203
WILMINGTON, MA 01887

2b Employer Identification Number (EIN)
81-0887998

2c Plan Sponsor's telephone number
978-753-5095

2d Business code (see instructions)
551112

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.	10/14/2026	ANDREW MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	DANIEL SWEET
	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 ☐ Same as Plan Sponsor

BENEFITS ADMINISTRATIVE AND INVESTMENT COMMITTEE

ATTN HR SERVICE CENTER
181 BALLARDVALE STREET, SUITE 203
WILMINGTON, MA 01887

3b Administrator's EIN: 81-0887998

3c Administrator's telephone number: 978-753-5095

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1196
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)**	121
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	111
b	Retired or separated participants receiving benefits	**6b**	469
c	Other retired or separated participants entitled to future benefits	**6c**	326
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	906
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	14
f	Total. Add lines **6d** and **6e**.	**6f**	920
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 3F 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)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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
LEDVANCE LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LEDVANCE LLC

D Employer Identification Number (EIN)
81-0887998

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**	138959458
b Actuarial value	**2b**	141962240

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	733	138985279	138985279
b For terminated vested participants	358	29888010	29888010
c For active participants	121	18805734	19880593
d Total	1212	187679023	188753882

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	247912
b Expected plan-related expenses	**6b**	1354000
c Target normal cost	**6c**	1601912

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

09/28/2026
Date

CLAIRE HAYES
Type or print name of actuary

26-09073
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

617-638-3700
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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	2770477
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	700000
9	Amount remaining (line 7 minus line 8)	0	2070477
10	Interest on line 9 using prior year's actual return of 0.44 %	0	9110
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4962
	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 5.20 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		22
	c Total available at beginning of current plan year to add to prefunding balance		4984
	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	2079587

Part III Funding Percentages

14	Funding target attainment percentage	14	74.10 %
15	Adjusted funding target attainment percentage	15	74.10 %
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	83.12 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	1142000	0			
07/11/2025	1142000	0			
10/15/2025	1142000	0			
09/11/2026	1200000	0			
			Totals ► 18(b)	4626000	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	4431516

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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	59

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1601912
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	48871229	4906609
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**	6508521

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2079587	2079587

36 Additional cash requirement (line 34 minus line 35)	**36**	4428934
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4431516
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2582
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	2582
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	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
LEDVANCE LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
LEDVANCE LLC

D Employer Identification Number (EIN)
81-0887998

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).. . . . . [X] 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

AON TRUST COMPANY LLC

37-6543784

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

GLOBAL TRUST COMPANY

88-6547562

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

STATE STREET GLOBAL ADVISORS

81-4017137

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

(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?
16 50	NONE	184030	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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 50	NONE	148300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON INVESTMENT USA, INC.

98-1090818

(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	142286	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)

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 59 62	TRUSTEE	102365	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

RSM US LLP

42-0714325

(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	29190	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AGILIS PARTNERS LLC

04-3513306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	12500	Yes [ ] No [X]	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
LEDVANCE LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LEDVANCE LLC

D Employer Identification Number (EIN)
81-0887998

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:	AON LIQUID ALTERNATIVE FUND		
b Name of sponsor of entity listed in (a):	AON INVESTMENTS USA, INC.		
c EIN-PN 98-1090818-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5611399
a Name of MTIA, CCT, PSA, or 103-12 IE:	EB TEMPORARY INVESTMENT FUND		
b Name of sponsor of entity listed in (a):	THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-023	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2341842
a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA RUSSEL SMALL/MID CAP FUND		
b Name of sponsor of entity listed in (a):	STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-453	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4429394
a Name of MTIA, CCT, PSA, or 103-12 IE:	LONG CREDIT BOND FUND		
b Name of sponsor of entity listed in (a):	AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-040	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23986528
a Name of MTIA, CCT, PSA, or 103-12 IE:	NON US EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a):	AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-044	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14059391
a Name of MTIA, CCT, PSA, or 103-12 IE:	LARGE CAP EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a):	AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-046	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24760144
a Name of MTIA, CCT, PSA, or 103-12 IE:	MID LONG CREDIT BOND FUND		
b Name of sponsor of entity listed in (a):	AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-039	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	308384

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET REIT INDEX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-327	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5716326

a Name of MTIA, CCT, PSA, or 103-12 IE: US LONG GOVERNMENT BOND FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-042	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1108627

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE US GOVT BOND FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-043	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10345335

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-ASSET CREDIT FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-041	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4646911

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 88-6547562-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4708844

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HIGH YIELD PLUS CL I

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 340772

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 88-6547562-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13147686

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

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

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
LEDVANCE LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
LEDVANCE LLC

D Employer Identification Number (EIN)
81-0887998

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)	1000000	1200000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11905	7320
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)	131940941	109900184
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	6140379	5611399
(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	139093225	116718903
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	122364	122364
1k Total liabilities (add all amounts in lines 1g through1j)	1k	122364	122364
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	138970861	116596539

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)	4626000	
(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)		4626000
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)	2498	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2498
(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)		14996997
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		371021
(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		19996516
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9867716	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	30891732	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		40759448
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)	200530	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	29190	
(5) Investment advisory and investment management fees	2i(5)	146697	
(6) Bank or trust company trustee/custodial fees	2i(6)	102365	
(7) Actuarial fees	2i(7)	148300	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	984308	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1611390
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		42370838
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-22374322
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: RSM US LLP **(2)** EIN: 42-0714325

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		500000
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**		X	
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 575942.

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
LEDVANCE LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
LEDVANCE LLC

D Employer Identification Number (EIN)
81-0887998

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): 13-5160382

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 0

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: 38.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 52.0 %

High-Yield Debt: 0.0 % Real Assets: 5.0 % Cash or Cash Equivalents: 0.0 % Other: 5.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

LEDVANCE LLC Pension Plan

Financial Report
December 31, 2025

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RSM



Independent Auditor's Report

RSM US LLP

Benefits Administrative and Investment Committee
LEDVANCE LLC Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the financial statements of LEDVANCE LLC Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained 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 8 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 (U.S. GAAP).

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

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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.

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Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

Emphasis of Matter
During February 2025, the Plan entered into a nonparticipating single premium group annuity contract with an insurer to settle benefit obligations associated with certain benefits arising under the Plan. The amount of premium paid to the insurer was $30,891,732. Our opinion is not modified with respect to this matter.

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter—Supplemental Schedules Required by ERISA
The supplemental schedules of Schedule H, line 4(i)—schedule of assets (held at end of year) as of December 31, 2025, and Schedule H, line 4(j)—schedule of reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

RSM US LLP

Boston, Massachusetts
October 13, 2026

LEDVANCE LLC Pension Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value	**$ 115,511,583**	$ 138,081,320
Receivables:		
Contribution receivable	**1,200,000**	1,000,000
Interest receivable	**7,320**	11,905
Total receivables	**1,207,320**	1,011,905
Total assets	**116,718,903**	139,093,225
Liabilities		
Accrued administrative expenses	**122,364**	122,364
Total liabilities	**122,364**	122,364
Net assets available for benefits	**$ 116,596,539**	$ 138,970,861

See notes to financial statements.

LEDVANCE LLC Pension Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	**$ 15,247,852**	$ 778,826
Interest and dividends	**122,664**	153,907
Total investment income	**15,370,516**	932,733
Employer contributions	**4,626,000**	4,000,000
Total additions	**19,996,516**	4,932,733
Deductions from net assets attributed to:		
Benefits paid to participants	**9,867,716**	11,474,128
Purchase of annuity contract	**30,891,732**	-
Administrative expenses	**1,611,390**	1,477,413
Total deductions	**42,370,838**	12,951,541
Net decrease	**(22,374,322)**	(8,018,808)
Net assets available for benefits:		
Beginning of year	**138,970,861**	146,989,669
End of year	**$ 116,596,539**	$ 138,970,861

See notes to financial statements.

Note 1. Description of Plan

The following description of the LEDVANCE LLC Pension Plan (the Plan) provides general information about the Plan's provisions. Participants should refer to the Plan document for a more complete description of the Plan's provisions, copies of which may be obtained from the Plan Sponsor.

General: The Plan was established for employees of LEDVANCE LLC (the Company or the Plan Sponsor). The Plan is a defined benefit plan established through a spinoff of the Lamps Business Unit of OSRAM SYLVANIA, Inc. (OSI) as of April 1, 2016. At the time of establishment of the Plan, its provisions including participant eligibility, employer contributions and vesting were substantially similar to the provisions of the OSRAM SYLVANIA, Inc. Pension Plan (OSI Plan). Each Lamp Business employee on May 31, 2016, who was an active participant in the OSI Plan became a participant in the Plan on April 1, 2016. The Plan was most recently amended on February 12, 2025 as described in Note 5.

The accrued benefits for salaried participants of the OSI Plan were frozen as of September 30, 2007, and again at December 31, 2010, for salaried participants' accrued benefits not frozen through the first freeze. These accrued benefits remained frozen subsequent to the spinoff, and any service and/or compensation increases after September 30, 2007, or December 31, 2010, will not increase the respective participant's benefits. Hourly and union participants will continue to accrue benefits while active. The accrued benefits of each participant are nonforfeitable to the extent then funded. The trust will continue to exist as long as necessary to pay benefits already accrued. The Plan is closed to new entrants.

The Benefits Administrative and Investment Committee is responsible for the general administration of the Plan and for the selection and oversight of investments held by the Plan. Bank of New York Mellon, N.A. (the Trustee) is the Trustee of the Plan. Willis Towers Watson is the actuary for the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Normal retirement and accrued benefit: Any participant in the Plan who attains normal retirement age of 65 shall have the right to separate from the service of the Company with a fully vested and nonforfeitable pension commencing as of the first day of the next month following his retirement.

Participants vest in their accrued pension benefit upon attaining five years of employment in which they work a minimum of 1,000 hours each. Participants are also eligible to accrue a fraction of vesting service in years they were credited less than 1,000 hours of service. Once vested, the participant may receive their accrued benefit as an annuity at the time of retirement. Certain salaried employees, who were hired before January 29, 1993, can elect to receive a portion of their pension benefit as a lump sum.

Early retirement and accrued benefit: The Plan generally permits early retirement at a reduced benefit provided the participant has reached age 55 and has completed at least 15 years of accredited service. In most cases, early retirement benefits are reduced by ¼ of 1% for each month by which the participant's pension commencement date precedes either their 60th or 58th birthday, depending on their years of accredited service. There is no reduction in benefits for early retirement for participants that have completed at least 30 years of accredited service when payments commence.

Death and disability benefits: If an active participant dies with more than five years of service, a death benefit equal to a 50% survivor annuity with respect to the participant's accrued pension benefit is paid to the participant's surviving spouse.

Any participant who sustains a total and permanent disability and whose accredited service is 15 years, or more is entitled to a disability pension.

Active participants who become totally disabled receive annual disability benefits that are equal to the normal retirement benefit they have accumulated as of the time they became disabled.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements have been prepared in accordance with accounting standards set by the Financial Accounting Standards Board (FASB). The FASB sets accounting principles generally accepted in the United States of America (GAAP) to ensure net assets available for benefits and changes in net assets available for benefits are consistently reported. References to GAAP issued by the FASB in these footnotes are to the FASB Accounting Standards Codification.

The financial statements have been prepared on the accrual basis of accounting.

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 and liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Accordingly, actual results could differ from those estimates.

Investment valuation and income recognition: Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for further discussion and disclosures related to fair value measurements.

The Benefits Administrative and Investment Committee is responsible for determining the Plan's valuation policies and analyzing information provided by the Trustee and issuers that is used to determine the fair value of the Plan's investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded when earned. Dividends are recorded on the ex-dividend date. In the statements of changes in net assets available for benefits, the Plan presents the net appreciation in the fair value of investments, which consists of the realized gains or losses and the net appreciation or depreciation on those investments.

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: The Plan incurs administrative expenses directly related to the Plan, which include but are not limited to Pension Benefit Guaranty Corporation (PBGC) fees, charges and disbursements of the Trustee, and compensation and other expenses and charges of any actuary, legal counsel or accountant. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Expenses totaling $1,611,390 and $1,477,413 were incurred by the Plan during the years ended December 31, 2025 and 2024, respectively. All other administrative expenses are paid by the Company on behalf of the Plan. Expenses that are paid directly by the Company are excluded from these financial statements.

Income taxes: GAAP requires management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan has maintained its tax-exempt status and has taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 3. Funding Policy

The Company contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and to satisfy the ERISA minimum funding requirements. Employer contributions were required to be made totaling $4,626,000 and $4,000,000 for the years ended December 31, 2025 and 2024, respectively. As discussed in Note 6, the Company has the right under the Plan to discontinue such contributions at any time and terminate the Plan subject to the provisions of ERISA.

Note 4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits are calculated based on the greater of the employees' highest compensation over five consecutive years out of the last 10 years of accredited service, or, the participant's average annual compensation multiplied by accredited service as a percentage on the basis of allowing a factor between 1.15% and 1.35%, depending on class of employee, for each year of accredited service. The accumulated Plan benefits for active employees are based on their highest compensation over five consecutive years out of the last 10 years ending on the date that their accrued benefits were frozen. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

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

The significant actuarial assumptions used in the January 1, 2025, valuation was:

Mortality basis	Pri-2012 Employees/Healthy Annuitants table without collar or amount adjustments, projected generationally from 2012 using Scale MP-2021
Assumed rate of return on investments	5.75%
Salary scale	3.00%
Retirement age	First of month coinciding with or next following the attainment of age 65

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

Note 4. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated Plan benefits information as of January 1, 2025, is as follows:

Vested benefits:		
Participants and beneficiaries currently receiving benefits	$	134,450,939
Other participants		46,700,874
Total vested benefits		181,151,813
Nonvested benefits		1,029,780
Total actuarial present value of accumulated Plan benefits	$	182,181,593

The following is a summary of changes in the actuarial present value of the accumulated plan benefits as of January 1, 2025:

Actuarial present value of accumulated Plan benefits at January 1, 2024	$	181,326,602
Change in actuarial assumptions*		3,294
Increase for interest due to decrease in discount period		10,114,771
Benefits accumulated		244,345
Benefits paid		(11,484,264)
Actuarial gains		1,976,845
Net increase		854,991
Actuarial present value of accumulated Plan benefits at January 1, 2025	$	182,181,593

* The change in actuarial assumptions component represents the assumed rate of return on investments.

The actuarial present value of accumulated plan benefits presented in these financial statements is measured as of January 1, 2025, and therefore does not reflect the purchase of the annuity contract discussed in Note 5. Based on an actuarial estimate as of February 2025, the purchase of the annuity contract reduced accumulated plan benefits by approximately $30,600,000. The Plan continues to provide benefits to participants not covered by the annuity contract.

Note 5. Purchase of Annuity Contract

During February 2025, the Plan entered into a nonparticipating single premium group annuity contract with an insurer to settle benefit obligations associated with certain benefits arising under the Plan. The amount of premium paid to the insurer was $30,891,732, which is included in the statement of changes in net assets available for benefits. The insurer commenced benefit payments for the impacted participants effective May 1, 2025.

Note 6. Plan Termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations and the Plan document, generally to provide the following benefits in order indicated:

(a) There shall be allocated the amount necessary to provide the accrued benefit attributable to each participant’s employee contributions, if any.

Note 6. Plan Termination (Continued)

(b) Equally among individuals in the following categories:

1. In the case of each benefit of a retired participant, spouse or beneficiary, which was in a pay status as of the beginning of the three-year period ending on the date of termination of the Plan, to each such benefit, based upon the provisions of the Plan under which such benefit would be the least.

2. In the case of a benefit of a participant, terminated participant, retired participant, spouse or beneficiary (other than a benefit described in (a) above), which would have been in pay status as of the beginning of such three-year period and if benefits had commenced as of the beginning of such period, to each such benefit based on the provisions of the Plan under such benefit would be the least.

(c) In the case of all the benefits guaranteed under Title IV of ERISA which are not otherwise provided for under (1) or (2) above, to each such benefit based upon the provisions of the Plan, but subject to such limitations on amounts of such benefits as then shall be applicable under ERISA.

(d) In the case of all other benefits, which were nonforfeitable immediately prior to the date of termination or partial termination, which are not otherwise provided for under (1), (2) or (3) above, to each such benefit based upon the provisions of the Plan.

(e) In the case of all other benefits under the Plan, which are not otherwise provided for under (1), (2), (3) or (4) above to each such benefit based upon the provisions of the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of Company and the level of benefits guaranteed by the PBGC.

Note 7. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated March 21, 2018, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and management of the Company believe the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believe the Plan is qualified and the related trust is tax-exempt.

Note 8. Information Prepared and Certified by Plan's Trustee

The following is a summary of the Plan's asset and liability information as of December 31, 2025 and 2024, included throughout the Plan's financial statements and supplemental schedules, which was prepared by or derived from information provided by the Trustee and furnished to the Plan Administrator. The Plan Sponsor has obtained a certification from the Trustee that information provided to the Plan Administrator by the Trustee related to the following assets are complete and accurate.

Note 8. Information Prepared and Certified by Plan's Trustee (Continued)

Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information related to the following assets:

	2025	2024
Investments, at fair value:		
Common/collective trusts	$ 109,900,184	$ 131,940,941
103-12 investment entity fund	5,611,399	6,140,379
	$ 115,511,583	$ 138,081,320

The Trustee also certified to the completeness and accuracy of $15,247,852 and $778,826 of appreciation in fair value of investments and $122,664 and $153,907 of interest and dividends related to the aforementioned investments for the years ended December 31, 2025 and 2024, respectively.

Note 9. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1: Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2: Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3: Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

Following is a description of the valuation techniques and inputs used for each general type of assets and liabilities measured at fair value by the Plan.

Note 9. Fair Value Measurements (Continued)

Common/collective trusts: Valued as determined by the Trustee based on their net asset value (NAV) and supported by the value of the underlying securities and by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date.

103-12 Investment entity fund: Consists primarily of units of the Aon Diversifying Alternatives Portfolio Fund offered through private placement. The units are valued monthly using a NAV. The Fund's NAV is based on the fair value (reported NAVs) of each fund's underlying fund investments and includes cash equivalents, and any accrued payables or receivables. Both the Fund and its underlying investments are priced using robust fair value pricing sources and techniques. Upon 60 days' prior written notice to the administrator, shares may be redeemed at their share NAV as of the last business day of each calendar quarter; however, shareholder may redeem up to 10% of its shares as of the last business day of each calendar month at their then-share NAV upon 15 business days' prior written notice to the administrator.

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

The following table set forth by fair value hierarchy level the Plan's assets and liabilities carried at fair value as of December 31, 2025 and 2024:

	Investments at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Assets:				
Common/collective trusts*	$ -	$ -	$ -	$ 109,900,184
103-12 investment entity fund*	-	-	-	5,611,399
				$ 115,511,583

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Assets:				
Common/collective trusts*	$ -	$ -	$ -	$ 131,940,941
103-12 investment entity fund*	-	-	-	6,140,379
				$ 138,081,320

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

Note 9. Fair Value Measurements (Continued)

The following table summarizes investments in common/collective trust funds and the 103-12 investment entity fund measured at fair value based on NAV as of December 31, 2025 and 2024:

Name	Fair Value 2025	Fair Value 2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
AON Large Cap Equity Index	$ 24,760,144	$ 29,236,152	N/A	Daily	N/A
Long CR BD	23,986,528	29,170,391	N/A	Daily	N/A
AON Non-US Equity Index	14,059,391	18,336,793	N/A	Daily	N/A
Nisa Ultra LG TR CIF	13,147,686	13,687,394	N/A	Daily	N/A
AON US Intermediate Government	10,345,335	8,255,757	N/A	Daily	N/A
SSGA REIT Index Non-Lending	5,716,326	7,000,804	N/A	Daily	N/A
Aon Diversifying Alternatives Portfolio Fund	5,611,399	6,140,379	N/A	Monthly	15 or 35 Days
Nisa Ultra MD TR CIF	4,708,844	6,577,735	N/A	Daily	N/A
AON Multi Asset Credit Fund	4,646,911	5,765,544	N/A	Monthly	10 Days
SSGA Russell SMID	4,429,394	4,949,953	N/A	Daily	N/A
EB Temp Inv FD 1.147% 12/31/2049 DD 11/01/01	2,341,842	3,628,430	N/A	Daily	N/A
AON US Long Government Index	1,108,627	3,900,725	N/A	Daily	N/A
AON High Yield Plus CL I	340,772	1,147,171	N/A	Daily	N/A
Mid Duration Long CR BD	308,384	284,092	N/A	Daily	N/A
	$ 115,511,583	$ 138,081,320			

Note 10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. 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 those changes could materially affect the amounts reported in the statements of net assets available for Plan benefits.

Approximately 66% and 65% of the Plan's investments were held in four investment securities as of December 31, 2025 and 2024 respectively. This is considered to be a concentration risk.

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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Note 11. Party-in-Interest Transactions

Certain Plan assets are invested in funds managed by the Trustee and certain Plan assets are invested in funds managed by the Plan's third-party recordkeeper. These transactions qualify as party-in-interest transactions.

Note 12. Subsequent Events

Plan management evaluated subsequent events after the balance sheet date of December 31, 2025 through October 13, 2026, the date the financial statements were available to be issued. Plan management is not aware of any other subsequent events that would require recognition or disclosure in the accompanying financial statements.

LEDVANCE LLC Pension Plan

Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year)
December 31, 2025

Employer Identification Number: 81-0887998
Plan Number: 006

(a)	(b)	(c) Description of Investment					(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Type of Investment	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Fair Value
*	AON LARGE CAP EQUITY INDEX	Common/Collective Trust	N/A	N/A	N/A	N/A	$ 13,777,349	$ 24,760,144
*	AON LONG CR BD	Common/Collective Trust	N/A	N/A	N/A	N/A	24,788,742	23,986,528
*	AON NON-US EQUTIY INDEX	Common/Collective Trust	N/A	N/A	N/A	N/A	8,754,294	14,059,391
	NISA ULTRA LG TR CIF	Common/Collective Trust	N/A	N/A	N/A	N/A	11,955,537	13,147,686
*	AON US INTERMEDIATE GOVERNMENT	Common/Collective Trust	N/A	N/A	N/A	N/A	9,732,217	10,345,335
	SSGA REIT INDEX NON-LENDING	Common/Collective Trust	N/A	N/A	N/A	N/A	4,224,992	5,716,326
	NISA ULTRA MD TR CIF	Common/Collective Trust	N/A	N/A	N/A	N/A	3,887,029	4,708,844
*	AON MULTI ASSET CREDIT FUND	Common/Collective Trust	N/A	N/A	N/A	N/A	3,544,553	4,646,911
	SSGA RUSSEL SMID	Common/Collective Trust	N/A	N/A	N/A	N/A	2,416,260	4,429,394
*	AON US LONG GOVERNMENT INDEX	Common/Collective Trust	N/A	N/A	N/A	N/A	1,121,321	1,108,627
*	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	Common/Collective Trust	N/A	N/A	N/A	N/A	2,341,842	2,341,842
*	AON HIGH YEILD PLUS CL I	Common/Collective Trust	N/A	N/A	N/A	N/A	283,350	340,772
*	AON MID DURATION LONG CR BD	Common/Collective Trust	N/A	N/A	N/A	N/A	255,708	308,384
							87,083,194	109,900,184
*	Aon Diversifying Alternatives Portfolio Fund	103-12 Investment Entity Fund	N/A	N/A	N/A	N/A	5,259,257	5,611,399
							$ 92,342,451	$ 115,511,583

* Represents a party-in-interest to the Plan.

The above information has been certified by The Bank of New York Mellon, the trustee, as complete and accurate.

LEDVANCE LLC Pension Plan

Schedule H, Line 4(j)—Schedule of Reportable Transactions
Year Ended December 31, 2025

Employer Identification Number: 81-0887998
Plan Number: 006

	(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category 1 (individual transactions in excess of 5% of plan assets):								
*	Aon Trust Company LLC	AON LARGE CAP EQUITY INDEX	$ -	$ 7,000,000	N/A	N/A	$ 4,254,573	$ 7,000,000	$ 2,745,427
*	Aon Trust Company LLC	AON LONG CR BD	-	10,000,000	N/A	N/A	11,276,871	10,000,000	(1,276,871)
*	Bank of New York Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	27,450,000	-	N/A	N/A	27,450,000	27,450,000	-
*	Bank of New York Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	-	27,493,000	N/A	N/A	27,493,000	27,493,000	-
	Category 3 (series of securities transactions in excess of 5% of plan assets):								
*	Bank of New York Mellon	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	11,720,000	-	N/A	N/A	11,720,000	11,720,000	-
*	Bank of New York Mellon	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	-	11,720,000	N/A	N/A	11,720,000	11,720,000	-
*	Bank of New York Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	45,094,824	-	N/A	N/A	45,094,824	45,094,824	-
*	Bank of New York Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	-	46,381,412	N/A	N/A	46,381,412	46,381,412	-
	Bank of New York Mellon	NISA ULTRA LONG TREASURY CIF	3,701,000	-	N/A	N/A	3,701,000	3,701,000	-
	Bank of New York Mellon	NISA ULTRA LONG TREASURY CIF	-	5,125,000	N/A	N/A	4,574,843	5,125,000	550,157
*	Bank of New York Mellon	AON US Intermediate Government	7,800,000	-	N/A	N/A	7,800,000	7,800,000	-
*	Bank of New York Mellon	AON US Intermediate Government	-	6,170,000	N/A	N/A	5,814,454	6,170,000	355,546
*	Bank of New York Mellon	AON NON-US EQUITY INDEX	-	8,355,000	N/A	N/A	6,395,924	8,355,000	1,959,076
*	Bank of New York Mellon	AON Large Cap Equity Index	1,700,000	-	N/A	N/A	1,700,000	1,700,000	-
*	Bank of New York Mellon	AON Large Cap Equity Index	-	10,605,000	N/A	N/A	6,473,563	10,605,000	4,131,437
*	Bank of New York Mellon	AON LONG CR BD	-	15,800,000	N/A	N/A	17,408,316	15,800,000	(1,608,316)
*	Bank of New York Mellon	AON LONG CR BD	8,575,000	-	N/A	N/A	8,575,000	8,575,000	-

* Represents a party-in-interest to the Plan.

The above information has been certified by The Bank of New York Mellon, the trustee, as complete and accurate.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	1	0	0	0	0	0	1
40-44	0	0	0	0	0	3	0	0	0	0	3
45-49	0	0	0	1	3	3	3	0	0	0	10
50-54	0	0	0	1	0	6	8	3	0	0	18
55-59	0	0	0	1	3	6	8	12	11	0	41
60-64	0	0	0	0	2	9	7	10	5	4	37
65-69	0	0	0	0	0	4	0	0	4	2	10
70 & over	0	0	0	0	0	1	0	0	0	0	1
Total	0	0	0	3	9	32	26	25	20	6	121

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Ledvance LLC Pension Plan
EIN / PN: 81-0887998/006
Plan Sponsor: Ledvance LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: January
- Interest rate basis: 3-Segment Rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.34%	5.31%

Annual rates of increase:

- Compensation: 3.00%
- Future Social Security wage bases: 2.50%

Plan-related expenses: $1,354,000; based on expected administrative expenses, including PBGC premiums in the current year.

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024.

Termination

Rates varying by age, gender, and service

Hourly and Union Male - Representative Termination Rates

	Percentage leaving during the year			
	Years of Service			
Attained Age	0-1	2-3	4	5+
20	25.00%	20.00%	15.00%	15.00%
25	25.00%	20.00%	15.00%	15.00%
30	25.00%	20.00%	15.00%	13.50%
35	25.00%	20.00%	15.00%	10.50%
40	25.00%	20.00%	15.00%	7.70%
45	25.00%	20.00%	15.00%	6.10%
50	25.00%	20.00%	15.00%	4.60%
55	25.00%	20.00%	15.00%	2.40%
59+	0.00%	0.00%	0.00%	0.00%

SCHEDULE SB ATTACHMENTS

Hourly and Union Female - Representative Termination Rates

	Percentage leaving during the year			
	Years of Service			
Attained Age	0-1	2-3	4	5+
20	25.00%	20.00%	15.00%	15.00%
25	25.00%	20.00%	15.00%	15.00%
30	25.00%	20.00%	15.00%	15.00%
35	25.00%	20.00%	15.00%	12.80%
40	25.00%	20.00%	15.00%	9.00%
45	25.00%	20.00%	15.00%	7.50%
50	25.00%	20.00%	15.00%	6.00%
55	25.00%	20.00%	15.00%	3.60%
59+	0.00%	0.00%	0.00%	0.00%

Salaried Male - Representative Termination Rates

	Percentage leaving during the year				
	Years of Service				
Attained Age	0	1	2	3	4+
20	13.00%	12.00%	11.00%	10.00%	14.40%
25	13.00%	12.00%	11.00%	10.00%	14.40%
30	13.00%	12.00%	11.00%	10.00%	9.36%
35	13.00%	12.00%	11.00%	10.00%	7.20%
40	13.00%	12.00%	11.00%	10.00%	6.16%
45	13.00%	12.00%	11.00%	10.00%	4.88%
50	13.00%	12.00%	11.00%	10.00%	3.68%
55	13.00%	12.00%	11.00%	10.00%	1.92%
59+	0.00%	0.00%	0.00%	0.00%	0.00%

Salaried Female - Representative Termination Rates

	Percentage leaving during the year				
	Years of Service				
Attained Age	0	1	2	3	4+
20	13.00%	12.00%	11.00%	10.00%	14.40%
25	13.00%	12.00%	11.00%	10.00%	14.40%
30	13.00%	12.00%	11.00%	10.00%	9.36%
35	13.00%	12.00%	11.00%	10.00%	7.20%
40	13.00%	12.00%	11.00%	10.00%	7.20%
45	13.00%	12.00%	11.00%	10.00%	6.00%
50	13.00%	12.00%	11.00%	10.00%	4.80%
55	13.00%	12.00%	11.00%	10.00%	2.88%
59+	0.00%	0.00%	0.00%	0.00%	0.00%

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and service are shown below.

CFRL & WLB Union Participants

Percentage retiring during the year			
	Years of Service		
Age	0-19	20-29	30+
45-54	0.00%	0.00%	3.00%
55	20.00%	20.00%	20.00%
56	10.00%	10.00%	10.00%
57	10.00%	10.00%	10.00%
58	10.00%	20.00%	20.00%
59	10.00%	20.00%	20.00%
60	10.00%	20.00%	20.00%
61	10.00%	20.00%	20.00%
62	30.00%	30.00%	30.00%
63	25.00%	25.00%	25.00%
64	25.00%	25.00%	25.00%
65	33.00%	33.00%	33.00%
66	33.00%	33.00%	33.00%
67	33.00%	33.00%	33.00%
68	33.00%	33.00%	33.00%
69	33.00%	33.00%	33.00%
70+	100.00%	100.00%	100.00%

Hourly & Union (All other participants)

Percentage retiring during the year		
	Years of Service	
Age	0-19	20+
55	20.00%	20.00%
56	10.00%	10.00%
57	10.00%	10.00%
58	10.00%	20.00%
59	10.00%	20.00%
60	10.00%	20.00%
61	10.00%	20.00%
62	30.00%	30.00%
63	25.00%	25.00%
64	25.00%	25.00%
65	33.00%	33.00%
66	33.00%	33.00%
67	33.00%	33.00%

SCHEDULE SB ATTACHMENTS

68	33.00%	33.00%
69	33.00%	33.00%
70+	100.00%	100.00%

Salaried Participants

Percentage retiring during the year		
	Years of Service	
Age	0-19	20+
50-54	5.00%	5.00%
55	20.00%	20.00%
56	10.00%	10.00%
57	10.00%	10.00%
58	10.00%	20.00%
59	10.00%	20.00%
60	10.00%	20.00%
61	10.00%	20.00%
62	30.00%	30.00%
63	25.00%	25.00%
64	25.00%	25.00%
65	33.00%	33.00%
66	33.00%	33.00%
67	33.00%	33.00%
68	33.00%	33.00%
69	33.00%	33.00%
70+	100.00%	100.00%

Disability None

Benefit commencement date:

- Preretirement death benefit — Upon the death of the active participant
- Deferred vested benefit — For active employees, the later of age 61 or termination of employment

  For participants impacted by special termination events during the 2019 and 2020 plan years, benefit commencement date is the date of plant closure if immediately eligible for early retirement benefits; otherwise, it is the age 58. For all other current deferred vested participants, age 65.
- Disability benefit — N/A

Plan Name: Ledvance LLC Pension Plan
EIN / PN: 81-0887998/006
Plan Sponsor: Ledvance LLC
Valuation Date: January 1, 2025

• Retirement benefit	Upon termination of employment
Form of payment	100% of GTE employees who transferred from GTE Products Corporation plan are assumed to elect at retirement a lump sum payment of their benefit earned as of January 29, 1993. 50% of all other benefits and participants are assumed to elect a single life annuity and the other 50% are assumed to elect a 100% joint and survivor annuity. Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality.
Percent married	75% of males; 75% of females have an eligible spouse. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement
Spouse age	Wife three years younger than husband
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to $1,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

The plan sponsor through its third-party administrator, Aon, furnished participant data as of 1/1/2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	Ledvance LLC Pension Plan
EIN / PN:	81-0887998/006
Plan Sponsor:	Ledvance LLC
Valuation Date:	January 1, 2025

LEDVANCE LLC Pension Plan

Schedule H, Line 4(j)—Schedule of Reportable Transactions
Year Ended December 31, 2025

Employer Identification Number: 81-0887998
Plan Number: 006

	(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Category 1 (individual transactions in excess of 5% of plan assets):								
*	Aon Trust Company LLC	AON LARGE CAP EQUITY INDEX	$ -	$ 7,000,000	N/A	N/A	$ 4,254,573	$ 7,000,000	$ 2,745,427
*	Aon Trust Company LLC	AON LONG CR BD	-	10,000,000	N/A	N/A	11,276,871	10,000,000	(1,276,871)
*	Bank of New York Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	27,450,000	-	N/A	N/A	27,450,000	27,450,000	-
*	Bank of New York Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	-	27,493,000	N/A	N/A	27,493,000	27,493,000	-
	Category 3 (series of securities transactions in excess of 5% of plan assets):								
*	Bank of New York Mellon	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	11,720,000	-	N/A	N/A	11,720,000	11,720,000	-
*	Bank of New York Mellon	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	-	11,720,000	N/A	N/A	11,720,000	11,720,000	-
*	Bank of New York Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	45,094,824	-	N/A	N/A	45,094,824	45,094,824	-
*	Bank of New York Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	-	46,381,412	N/A	N/A	46,381,412	46,381,412	-
	Bank of New York Mellon	NISA ULTRA LONG TREASURY CIF	3,701,000	-	N/A	N/A	3,701,000	3,701,000	-
	Bank of New York Mellon	NISA ULTRA LONG TREASURY CIF	-	5,125,000	N/A	N/A	4,574,843	5,125,000	550,157
*	Bank of New York Mellon	AON US Intermediate Government	7,800,000	-	N/A	N/A	7,800,000	7,800,000	-
*	Bank of New York Mellon	AON US Intermediate Government	-	6,170,000	N/A	N/A	5,814,454	6,170,000	355,546
*	Bank of New York Mellon	AON NON-US EQUITY INDEX	-	8,355,000	N/A	N/A	6,395,924	8,355,000	1,959,076
*	Bank of New York Mellon	AON Large Cap Equity Index	1,700,000	-	N/A	N/A	1,700,000	1,700,000	-
*	Bank of New York Mellon	AON Large Cap Equity Index	-	10,605,000	N/A	N/A	6,473,563	10,605,000	4,131,437
*	Bank of New York Mellon	AON LONG CR BD	-	15,800,000	N/A	N/A	17,408,316	15,800,000	(1,608,316)
*	Bank of New York Mellon	AON LONG CR BD	8,575,000	-	N/A	N/A	8,575,000	8,575,000	-

* Represents a party-in-interest to the Plan.

The above information has been certified by The Bank of New York Mellon, the trustee, as complete and accurate.

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
LEDVANCE LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LEDVANCE LLC

D Employer Identification Number (EIN)
81-0887998

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**	138,959,458
b Actuarial value	**2b**	141,962,240

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	733	138,985,279	138,985,279
b For terminated vested participants	358	29,888,010	29,888,010
c For active participants	121	18,805,734	19,880,593
d Total	1,212	187,679,023	188,753,882

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**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	247,912
b Expected plan-related expenses	**6b**	1,354,000
c Target normal cost	**6c**	1,601,912

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

Claire Hayes

Signature of actuary

9/28/2026

Date

Claire Hayes

Type or print name of actuary

2609073

Most recent enrollment number

Willis Towers Watson US LLC

Firm name

617-638-3700

Telephone number (including area code)

PO Box 674401

Houston TX 77267

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	2,770,477
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	700,000
9	Amount remaining (line 7 minus line 8)	0	2,070,477
10	Interest on line 9 using prior year's actual return of 0.44 %	0	9,110
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4,962
	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 5.20 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		22
	c Total available at beginning of current plan year to add to prefunding balance		4,984
	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	2,079,587

Part III Funding Percentages

14	Funding target attainment percentage	14	74.10 %
15	Adjusted funding target attainment percentage	15	74.10 %
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	83.12 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	1,142,000	0			
07/11/2025	1,142,000	0			
10/15/2025	1,142,000	0			
09/11/2026	1,200,000	0			
			Totals ► 18(b)	4,626,000	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	4,431,516

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:	☐ N/A, full yield curve used
5.00 %	5.27 %	5.50%	

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	59

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,601,912
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	48,871,229	4,906,609
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**	6,508,521

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,079,587	2,079,587

36 Additional cash requirement (line 34 minus line 35)	**36**	4,428,934
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4,431,516

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2,582
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	2,582
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

CFL & WLB Union Participants

0-19 Years of Service

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) x (b) x (c)
45.5	0.00%	1.0000	0.00
46.5	0.00%	1.0000	0.00
47.5	0.00%	1.0000	0.00
48.5	0.00%	1.0000	0.00
49.5	0.00%	1.0000	0.00
50.5	0.00%	1.0000	0.00
51.5	0.00%	1.0000	0.00
52.5	0.00%	1.0000	0.00
53.5	0.00%	1.0000	0.00
54.5	0.00%	1.0000	0.00
55.5	20.00%	1.0000	11.10
56.5	10.00%	0.8000	4.52
57.5	10.00%	0.7200	4.14
58.5	10.00%	0.6480	3.79
59.5	10.00%	0.5832	3.47
60.5	10.00%	0.5249	3.18
61.5	10.00%	0.4724	2.91
62.5	30.00%	0.4252	7.97
63.5	25.00%	0.2976	4.72
64.5	25.00%	0.2232	3.60
65.5	33.00%	0.1674	3.62
66.5	33.00%	0.1122	2.46
67.5	33.00%	0.0751	1.67
68.5	33.00%	0.0503	1.14
69.5	33.00%	0.0337	0.77
70	100.00%	0.0226	1.58
Weighted Average			60.64

Plan Name: Ledvance LLC Pension Plan
EIN / PN: 81-0887998/006
Plan Sponsor: Ledvance LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Union (All other Participants) & Hourly Participants

0-19 Years of Service				20+ Years of Service			
(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) x (b) x (c)	Age	Rate	Weight	Product (a) x (b) x (c)
55.5	20.00%	1.0000	11.10	55.5	20.00%	1.0000	11.10
56.5	10.00%	0.8000	4.52	56.5	10.00%	0.8000	4.52
57.5	10.00%	0.7200	4.14	57.5	10.00%	0.7200	4.14
58.5	10.00%	0.6480	3.79	58.5	20.00%	0.6480	7.58
59.5	10.00%	0.5832	3.47	59.5	20.00%	0.5184	6.17
60.5	10.00%	0.5249	3.18	60.5	20.00%	0.4147	5.02
61.5	10.00%	0.4724	2.91	61.5	20.00%	0.3318	4.08
62.5	30.00%	0.4252	7.97	62.5	30.00%	0.2654	4.98
63.5	25.00%	0.2976	4.72	63.5	25.00%	0.1858	2.95
64.5	25.00%	0.2232	3.60	64.5	25.00%	0.1393	2.25
65.5	33.00%	0.1674	3.62	65.5	33.00%	0.1045	2.26
66.5	33.00%	0.1122	2.46	66.5	33.00%	0.0700	1.54
67.5	33.00%	0.0751	1.67	67.5	33.00%	0.0469	1.05
68.5	33.00%	0.0503	1.14	68.5	33.00%	0.0314	0.71
69.5	33.00%	0.0337	0.77	69.5	33.00%	0.0211	0.48
70	100.00%	0.0226	1.58	70	100.00%	0.0141	0.99
Weighted Average			60.64	Weighted Average			59.82

Plan Name: Ledvance LLC Pension Plan
EIN / PN: 81-0887998/006
Plan Sponsor: Ledvance LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Salaried Participants

0-19 Years of Service				20+ Years of Service			
(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) x (b) x (c)	Age	Rate	Weight	Product (a) x (b) x (c)
50.5	5.00%	1.0000	2.53	50.5	5.00%	1.0000	2.53
51.5	5.00%	0.9500	2.45	51.5	5.00%	0.9500	2.45
52.5	5.00%	0.9025	2.37	52.5	5.00%	0.9025	2.37
53.5	5.00%	0.8574	2.29	53.5	5.00%	0.8574	2.29
54.5	5.00%	0.8145	2.22	54.5	5.00%	0.8145	2.22
55.5	20.00%	0.7738	8.59	55.5	20.00%	0.7738	8.59
56.5	10.00%	0.6190	3.50	56.5	10.00%	0.6190	3.50
57.5	10.00%	0.5571	3.20	57.5	10.00%	0.5571	3.20
58.5	10.00%	0.5014	2.93	58.5	20.00%	0.5014	5.87
59.5	10.00%	0.4513	2.69	59.5	20.00%	0.4011	4.77
60.5	10.00%	0.4061	2.46	60.5	20.00%	0.3209	3.88
61.5	10.00%	0.3655	2.25	61.5	20.00%	0.2567	3.16
62.5	30.00%	0.3290	6.17	62.5	30.00%	0.2054	3.85
63.5	25.00%	0.2303	3.66	63.5	25.00%	0.1438	2.28
64.5	25.00%	0.1727	2.78	64.5	25.00%	0.1078	1.74
65.5	33.00%	0.1295	2.80	65.5	33.00%	0.0809	1.75
66.5	33.00%	0.0868	1.90	66.5	33.00%	0.0542	1.19
67.5	33.00%	0.0581	1.30	67.5	33.00%	0.0363	0.81
68.5	33.00%	0.0390	0.88	68.5	33.00%	0.0243	0.55
69.5	33.00%	0.0261	0.60	69.5	33.00%	0.0163	0.37
70	100.00%	0.0175	1.22	70	100.00%	0.0109	0.76
Weighted Average			58.79	Weighted Average			58.13

Weighted Average Retirement Age

Group	Number of Participants Exposed	Weighted Average Retirement Age
Salaried - 0-19 Years of Service	13	58.79
Salaried - 20+ Years of Service	56	58.13
Union (All other) & Hourly - 0-19 Years of Service	6	60.64
Union (All other) & Hourly - 20+ Years of Service	46	59.82
Union (CFL & WLB) - 0-19 Years of Service	0	60.64
Total	121	58.97

Plan Name: Ledvance LLC Pension Plan
EIN / PN: 81-0887998/006
Plan Sponsor: Ledvance LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: January
- Interest rate basis: 3-Segment Rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.34%	5.31%

Annual rates of increase:

- Compensation: 3.00%
- Future Social Security wage bases: 2.50%

Plan-related expenses: $1,354,000; based on expected administrative expenses, including PBGC premiums in the current year.

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024.

Termination

Rates varying by age, gender, and service

Hourly and Union Male - Representative Termination Rates

	Percentage leaving during the year			
	Years of Service			
Attained Age	0-1	2-3	4	5+
20	25.00%	20.00%	15.00%	15.00%
25	25.00%	20.00%	15.00%	15.00%
30	25.00%	20.00%	15.00%	13.50%
35	25.00%	20.00%	15.00%	10.50%
40	25.00%	20.00%	15.00%	7.70%
45	25.00%	20.00%	15.00%	6.10%
50	25.00%	20.00%	15.00%	4.60%
55	25.00%	20.00%	15.00%	2.40%
59+	0.00%	0.00%	0.00%	0.00%

SCHEDULE SB ATTACHMENTS

Hourly and Union Female - Representative Termination Rates

	Percentage leaving during the year			
	Years of Service			
Attained Age	0-1	2-3	4	5+
20	25.00%	20.00%	15.00%	15.00%
25	25.00%	20.00%	15.00%	15.00%
30	25.00%	20.00%	15.00%	15.00%
35	25.00%	20.00%	15.00%	12.80%
40	25.00%	20.00%	15.00%	9.00%
45	25.00%	20.00%	15.00%	7.50%
50	25.00%	20.00%	15.00%	6.00%
55	25.00%	20.00%	15.00%	3.60%
59+	0.00%	0.00%	0.00%	0.00%

Salaried Male - Representative Termination Rates

	Percentage leaving during the year				
	Years of Service				
Attained Age	0	1	2	3	4+
20	13.00%	12.00%	11.00%	10.00%	14.40%
25	13.00%	12.00%	11.00%	10.00%	14.40%
30	13.00%	12.00%	11.00%	10.00%	9.36%
35	13.00%	12.00%	11.00%	10.00%	7.20%
40	13.00%	12.00%	11.00%	10.00%	6.16%
45	13.00%	12.00%	11.00%	10.00%	4.88%
50	13.00%	12.00%	11.00%	10.00%	3.68%
55	13.00%	12.00%	11.00%	10.00%	1.92%
59+	0.00%	0.00%	0.00%	0.00%	0.00%

Salaried Female - Representative Termination Rates

	Percentage leaving during the year				
	Years of Service				
Attained Age	0	1	2	3	4+
20	13.00%	12.00%	11.00%	10.00%	14.40%
25	13.00%	12.00%	11.00%	10.00%	14.40%
30	13.00%	12.00%	11.00%	10.00%	9.36%
35	13.00%	12.00%	11.00%	10.00%	7.20%
40	13.00%	12.00%	11.00%	10.00%	7.20%
45	13.00%	12.00%	11.00%	10.00%	6.00%
50	13.00%	12.00%	11.00%	10.00%	4.80%
55	13.00%	12.00%	11.00%	10.00%	2.88%
59+	0.00%	0.00%	0.00%	0.00%	0.00%

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and service are shown below.

CFRL & WLB Union Participants

Percentage retiring during the year			
	Years of Service		
Age	0-19	20-29	30+
45-54	0.00%	0.00%	3.00%
55	20.00%	20.00%	20.00%
56	10.00%	10.00%	10.00%
57	10.00%	10.00%	10.00%
58	10.00%	20.00%	20.00%
59	10.00%	20.00%	20.00%
60	10.00%	20.00%	20.00%
61	10.00%	20.00%	20.00%
62	30.00%	30.00%	30.00%
63	25.00%	25.00%	25.00%
64	25.00%	25.00%	25.00%
65	33.00%	33.00%	33.00%
66	33.00%	33.00%	33.00%
67	33.00%	33.00%	33.00%
68	33.00%	33.00%	33.00%
69	33.00%	33.00%	33.00%
70+	100.00%	100.00%	100.00%

Hourly & Union (All other participants)

Percentage retiring during the year		
	Years of Service	
Age	0-19	20+
55	20.00%	20.00%
56	10.00%	10.00%
57	10.00%	10.00%
58	10.00%	20.00%
59	10.00%	20.00%
60	10.00%	20.00%
61	10.00%	20.00%
62	30.00%	30.00%
63	25.00%	25.00%
64	25.00%	25.00%
65	33.00%	33.00%
66	33.00%	33.00%
67	33.00%	33.00%

SCHEDULE SB ATTACHMENTS

68	33.00%	33.00%
69	33.00%	33.00%
70+	100.00%	100.00%

Salaried Participants

Percentage retiring during the year		
	Years of Service	
Age	0-19	20+
50-54	5.00%	5.00%
55	20.00%	20.00%
56	10.00%	10.00%
57	10.00%	10.00%
58	10.00%	20.00%
59	10.00%	20.00%
60	10.00%	20.00%
61	10.00%	20.00%
62	30.00%	30.00%
63	25.00%	25.00%
64	25.00%	25.00%
65	33.00%	33.00%
66	33.00%	33.00%
67	33.00%	33.00%
68	33.00%	33.00%
69	33.00%	33.00%
70+	100.00%	100.00%

Disability None

Benefit commencement date:

- Preretirement death benefit — Upon the death of the active participant
- Deferred vested benefit — For active employees, the later of age 61 or termination of employment

  For participants impacted by special termination events during the 2019 and 2020 plan years, benefit commencement date is the date of plant closure if immediately eligible for early retirement benefits; otherwise, it is the age 58. For all other current deferred vested participants, age 65.
- Disability benefit — N/A

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• Retirement benefit	Upon termination of employment
Form of payment	100% of GTE employees who transferred from GTE Products Corporation plan are assumed to elect at retirement a lump sum payment of their benefit earned as of January 29, 1993. 50% of all other benefits and participants are assumed to elect a single life annuity and the other 50% are assumed to elect a 100% joint and survivor annuity. Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality.
Percent married	75% of males; 75% of females have an eligible spouse. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement
Spouse age	Wife three years younger than husband
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to $1,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

The plan sponsor through its third-party administrator, Aon, furnished participant data as of 1/1/2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	Ledvance LLC Pension Plan
EIN / PN:	81-0887998/006
Plan Sponsor:	Ledvance LLC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Salaried Employees

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted and effective on November 1, 2017 and most recently updated April, 2019 to extend special termination benefits for certain salaried participants impacted by involuntary terminations through April 30, 2020.

Originally effective January 29, 1993. Amended and restated January 1, 2013. Effective as of January 1, 2011, all benefits accrued under the plan were frozen for legacy LEDVANCE LLC salaried participants.

Covered employees	All salaried employees
Participation date	Participation retroactive to date of hire (or beginning of plan year) upon completion of 1,000 hours of service in the 12-month period (or plan year) following date of hire before becoming eligible. Certain participants in the GTE pension plans were transferred to the plan effective January 29, 1993. Certain participants in Motorola pension plan were transferred to the plan effective March 1, 2000. The plan was closed to new entrants January 1, 2007. For participants whose age + service was less than 55 (Rule of 55) on October 1, 2007, benefits were frozen as of October 1, 2007. Participants who met the Rule of 55 were given the choice of remaining in the current plan or freezing benefits as of October 1, 2007. Participants whose benefits were frozen receive additional defined contribution plan benefits.

Definitions

Vesting service	One year credited for 1,000 hours of service. Partial years credited based on the ratio of hours of service to 2,080 (or minimum standard hours).

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Pension service	One year credited for 2,080 hours (or minimum standard hours worked according to the employer policy). Partial years credited based on the ratio of hours of service to 2,080 (or minimum standard hours).
Average earnings	The average of the highest five consecutive years of Compensation of employment.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of vesting service, or the fifth anniversary of participation, if earlier.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing fifteen years of pension service (for former GTE employees, 15 years of pension service, provided that the sum of vesting service and age is at least 76 years).
Postponed retirement	Retirement after NRD
Deferred vested termination	Termination for reasons other than death, disability or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD and participant has attained fifteen years of pension service
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

The annual pension is 1.15% of average annual compensation plus an additional 0.3% of such average annual compensation in excess of the average maximum earnings subject to FICA tax for a person attaining age 65 in the year the member retires, such total multiplied by years of pension service. This benefit shall not be less than the greater of:

(a) 1.35% of average annual compensation multiplied by years of pension service; and

(b) A dollar amount (from $105 to $3,300 based on service).

Former Motorola-LZ participants receive the greater of the pension service pension above or their prior formula reflecting pension service as of March 1, 2000 plus the ongoing formula above reflecting future pension service.

Early retirement

The annual pension is the accrued benefit payable at age 65 but reduced 3% per year if payments commence before age 60 (the reduction starts at age 58 if the participant has 20 years of pension service); there is no reduction if the commencement date is between ages 60 and 65.

For former Motorola-LZ participants, Motorola Pension Plan early retirement provisions will be applied to that part of the normal retirement benefit that is determined by their prior formula, if any.

For former GTE employees, for a benefit that commences prior to age 55, that part of the benefit payable at age 65 with pre-January 29, 1993 service is reduced by 3% per year for each year before age 55. For former GTE employees who are age 55 with 15 years of pension service, that part of the benefit payable at age 65 with pre-January 1993 service shall be reduced by the Table 2 – Early Commencement Factors.

Postponed retirement

The monthly pension benefit determined as of the actual retirement date.

Deferred vested termination

The annual pension is accrued benefit payable at age 65 or reduced actuarially (using Table 2 – Early Commencement Factors) if payments commence after age 55 but before age 65.

SCHEDULE SB ATTACHMENTS

Disablement	The accrued benefit is payable upon 90 days' notice without reduction for early commencement.
Preretirement death	**Before Retirement:** If the member dies after he has a vested right, the spouse receives a pension for life equal to ½ of the 50% joint and survivor benefit that would have been payable at member's normal retirement date if the member had terminated employment on the date of his death. The spouse's pension is payable at the member's normal retirement date or in an actuarially reduced (using Table 2 – Early Commencement Factors) amount any time after member's eligibility for early retirement. There is no reduction for early commencement of spouse's pension if the member died in the service of the company with five years of vesting service. **After Retirement:** The normal form payment is a life annuity. If the member has a spouse, this normal form is automatically converted to a 50 % joint and survivor option unless such conversion is waived.

Other Plan Provisions

Forms of payment	Single life annuity and optional Joint and Survivor annuities (33 1/3%, 50%, 75%, or 100%) **Motorola-LZ participants:** 10-year certain and life option is also available. **Former GTE employees:** They may elect to receive their pre-January 29, 1993 benefit as a lump sum. Non-Elective lump sum payment if the present value does not exceed $1,000.
Actuarial Equivalence	Applicable factors specified under the plan's tables (Early Commencement Factors, Factors for Small Pensions, Disability Joint and Survivor Option Factors, Certain and Life Option Factors, and Joint and Survivor Option Factors). If appropriate factors not specified, then a 7% interest rate and the TPF&C Forecast Mortality Table for 100% males set back two years is used.

SCHEDULE SB ATTACHMENTS

	For Lump Sum calculations, interest based on the three-segment yield curve for the month of August preceding the plan year in which the distribution occurs as specified in applicable IRS Notice and mortality based on IRC Section 417 (e) mortality table for plan year of distribution as specified in applicable IRS Notice will be used to determine the present value.
Pension Increases	None
Plan participants' contributions	None

Future Plan Changes

The plan was amended to allow for the purchase of annuities for a group of retirees in February 2025. The amendment is not reflected herein for the current plan year's AFTAP certification or the determination of the minimum required contribution. This amendment will be first reflected in the January 1, 2026 valuation.

Changes in Benefits Valued Since Prior Year

There have been no significant changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Hourly Employees

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted and effective on April 1, 2016.

Originally effective January 29, 1993. Amended and restated January 1, 2013

Covered employees	All hourly employees
Participation date	Immediate. Some employees may need to complete 1,000 hours of service in the 12 months (or any successive 12 month period) following their date of hire. Certain participants in the GTE pension plans were transferred to the plan effective January 29, 1993. The plan was closed to new entrants April 1, 2007.

Definitions

Vesting service	One year credited for 1,000 hours of service. Partial years credited based on the ratio of hours of service to 2,340.
Pension service	One year credited for 2,340 hours. Partial years credited based on the ratio of hours of service to 2,340.
Average earnings	The average of any five years of Compensation which produces the highest average within the final ten years of employment.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing fifteen years of pension service
Postponed retirement	Retirement after NRD

SCHEDULE SB ATTACHMENTS

Deferred vested termination	Termination for reasons other than death, disability or retirement after completing five years of vesting service, attain normal retirement age, or layoff
Disability	Permanent and total disability prior to NRD, and participant has attained ten years of pension service
Supplemental benefit	Payable to members who retire with 15 years of pension service and have attained age 60 (but less than age 62), 20 years of pension service and have attained age 58 (but less than age 60), termination due to layoff with 25 years of pension service and have attained age 55, or 20 years of pension service and have attained age 55.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

The annual pension is the greater of (a) or (b):

(a) A dollar amount (ranging from $327 to $432, depending on final average earnings) times years of pension service.

(b) A dollar amount (from $327 to $432, depending on final average earnings) times years of pension service before September 1, 1961, plus 1% of total compensation after September 1, 1961.

Final Average Earnings	Dollar Multiplier
Below $22,000	$327
$22,000-$22,399	$330
$22,400-$22,799	$333
$22,800-$23,199	$336
$23,200-$23,599	$339
$23,600-$23,999	$342
$24,000-$24,499	$348
$24,500-$24,999	$354
$25,000-$25,499	$360
$25,500-$25,999	$366
$26,000-$26,499	$372
$26,500-$26,999	$378
$27,000-$27,499	$384
$27,500-$27,999	$390
$28,000-$28,499	$396
$28,500-$28,999	$402
$29,000-$29,499	$408
$29,500-$29,999	$414
$30,000-$30,999	$420
$31,000-$31,999	$426
$32,000-$32,999	$429
$33,000+	$432

Early retirement

The annual pension is the accrued benefit payable at age 65 but reduced 3% per year if payments commence before age 60 (the reduction starts at age 58 if the participant has 20 years of pension service); there is no reduction if the commencement date is between ages 60 and 65 or age 55 with 30 years of service.

Postponed retirement

The monthly pension benefit determined as of the actual retirement date

SCHEDULE SB ATTACHMENTS

Deferred vested termination	The annual pension is accrued benefit payable at age 65 or reduced actuarially (using Table 1 - Early Commencement Factors) if payments commence after age 55 but before age 65.
Disablement	The accrued benefit is payable upon 90 days' notice without reduction for early commencement. The pension benefit is reduced by other disability income (except for statutory Worker's Compensation benefits) paid for by the company's premiums or taxes.
Supplemental benefit	The annual benefit is $240 times years of pension service to a maximum of 25 years. This supplemental payment commences at age 60 with 15 years of service at retirement, or at age 58 with 20 years of service at retirement, or at age 55 with 30 years of service at retirement, and ceases at the earlier of age 62, Social Security benefit eligibility, or death.
Preretirement death	**Before Retirement*:*** If the member dies after he has a vested right, the spouse receives a pension for life equal to ½ of the 50% joint and survivor benefit that would have been payable at member's normal retirement date if the member had terminated employment on the date of his death. The benefit is payable in an unreduced amount commencing at the member's death if the member died while employed or if the member was eligible for early or disability retirement. Otherwise, the spouse's pension is actuarially reduced (Table 1 - Early Commencement Factors) for early commencement. The reduction is to an actuarially benefit. **After Retirement:** The normal form payment is a life annuity. If the member has a spouse, this normal form is automatically converted to a 50 % joint and survivor option unless such conversion is waived.

Other Plan Provisions

Forms of payment	Single life annuity and optional Joint and Survivor annuities (33 1/3%, 50%, 66 2/3%, 75%, or 100%) with pop-up, and 5-year and 10-year certain and life option. Non-Elective lump sum payment if the present value does not exceed $1,000.

SCHEDULE SB ATTACHMENTS

Actuarial Equivalence	Applicable factors specified under the plan's tables (Early Commencement Factors, Factors for Small Pensions, Factors for Small Pensions, Joint and Survivor Option with Pop-Up Factors, Certain and Life Option Factors, and Joint and Survivor Option Factors). If appropriate factors not specified, then a 7% interest rate and the TPF&C Forecast Mortality Table for 100% males set back two years is used. For Lump Sum calculations, interest based on the three-segment yield curve for the month of August preceding the plan year in which the distribution occurs as specified in applicable IRS Notice and mortality based on IRC Section 417 (e) mortality table for plan year of distribution as specified in applicable IRS Notice will be used to determine the present value.
Pension Increases	None
Plan participants' contributions	None

Future Plan Changes

The plan was amended to allow for the purchase of annuities for a group of retirees in February 2025. The amendment is not reflected herein for the current plan year's AFTAP certification or the determination of the minimum required contribution. This amendment will be first reflected in the January 1, 2026 valuation.

Changes in Benefits Valued Since Prior Year

There have been no significant changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Union Participants

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted and effective on April 1, 2016.

Originally effective January 29, 1993. Amended and restated January 1, 2013.

Covered employees	Certain Union Hourly employees
Participation date	Employees covered by a collective bargaining agreement which provides for participants in the plan. Some employees may also need to complete 1,000 hours of service in the 12 month or any plan year following the date of hire before becoming eligible. Certain participants in the GTE Pension Plans were transferred to the plan effective January 29, 1993. The plan is closed. St. Mary's closed to employees hired or rehired after July 1, 2007. Bethlehem closed to employees hire or rehire after June 1, 2008. Central Falls, Ontario, Warren, and Winchester closed to employees hired or rehired after December 1, 2008. Wellsboro closed to employees hired or rehired after February 1, 2009. Closed to employees who are members of IBEW Local 58 hired or rehired after August 1, 2012. Participants rehired after these dates earn vesting service only.

Definitions

Vesting service	One year credited for 1,000 hours of service. Partial years credited based on the ratio of hours of service to 2,340. **Wellsboro and Central Falls:** One year is credited for 960 hours of service. **Sylvania Lighting Service Corporation:** Partial years credited based on ratio of hours to 2,080.

SCHEDULE SB ATTACHMENTS

Pension service	One year credited for 2,340 hours of service. Partial years credited based on the ratio of hours of service to 2,340. **Wellsboro and Central Falls:** One year is credited for 960 hours of service. **Sylvania Lighting Service Corporation:** One year is credited for 2,080 hours of service. Partial years credited based on ratio of hours to 2,080.
Average earnings	The average of any five years of Compensation which produces the highest average within the final ten years of employment.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65

Eligibility for Benefits

Normal retirement	Retirement on NRD **Wellsboro and Central Falls:** Hired after January 1, 1989, five years of pension service is also required. **Sylvania Lighting Service Corporation:** Five years of vesting service or plan participation is also required.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing fifteen years of pension service **Wellsboro and Central Falls:** Age 55 with five years of pension service or 30 years of pension service **Sylvania Lighting Service Corporation:** Age 60 with 20 years of pension service
Postponed retirement	Retirement after NRD
Deferred vested termination	Termination for reasons other than death, disability or retirement after completing five years of vesting service or attain normal retirement age

SCHEDULE SB ATTACHMENTS

Disability

Permanent and total disability prior to NRD, and participant has attained ten years of pension service

Sylvania Lighting Service Corporation:
Not eligible for disability retirement

Supplemental benefit

Payable to members who retire with 15 years of pension service and have attained age 60 (but less than age 62), 20 years of pension service and have attained age 58 (but less than age 60).

Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

Normal retirement

The annual pension is the greater of (a) or (b):

(c) A dollar amount (ranging from $327 to $432, depending on final average earnings) times years of pension service.

(d) A dollar amount (from $327 to $432, depending on final average earnings) times years of pension service before September 1, 1961, plus 1% of total compensation after September 1, 1961.

Final Average Earnings	Dollar Multiplier
Below $22,000	$327
$22,000-$22,399	$330
$22,400-$22,799	$333
$22,800-$23,199	$336
$23,200-$23,599	$339
$23,600-$23,999	$342
$24,000-$24,499	$348
$24,500-$24,999	$354
$25,000-$25,499	$360
$25,500-$25,999	$366
$26,000-$26,499	$372
$26,500-$26,999	$378
$27,000-$27,499	$384
$27,500-$27,999	$390
$28,000-$28,499	$396
$28,500-$28,999	$402
$29,000-$29,499	$408
$29,500-$29,999	$414
$30,000-$30,999	$420
$31,000-$31,999	$426
$32,000-$32,999	$429
$33,000+	$432

SCHEDULE SB ATTACHMENTS

	Wellsboro and Central Falls: The annual pension is $408 times years of pension service. **Sylvania Lighting Service Corporation:** The annual pension is $60 ($180 for Sacramento and San Francisco) times years of pension service.
Early retirement	The annual pension is the accrued benefit payable at age 65 but reduced 3% per year if payments commence before age 60 (the reduction starts at age 58 if the participant has 20 years of pension service); there is no reduction if the commencement date is between ages 60 and 65. **Wellsboro and Central Falls:** There is no reduction with 30 or more years of service. **Sylvania Lighting Service Corporation:** The annual pension is reduced by the appropriate factor (Table I - Early Commencement Factors) for commencement prior to age 65. **Ontario, Warren, Winchester, and St. Mary's:** There is no reduction at age 55 with 30 years of service.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date
Deferred vested termination	The annual pension is accrued benefit payable at age 65 or reduced actuarially (using Table I - Early Commencement Factors) if payments commence after age 55 but before age 65. A separate table of early commencement factors specified in the plan applies to St. Mary's, Central Falls, and Wellsboro.
Disablement	The accrued benefit is payable upon 90 days' notice without reduction for early commencement. The pension benefit is reduced by other disability income (except for statutory Worker's Compensation benefits) paid for by the company's premiums or taxes.

SCHEDULE SB ATTACHMENTS

Supplemental benefit

The annual benefit is $216 times years of pension service to a maximum of 25 years. This supplemental payment commences at age 60 with 15 years of service at retirement, or at age 58 with 20 years of service at retirement. The supplement ceases at age 62 (or, if earlier, member's eligibility for Social Security benefits or death).

Wellsboro and Central Falls:
The annual benefit is $216 times years of pension service to a maximum of 25 years. This supplemental payment commences at age 60 (but less than age 62) with 15 years of pension service, or age 58 (but less than age 60) with 20 years of pension service, or age 55 with 30 years of pension service. The supplement ceases at age 62 (or, earlier, member's eligibility for Social Security benefits or death). Central Falls employees with 30 years of service receive $200 per month to age 55.

Sylvania Lighting Service Corporation:
These supplemental payments are not available.

Ontario, Warren, Winchester, and St. Mary's:
The annual benefit is $240 times years of pension service to a maximum of 25 years. This supplemental payment commences at age 60 (but less than age 62) with 15 years of pension service, or age 58 (but less than age 60) with 20 years of pension service, or age 55 with 30 years of pension service. The supplement ceases at age 62 (or, earlier, member's eligibility for Social Security benefits or death). Central Falls employees with 30 years of service receive $200 per month to age 55.

Preretirement death

Before Retirement:
If the member dies after he has a vested right, the spouse receives a pension for life equal to ½ of the 50% joint and survivor benefit that would have been payable at member's normal retirement date if the member had terminated employment on the date of his death. The benefit is payable in an unreduced amount commencing at the member's death if the member died while employed or if the member was eligible for early or disability retirement. Otherwise, the spouse's pension is actuarially reduced (Table I - Early Commencement Factors) for early commencement.

Wellsboro and Central Falls:
If the member was eligible for early retirement or had more than 10 years of pension service, the spouse receives a pension for life equal to ½ of the single life annuity that would have been payable at the member's normal retirement date if the member had terminated employment on the date of his death. This benefit is reduced by one-fifth of 1% for each month that the spouse is more than 60 months less than the age of the deceased member. If the spouse elects to have this pension commence immediately, the benefit shall be reduced by ½ of 1% for each month that the member's death precedes his sixtieth birthday.

If the member was not eligible for early retirement benefit, the spouse receives a pension for life equal to ½ of the joint and survivor annuity as described above. If the spouse elects to have this pension commence immediately, it will be reduced by 1/180th for the first 60 months and 1/360th for each additional month that the member's death precedes his sixty-fifth birthday.

Unreduced benefits are also payable to spouses of Wellsboro and Central Falls employees any time after the employee's death if the employee had completed at least 30 years of service, or at the employee's age 60 if the employee had completed at least five years of service. Otherwise, the spouse's pension is actuarially reduced for early commencement. The reduction is to an actuarially equivalent benefit.

Sylvania Lighting Service Corporation:
The spouse's pension cannot commence prior to the employee's sixtieth birthday, or earliest retirement date.

After Retirement*:*
The normal form payment is a life annuity. If the member has a spouse, this normal form is automatically converted to a 50 % joint and survivor option unless such conversion is waived.

Other Plan Provisions

Forms of payment

Single life annuity, optional Joint and Survivor annuities (33 1/3%, 50%, 66 2/3%, 75%, or 100%) with pop-up, and 5-year and 10-year certain and life option.

Wellsboro and Central Falls:
Single life annuity, optional Joint and Survivor annuities (50%, 75%, or 100%) with pop-up and/or 5-year, 6-year, or 10-year certain and life option, or level income option.

SCHEDULE SB ATTACHMENTS

	Sylvania Lighting Service Corporation: Single life annuity or optional Joint and Survivor annuities (50%, 75%, or 100%). Non-Elective lump sum payment if the present value does not exceed $1,000.
Actuarial Equivalence	Applicable factors specified under the plan's tables (Early Commencement Factors, Factors for Small Pensions, Factors for Small Pensions, Joint and Survivor Option with Pop-Up Factors, Certain and Life Option Factors, Joint and Survivor Option Factors, Level Income Option Factors for Wellsboro and Central Falls). If appropriate factors not specified, then a 7% interest rate and the TPF&C Forecast Mortality Table for 100% males set back two years is used. For Lump Sum calculations, interest based on the three-segment yield curve for the month of August preceding the plan year in which the distribution occurs as specified in applicable IRS Notice and mortality based on IRC Section 417 (e) mortality table for plan year of distribution as specified in applicable IRS Notice will be used to determine the present value.
Pension Increases	None
Plan participants' contributions	None

Future Plan Changes

The plan was amended to allow for the purchase of annuities for a group of retirees in February 2025. The amendment is not reflected herein for the current plan year's AFTAP certification or the determination of the minimum required contribution. This amendment will be first reflected in the January 1, 2026 valuation.

Changes in Benefits Valued Since Prior Year

There have been no significant changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost changed from $1,145,000 for 2024 to $1,354,000 for 2025.

Plan Name:	Ledvance LLC Pension Plan
EIN / PN:	81-0887998/006
Plan Sponsor:	Ledvance LLC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	1	0	0	0	0	0	1
40-44	0	0	0	0	0	3	0	0	0	0	3
45-49	0	0	0	1	3	3	3	0	0	0	10
50-54	0	0	0	1	0	6	8	3	0	0	18
55-59	0	0	0	1	3	6	8	12	11	0	41
60-64	0	0	0	0	2	9	7	10	5	4	37
65-69	0	0	0	0	0	4	0	0	4	2	10
70 & over	0	0	0	0	0	1	0	0	0	0	1
Total	0	0	0	3	9	32	26	25	20	6	121

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Ledvance LLC Pension Plan
EIN / PN: 81-0887998/006
Plan Sponsor: Ledvance LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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	230,347	316,532	10,975,299	11,522,204
2026	600,713	412,086	10,744,252	11,757,128
2027	863,902	560,846	10,551,727	11,976,612
2028	1,076,486	711,768	10,380,489	12,168,945
2029	1,241,440	965,082	10,257,086	12,463,736
2030	1,363,699	1,226,139	10,117,053	12,706,891
2031	1,448,894	1,374,215	9,980,577	12,803,686
2032	1,512,620	1,545,517	9,865,943	12,924,080
2033	1,558,273	1,814,406	9,739,784	13,112,463
2034	1,586,022	2,055,763	9,600,317	13,242,102
2035	1,601,661	2,297,676	9,447,902	13,347,239
2036	1,608,727	2,583,217	9,282,210	13,474,154
2037	1,604,376	2,701,267	9,101,215	13,406,858
2038	1,592,764	2,729,279	8,903,907	13,225,950
2039	1,577,462	2,783,921	8,689,328	13,050,711
2040	1,556,974	2,804,940	8,456,627	12,818,541
2041	1,531,593	2,820,362	8,205,089	12,557,044
2042	1,501,687	2,856,195	7,934,203	12,292,085
2043	1,469,069	2,849,292	7,643,728	11,962,089
2044	1,431,516	2,811,351	7,333,768	11,576,635
2045	1,386,439	2,785,331	7,004,828	11,176,598
2046	1,340,933	2,740,468	6,657,858	10,739,259
2047	1,290,890	2,675,207	6,294,295	10,260,392
2048	1,235,566	2,597,883	5,916,079	9,749,528
2049	1,177,624	2,520,345	5,525,672	9,223,641
2050	1,116,687	2,441,165	5,126,036	8,683,888
2051	1,053,175	2,353,077	4,720,591	8,126,843
2052	987,564	2,257,782	4,313,188	7,558,534
2053	920,339	2,152,904	3,908,050	6,981,293
2054	852,021	2,040,558	3,509,695	6,402,274

Plan Name: Ledvance LLC Pension Plan
EIN / PN: 81-0887998/006
Plan Sponsor: Ledvance LLC
Valuation Date: January 1, 2025

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	783,416	1,923,930	3,122,738	5,830,084
2056	715,173	1,803,533	2,751,617	5,270,323
2057	648,003	1,680,023	2,400,416	4,728,442
2058	582,690	1,554,207	2,072,619	4,209,516
2059	519,938	1,427,050	1,770,994	3,717,982
2060	460,380	1,299,714	1,497,500	3,257,594
2061	404,544	1,173,553	1,253,148	2,831,245
2062	352,834	1,050,068	1,038,067	2,440,969
2063	305,524	930,777	851,549	2,087,850
2064	262,745	817,092	692,209	1,772,046
2065	224,489	710,264	558,090	1,492,844
2066	190,640	611,271	446,818	1,248,729
2067	160,982	520,824	355,763	1,037,569
2068	135,228	439,335	282,201	856,764
2069	113,051	366,906	223,464	703,421
2070	94,091	303,390	177,045	574,526
2071	77,981	248,427	140,659	467,067
2072	64,370	201,482	112,291	378,143
2073	52,922	161,900	90,225	305,047
2074	43,328	128,938	73,035	245,302

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	18,779,690	15.00000	18,779,690	1,746,610
2. Shortfall	01/01/2024	(4,172,785)	14.00000	(3,914,767)	(381,376)
3. Shortfall	01/01/2023	29,661,587	13.00000	26,490,453	2,716,429
4. Shortfall	01/01/2022	7,336,249	12.00000	6,245,303	677,953
5. Shortfall	01/01/2021	1,576,473	11.00000	1,270,550	146,993
Total				48,871,229	4,906,609

Plan Name: Ledvance LLC Pension Plan
EIN / PN: 81-0887998/006
Plan Sponsor: Ledvance LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

CFL & WLB Union Participants

0-19 Years of Service

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) x (b) x (c)
45.5	0.00%	1.0000	0.00
46.5	0.00%	1.0000	0.00
47.5	0.00%	1.0000	0.00
48.5	0.00%	1.0000	0.00
49.5	0.00%	1.0000	0.00
50.5	0.00%	1.0000	0.00
51.5	0.00%	1.0000	0.00
52.5	0.00%	1.0000	0.00
53.5	0.00%	1.0000	0.00
54.5	0.00%	1.0000	0.00
55.5	20.00%	1.0000	11.10
56.5	10.00%	0.8000	4.52
57.5	10.00%	0.7200	4.14
58.5	10.00%	0.6480	3.79
59.5	10.00%	0.5832	3.47
60.5	10.00%	0.5249	3.18
61.5	10.00%	0.4724	2.91
62.5	30.00%	0.4252	7.97
63.5	25.00%	0.2976	4.72
64.5	25.00%	0.2232	3.60
65.5	33.00%	0.1674	3.62
66.5	33.00%	0.1122	2.46
67.5	33.00%	0.0751	1.67
68.5	33.00%	0.0503	1.14
69.5	33.00%	0.0337	0.77
70	100.00%	0.0226	1.58
Weighted Average			60.64

Plan Name: Ledvance LLC Pension Plan
EIN / PN: 81-0887998/006
Plan Sponsor: Ledvance LLC
Valuation Date: January 1, 2025

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Union (All other Participants) & Hourly Participants

0-19 Years of Service				20+ Years of Service			
(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) x (b) x (c)	Age	Rate	Weight	Product (a) x (b) x (c)
55.5	20.00%	1.0000	11.10	55.5	20.00%	1.0000	11.10
56.5	10.00%	0.8000	4.52	56.5	10.00%	0.8000	4.52
57.5	10.00%	0.7200	4.14	57.5	10.00%	0.7200	4.14
58.5	10.00%	0.6480	3.79	58.5	20.00%	0.6480	7.58
59.5	10.00%	0.5832	3.47	59.5	20.00%	0.5184	6.17
60.5	10.00%	0.5249	3.18	60.5	20.00%	0.4147	5.02
61.5	10.00%	0.4724	2.91	61.5	20.00%	0.3318	4.08
62.5	30.00%	0.4252	7.97	62.5	30.00%	0.2654	4.98
63.5	25.00%	0.2976	4.72	63.5	25.00%	0.1858	2.95
64.5	25.00%	0.2232	3.60	64.5	25.00%	0.1393	2.25
65.5	33.00%	0.1674	3.62	65.5	33.00%	0.1045	2.26
66.5	33.00%	0.1122	2.46	66.5	33.00%	0.0700	1.54
67.5	33.00%	0.0751	1.67	67.5	33.00%	0.0469	1.05
68.5	33.00%	0.0503	1.14	68.5	33.00%	0.0314	0.71
69.5	33.00%	0.0337	0.77	69.5	33.00%	0.0211	0.48
70	100.00%	0.0226	1.58	70	100.00%	0.0141	0.99
Weighted Average			60.64	Weighted Average			59.82

Plan Name: Ledvance LLC Pension Plan
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Plan Sponsor: Ledvance LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Salaried Participants

0-19 Years of Service				20+ Years of Service			
(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) x (b) x (c)	Age	Rate	Weight	Product (a) x (b) x (c)
50.5	5.00%	1.0000	2.53	50.5	5.00%	1.0000	2.53
51.5	5.00%	0.9500	2.45	51.5	5.00%	0.9500	2.45
52.5	5.00%	0.9025	2.37	52.5	5.00%	0.9025	2.37
53.5	5.00%	0.8574	2.29	53.5	5.00%	0.8574	2.29
54.5	5.00%	0.8145	2.22	54.5	5.00%	0.8145	2.22
55.5	20.00%	0.7738	8.59	55.5	20.00%	0.7738	8.59
56.5	10.00%	0.6190	3.50	56.5	10.00%	0.6190	3.50
57.5	10.00%	0.5571	3.20	57.5	10.00%	0.5571	3.20
58.5	10.00%	0.5014	2.93	58.5	20.00%	0.5014	5.87
59.5	10.00%	0.4513	2.69	59.5	20.00%	0.4011	4.77
60.5	10.00%	0.4061	2.46	60.5	20.00%	0.3209	3.88
61.5	10.00%	0.3655	2.25	61.5	20.00%	0.2567	3.16
62.5	30.00%	0.3290	6.17	62.5	30.00%	0.2054	3.85
63.5	25.00%	0.2303	3.66	63.5	25.00%	0.1438	2.28
64.5	25.00%	0.1727	2.78	64.5	25.00%	0.1078	1.74
65.5	33.00%	0.1295	2.80	65.5	33.00%	0.0809	1.75
66.5	33.00%	0.0868	1.90	66.5	33.00%	0.0542	1.19
67.5	33.00%	0.0581	1.30	67.5	33.00%	0.0363	0.81
68.5	33.00%	0.0390	0.88	68.5	33.00%	0.0243	0.55
69.5	33.00%	0.0261	0.60	69.5	33.00%	0.0163	0.37
70	100.00%	0.0175	1.22	70	100.00%	0.0109	0.76
Weighted Average			58.79	Weighted Average			58.13

Weighted Average Retirement Age

Group	Number of Participants Exposed	Weighted Average Retirement Age
Salaried - 0-19 Years of Service	13	58.79
Salaried - 20+ Years of Service	56	58.13
Union (All other) & Hourly - 0-19 Years of Service	6	60.64
Union (All other) & Hourly - 20+ Years of Service	46	59.82
Union (CFL & WLB) - 0-19 Years of Service	0	60.64
Total	121	58.97

Plan Name: Ledvance LLC Pension Plan
EIN / PN: 81-0887998/006
Plan Sponsor: Ledvance LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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	230,347	316,532	10,975,299	11,522,204
2026	600,713	412,086	10,744,252	11,757,128
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2032	1,512,620	1,545,517	9,865,943	12,924,080
2033	1,558,273	1,814,406	9,739,784	13,112,463
2034	1,586,022	2,055,763	9,600,317	13,242,102
2035	1,601,661	2,297,676	9,447,902	13,347,239
2036	1,608,727	2,583,217	9,282,210	13,474,154
2037	1,604,376	2,701,267	9,101,215	13,406,858
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2039	1,577,462	2,783,921	8,689,328	13,050,711
2040	1,556,974	2,804,940	8,456,627	12,818,541
2041	1,531,593	2,820,362	8,205,089	12,557,044
2042	1,501,687	2,856,195	7,934,203	12,292,085
2043	1,469,069	2,849,292	7,643,728	11,962,089
2044	1,431,516	2,811,351	7,333,768	11,576,635
2045	1,386,439	2,785,331	7,004,828	11,176,598
2046	1,340,933	2,740,468	6,657,858	10,739,259
2047	1,290,890	2,675,207	6,294,295	10,260,392
2048	1,235,566	2,597,883	5,916,079	9,749,528
2049	1,177,624	2,520,345	5,525,672	9,223,641
2050	1,116,687	2,441,165	5,126,036	8,683,888
2051	1,053,175	2,353,077	4,720,591	8,126,843
2052	987,564	2,257,782	4,313,188	7,558,534
2053	920,339	2,152,904	3,908,050	6,981,293
2054	852,021	2,040,558	3,509,695	6,402,274

Plan Name: Ledvance LLC Pension Plan
EIN / PN: 81-0887998/006
Plan Sponsor: Ledvance LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	783,416	1,923,930	3,122,738	5,830,084
2056	715,173	1,803,533	2,751,617	5,270,323
2057	648,003	1,680,023	2,400,416	4,728,442
2058	582,690	1,554,207	2,072,619	4,209,516
2059	519,938	1,427,050	1,770,994	3,717,982
2060	460,380	1,299,714	1,497,500	3,257,594
2061	404,544	1,173,553	1,253,148	2,831,245
2062	352,834	1,050,068	1,038,067	2,440,969
2063	305,524	930,777	851,549	2,087,850
2064	262,745	817,092	692,209	1,772,046
2065	224,489	710,264	558,090	1,492,844
2066	190,640	611,271	446,818	1,248,729
2067	160,982	520,824	355,763	1,037,569
2068	135,228	439,335	282,201	856,764
2069	113,051	366,906	223,464	703,421
2070	94,091	303,390	177,045	574,526
2071	77,981	248,427	140,659	467,067
2072	64,370	201,482	112,291	378,143
2073	52,922	161,900	90,225	305,047
2074	43,328	128,938	73,035	245,302

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Salaried Employees

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted and effective on November 1, 2017 and most recently updated April, 2019 to extend special termination benefits for certain salaried participants impacted by involuntary terminations through April 30, 2020.

Originally effective January 29, 1993. Amended and restated January 1, 2013. Effective as of January 1, 2011, all benefits accrued under the plan were frozen for legacy LEDVANCE LLC salaried participants.

Covered employees	All salaried employees
Participation date	Participation retroactive to date of hire (or beginning of plan year) upon completion of 1,000 hours of service in the 12-month period (or plan year) following date of hire before becoming eligible. Certain participants in the GTE pension plans were transferred to the plan effective January 29, 1993. Certain participants in Motorola pension plan were transferred to the plan effective March 1, 2000. The plan was closed to new entrants January 1, 2007. For participants whose age + service was less than 55 (Rule of 55) on October 1, 2007, benefits were frozen as of October 1, 2007. Participants who met the Rule of 55 were given the choice of remaining in the current plan or freezing benefits as of October 1, 2007. Participants whose benefits were frozen receive additional defined contribution plan benefits.

Definitions

Vesting service	One year credited for 1,000 hours of service. Partial years credited based on the ratio of hours of service to 2,080 (or minimum standard hours).

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Pension service	One year credited for 2,080 hours (or minimum standard hours worked according to the employer policy). Partial years credited based on the ratio of hours of service to 2,080 (or minimum standard hours).
Average earnings	The average of the highest five consecutive years of Compensation of employment.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of vesting service, or the fifth anniversary of participation, if earlier.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing fifteen years of pension service (for former GTE employees, 15 years of pension service, provided that the sum of vesting service and age is at least 76 years).
Postponed retirement	Retirement after NRD
Deferred vested termination	Termination for reasons other than death, disability or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD and participant has attained fifteen years of pension service
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

The annual pension is 1.15% of average annual compensation plus an additional 0.3% of such average annual compensation in excess of the average maximum earnings subject to FICA tax for a person attaining age 65 in the year the member retires, such total multiplied by years of pension service. This benefit shall not be less than the greater of:

(a) 1.35% of average annual compensation multiplied by years of pension service; and

(b) A dollar amount (from $105 to $3,300 based on service).

Former Motorola-LZ participants receive the greater of the pension service pension above or their prior formula reflecting pension service as of March 1, 2000 plus the ongoing formula above reflecting future pension service.

Early retirement

The annual pension is the accrued benefit payable at age 65 but reduced 3% per year if payments commence before age 60 (the reduction starts at age 58 if the participant has 20 years of pension service); there is no reduction if the commencement date is between ages 60 and 65.

For former Motorola-LZ participants, Motorola Pension Plan early retirement provisions will be applied to that part of the normal retirement benefit that is determined by their prior formula, if any.

For former GTE employees, for a benefit that commences prior to age 55, that part of the benefit payable at age 65 with pre-January 29, 1993 service is reduced by 3% per year for each year before age 55. For former GTE employees who are age 55 with 15 years of pension service, that part of the benefit payable at age 65 with pre-January 1993 service shall be reduced by the Table 2 – Early Commencement Factors.

Postponed retirement

The monthly pension benefit determined as of the actual retirement date.

Deferred vested termination

The annual pension is accrued benefit payable at age 65 or reduced actuarially (using Table 2 – Early Commencement Factors) if payments commence after age 55 but before age 65.

SCHEDULE SB ATTACHMENTS

Disablement	The accrued benefit is payable upon 90 days' notice without reduction for early commencement.
Preretirement death	**Before Retirement:** If the member dies after he has a vested right, the spouse receives a pension for life equal to ½ of the 50% joint and survivor benefit that would have been payable at member's normal retirement date if the member had terminated employment on the date of his death. The spouse's pension is payable at the member's normal retirement date or in an actuarially reduced (using Table 2 – Early Commencement Factors) amount any time after member's eligibility for early retirement. There is no reduction for early commencement of spouse's pension if the member died in the service of the company with five years of vesting service. **After Retirement:** The normal form payment is a life annuity. If the member has a spouse, this normal form is automatically converted to a 50 % joint and survivor option unless such conversion is waived.

Other Plan Provisions

Forms of payment	Single life annuity and optional Joint and Survivor annuities (33 1/3%, 50%, 75%, or 100%) **Motorola-LZ participants:** 10-year certain and life option is also available. **Former GTE employees:** They may elect to receive their pre-January 29, 1993 benefit as a lump sum. Non-Elective lump sum payment if the present value does not exceed $1,000.
Actuarial Equivalence	Applicable factors specified under the plan's tables (Early Commencement Factors, Factors for Small Pensions, Disability Joint and Survivor Option Factors, Certain and Life Option Factors, and Joint and Survivor Option Factors). If appropriate factors not specified, then a 7% interest rate and the TPF&C Forecast Mortality Table for 100% males set back two years is used.

SCHEDULE SB ATTACHMENTS

	For Lump Sum calculations, interest based on the three-segment yield curve for the month of August preceding the plan year in which the distribution occurs as specified in applicable IRS Notice and mortality based on IRC Section 417 (e) mortality table for plan year of distribution as specified in applicable IRS Notice will be used to determine the present value.
Pension Increases	None
Plan participants' contributions	None

Future Plan Changes

The plan was amended to allow for the purchase of annuities for a group of retirees in February 2025. The amendment is not reflected herein for the current plan year's AFTAP certification or the determination of the minimum required contribution. This amendment will be first reflected in the January 1, 2026 valuation.

Changes in Benefits Valued Since Prior Year

There have been no significant changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Hourly Employees

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted and effective on April 1, 2016.

Originally effective January 29, 1993. Amended and restated January 1, 2013

Covered employees	All hourly employees
Participation date	Immediate. Some employees may need to complete 1,000 hours of service in the 12 months (or any successive 12 month period) following their date of hire. Certain participants in the GTE pension plans were transferred to the plan effective January 29, 1993. The plan was closed to new entrants April 1, 2007.

Definitions

Vesting service	One year credited for 1,000 hours of service. Partial years credited based on the ratio of hours of service to 2,340.
Pension service	One year credited for 2,340 hours. Partial years credited based on the ratio of hours of service to 2,340.
Average earnings	The average of any five years of Compensation which produces the highest average within the final ten years of employment.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing fifteen years of pension service
Postponed retirement	Retirement after NRD

SCHEDULE SB ATTACHMENTS

Deferred vested termination	Termination for reasons other than death, disability or retirement after completing five years of vesting service, attain normal retirement age, or layoff
Disability	Permanent and total disability prior to NRD, and participant has attained ten years of pension service
Supplemental benefit	Payable to members who retire with 15 years of pension service and have attained age 60 (but less than age 62), 20 years of pension service and have attained age 58 (but less than age 60), termination due to layoff with 25 years of pension service and have attained age 55, or 20 years of pension service and have attained age 55.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

The annual pension is the greater of (a) or (b):

(a) A dollar amount (ranging from $327 to $432, depending on final average earnings) times years of pension service.

(b) A dollar amount (from $327 to $432, depending on final average earnings) times years of pension service before September 1, 1961, plus 1% of total compensation after September 1, 1961.

Final Average Earnings	Dollar Multiplier
Below $22,000	$327
$22,000-$22,399	$330
$22,400-$22,799	$333
$22,800-$23,199	$336
$23,200-$23,599	$339
$23,600-$23,999	$342
$24,000-$24,499	$348
$24,500-$24,999	$354
$25,000-$25,499	$360
$25,500-$25,999	$366
$26,000-$26,499	$372
$26,500-$26,999	$378
$27,000-$27,499	$384
$27,500-$27,999	$390
$28,000-$28,499	$396
$28,500-$28,999	$402
$29,000-$29,499	$408
$29,500-$29,999	$414
$30,000-$30,999	$420
$31,000-$31,999	$426
$32,000-$32,999	$429
$33,000+	$432

Early retirement

The annual pension is the accrued benefit payable at age 65 but reduced 3% per year if payments commence before age 60 (the reduction starts at age 58 if the participant has 20 years of pension service); there is no reduction if the commencement date is between ages 60 and 65 or age 55 with 30 years of service.

Postponed retirement

The monthly pension benefit determined as of the actual retirement date

SCHEDULE SB ATTACHMENTS

Deferred vested termination	The annual pension is accrued benefit payable at age 65 or reduced actuarially (using Table 1 - Early Commencement Factors) if payments commence after age 55 but before age 65.
Disablement	The accrued benefit is payable upon 90 days' notice without reduction for early commencement. The pension benefit is reduced by other disability income (except for statutory Worker's Compensation benefits) paid for by the company's premiums or taxes.
Supplemental benefit	The annual benefit is $240 times years of pension service to a maximum of 25 years. This supplemental payment commences at age 60 with 15 years of service at retirement, or at age 58 with 20 years of service at retirement, or at age 55 with 30 years of service at retirement, and ceases at the earlier of age 62, Social Security benefit eligibility, or death.
Preretirement death	**Before Retirement*:*** If the member dies after he has a vested right, the spouse receives a pension for life equal to ½ of the 50% joint and survivor benefit that would have been payable at member's normal retirement date if the member had terminated employment on the date of his death. The benefit is payable in an unreduced amount commencing at the member's death if the member died while employed or if the member was eligible for early or disability retirement. Otherwise, the spouse's pension is actuarially reduced (Table 1 - Early Commencement Factors) for early commencement. The reduction is to an actuarially benefit. **After Retirement:** The normal form payment is a life annuity. If the member has a spouse, this normal form is automatically converted to a 50 % joint and survivor option unless such conversion is waived.

Other Plan Provisions

Forms of payment	Single life annuity and optional Joint and Survivor annuities (33 1/3%, 50%, 66 2/3%, 75%, or 100%) with pop-up, and 5-year and 10-year certain and life option. Non-Elective lump sum payment if the present value does not exceed $1,000.

SCHEDULE SB ATTACHMENTS

Actuarial Equivalence	Applicable factors specified under the plan's tables (Early Commencement Factors, Factors for Small Pensions, Factors for Small Pensions, Joint and Survivor Option with Pop-Up Factors, Certain and Life Option Factors, and Joint and Survivor Option Factors). If appropriate factors not specified, then a 7% interest rate and the TPF&C Forecast Mortality Table for 100% males set back two years is used. For Lump Sum calculations, interest based on the three-segment yield curve for the month of August preceding the plan year in which the distribution occurs as specified in applicable IRS Notice and mortality based on IRC Section 417 (e) mortality table for plan year of distribution as specified in applicable IRS Notice will be used to determine the present value.
Pension Increases	None
Plan participants' contributions	None

Future Plan Changes

The plan was amended to allow for the purchase of annuities for a group of retirees in February 2025. The amendment is not reflected herein for the current plan year's AFTAP certification or the determination of the minimum required contribution. This amendment will be first reflected in the January 1, 2026 valuation.

Changes in Benefits Valued Since Prior Year

There have been no significant changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Union Participants

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted and effective on April 1, 2016.

Originally effective January 29, 1993. Amended and restated January 1, 2013.

Covered employees	Certain Union Hourly employees
Participation date	Employees covered by a collective bargaining agreement which provides for participants in the plan. Some employees may also need to complete 1,000 hours of service in the 12 month or any plan year following the date of hire before becoming eligible. Certain participants in the GTE Pension Plans were transferred to the plan effective January 29, 1993. The plan is closed. St. Mary's closed to employees hired or rehired after July 1, 2007. Bethlehem closed to employees hire or rehire after June 1, 2008. Central Falls, Ontario, Warren, and Winchester closed to employees hired or rehired after December 1, 2008. Wellsboro closed to employees hired or rehired after February 1, 2009. Closed to employees who are members of IBEW Local 58 hired or rehired after August 1, 2012. Participants rehired after these dates earn vesting service only.

Definitions

Vesting service	One year credited for 1,000 hours of service. Partial years credited based on the ratio of hours of service to 2,340. **Wellsboro and Central Falls:** One year is credited for 960 hours of service. **Sylvania Lighting Service Corporation:** Partial years credited based on ratio of hours to 2,080.

SCHEDULE SB ATTACHMENTS

Pension service	One year credited for 2,340 hours of service. Partial years credited based on the ratio of hours of service to 2,340. **Wellsboro and Central Falls:** One year is credited for 960 hours of service. **Sylvania Lighting Service Corporation:** One year is credited for 2,080 hours of service. Partial years credited based on ratio of hours to 2,080.
Average earnings	The average of any five years of Compensation which produces the highest average within the final ten years of employment.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65

Eligibility for Benefits

Normal retirement	Retirement on NRD **Wellsboro and Central Falls:** Hired after January 1, 1989, five years of pension service is also required. **Sylvania Lighting Service Corporation:** Five years of vesting service or plan participation is also required.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing fifteen years of pension service **Wellsboro and Central Falls:** Age 55 with five years of pension service or 30 years of pension service **Sylvania Lighting Service Corporation:** Age 60 with 20 years of pension service
Postponed retirement	Retirement after NRD
Deferred vested termination	Termination for reasons other than death, disability or retirement after completing five years of vesting service or attain normal retirement age

SCHEDULE SB ATTACHMENTS

Disability

Permanent and total disability prior to NRD, and participant has attained ten years of pension service

Sylvania Lighting Service Corporation:
Not eligible for disability retirement

Supplemental benefit

Payable to members who retire with 15 years of pension service and have attained age 60 (but less than age 62), 20 years of pension service and have attained age 58 (but less than age 60).

Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

Normal retirement

The annual pension is the greater of (a) or (b):

(c) A dollar amount (ranging from $327 to $432, depending on final average earnings) times years of pension service.

(d) A dollar amount (from $327 to $432, depending on final average earnings) times years of pension service before September 1, 1961, plus 1% of total compensation after September 1, 1961.

Final Average Earnings	Dollar Multiplier
Below $22,000	$327
$22,000-$22,399	$330
$22,400-$22,799	$333
$22,800-$23,199	$336
$23,200-$23,599	$339
$23,600-$23,999	$342
$24,000-$24,499	$348
$24,500-$24,999	$354
$25,000-$25,499	$360
$25,500-$25,999	$366
$26,000-$26,499	$372
$26,500-$26,999	$378
$27,000-$27,499	$384
$27,500-$27,999	$390
$28,000-$28,499	$396
$28,500-$28,999	$402
$29,000-$29,499	$408
$29,500-$29,999	$414
$30,000-$30,999	$420
$31,000-$31,999	$426
$32,000-$32,999	$429
$33,000+	$432

SCHEDULE SB ATTACHMENTS

	Wellsboro and Central Falls: The annual pension is $408 times years of pension service. **Sylvania Lighting Service Corporation:** The annual pension is $60 ($180 for Sacramento and San Francisco) times years of pension service.
Early retirement	The annual pension is the accrued benefit payable at age 65 but reduced 3% per year if payments commence before age 60 (the reduction starts at age 58 if the participant has 20 years of pension service); there is no reduction if the commencement date is between ages 60 and 65. **Wellsboro and Central Falls:** There is no reduction with 30 or more years of service. **Sylvania Lighting Service Corporation:** The annual pension is reduced by the appropriate factor (Table I - Early Commencement Factors) for commencement prior to age 65. **Ontario, Warren, Winchester, and St. Mary's:** There is no reduction at age 55 with 30 years of service.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date
Deferred vested termination	The annual pension is accrued benefit payable at age 65 or reduced actuarially (using Table I - Early Commencement Factors) if payments commence after age 55 but before age 65. A separate table of early commencement factors specified in the plan applies to St. Mary's, Central Falls, and Wellsboro.
Disablement	The accrued benefit is payable upon 90 days' notice without reduction for early commencement. The pension benefit is reduced by other disability income (except for statutory Worker's Compensation benefits) paid for by the company's premiums or taxes.

SCHEDULE SB ATTACHMENTS

Supplemental benefit

The annual benefit is $216 times years of pension service to a maximum of 25 years. This supplemental payment commences at age 60 with 15 years of service at retirement, or at age 58 with 20 years of service at retirement. The supplement ceases at age 62 (or, if earlier, member's eligibility for Social Security benefits or death).

Wellsboro and Central Falls:
The annual benefit is $216 times years of pension service to a maximum of 25 years. This supplemental payment commences at age 60 (but less than age 62) with 15 years of pension service, or age 58 (but less than age 60) with 20 years of pension service, or age 55 with 30 years of pension service. The supplement ceases at age 62 (or, earlier, member's eligibility for Social Security benefits or death). Central Falls employees with 30 years of service receive $200 per month to age 55.

Sylvania Lighting Service Corporation:
These supplemental payments are not available.

Ontario, Warren, Winchester, and St. Mary's:
The annual benefit is $240 times years of pension service to a maximum of 25 years. This supplemental payment commences at age 60 (but less than age 62) with 15 years of pension service, or age 58 (but less than age 60) with 20 years of pension service, or age 55 with 30 years of pension service. The supplement ceases at age 62 (or, earlier, member's eligibility for Social Security benefits or death). Central Falls employees with 30 years of service receive $200 per month to age 55.

Preretirement death

Before Retirement:
If the member dies after he has a vested right, the spouse receives a pension for life equal to ½ of the 50% joint and survivor benefit that would have been payable at member's normal retirement date if the member had terminated employment on the date of his death. The benefit is payable in an unreduced amount commencing at the member's death if the member died while employed or if the member was eligible for early or disability retirement. Otherwise, the spouse's pension is actuarially reduced (Table I - Early Commencement Factors) for early commencement.

SCHEDULE SB ATTACHMENTS

Wellsboro and Central Falls:
If the member was eligible for early retirement or had more than 10 years of pension service, the spouse receives a pension for life equal to ½ of the single life annuity that would have been payable at the member's normal retirement date if the member had terminated employment on the date of his death. This benefit is reduced by one-fifth of 1% for each month that the spouse is more than 60 months less than the age of the deceased member. If the spouse elects to have this pension commence immediately, the benefit shall be reduced by ½ of 1% for each month that the member's death precedes his sixtieth birthday.

If the member was not eligible for early retirement benefit, the spouse receives a pension for life equal to ½ of the joint and survivor annuity as described above. If the spouse elects to have this pension commence immediately, it will be reduced by 1/180th for the first 60 months and 1/360th for each additional month that the member's death precedes his sixty-fifth birthday.

Unreduced benefits are also payable to spouses of Wellsboro and Central Falls employees any time after the employee's death if the employee had completed at least 30 years of service, or at the employee's age 60 if the employee had completed at least five years of service. Otherwise, the spouse's pension is actuarially reduced for early commencement. The reduction is to an actuarially equivalent benefit.

Sylvania Lighting Service Corporation:
The spouse's pension cannot commence prior to the employee's sixtieth birthday, or earliest retirement date.

After Retirement*:*
The normal form payment is a life annuity. If the member has a spouse, this normal form is automatically converted to a 50 % joint and survivor option unless such conversion is waived.

Other Plan Provisions

Forms of payment

Single life annuity, optional Joint and Survivor annuities (33 1/3%, 50%, 66 2/3%, 75%, or 100%) with pop-up, and 5-year and 10-year certain and life option.

Wellsboro and Central Falls:
Single life annuity, optional Joint and Survivor annuities (50%, 75%, or 100%) with pop-up and/or 5-year, 6-year, or 10-year certain and life option, or level income option.

SCHEDULE SB ATTACHMENTS

	Sylvania Lighting Service Corporation: Single life annuity or optional Joint and Survivor annuities (50%, 75%, or 100%). Non-Elective lump sum payment if the present value does not exceed $1,000.
Actuarial Equivalence	Applicable factors specified under the plan's tables (Early Commencement Factors, Factors for Small Pensions, Factors for Small Pensions, Joint and Survivor Option with Pop-Up Factors, Certain and Life Option Factors, Joint and Survivor Option Factors, Level Income Option Factors for Wellsboro and Central Falls). If appropriate factors not specified, then a 7% interest rate and the TPF&C Forecast Mortality Table for 100% males set back two years is used. For Lump Sum calculations, interest based on the three-segment yield curve for the month of August preceding the plan year in which the distribution occurs as specified in applicable IRS Notice and mortality based on IRC Section 417 (e) mortality table for plan year of distribution as specified in applicable IRS Notice will be used to determine the present value.
Pension Increases	None
Plan participants' contributions	None

Future Plan Changes

The plan was amended to allow for the purchase of annuities for a group of retirees in February 2025. The amendment is not reflected herein for the current plan year's AFTAP certification or the determination of the minimum required contribution. This amendment will be first reflected in the January 1, 2026 valuation.

Changes in Benefits Valued Since Prior Year

There have been no significant changes in benefits valued since the prior year.

LEDVANCE LLC Pension Plan

Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year)
December 31, 2025

Employer Identification Number: 81-0887998
Plan Number: 006

(a)	(b)	(c) Description of Investment					(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Type of Investment	Maturity Date	Rate of Interest	Collateral	Par or Maturity Value	Cost	Fair Value
*	AON LARGE CAP EQUITY INDEX	Common/Collective Trust	N/A	N/A	N/A	N/A	$ 13,777,349	$ 24,760,144
*	AON LONG CR BD	Common/Collective Trust	N/A	N/A	N/A	N/A	24,788,742	23,986,528
*	AON NON-US EQUTIY INDEX	Common/Collective Trust	N/A	N/A	N/A	N/A	8,754,294	14,059,391
	NISA ULTRA LG TR CIF	Common/Collective Trust	N/A	N/A	N/A	N/A	11,955,537	13,147,686
*	AON US INTERMEDIATE GOVERNMENT	Common/Collective Trust	N/A	N/A	N/A	N/A	9,732,217	10,345,335
	SSGA REIT INDEX NON-LENDING	Common/Collective Trust	N/A	N/A	N/A	N/A	4,224,992	5,716,326
	NISA ULTRA MD TR CIF	Common/Collective Trust	N/A	N/A	N/A	N/A	3,887,029	4,708,844
*	AON MULTI ASSET CREDIT FUND	Common/Collective Trust	N/A	N/A	N/A	N/A	3,544,553	4,646,911
	SSGA RUSSEL SMID	Common/Collective Trust	N/A	N/A	N/A	N/A	2,416,260	4,429,394
*	AON US LONG GOVERNMENT INDEX	Common/Collective Trust	N/A	N/A	N/A	N/A	1,121,321	1,108,627
*	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	Common/Collective Trust	N/A	N/A	N/A	N/A	2,341,842	2,341,842
*	AON HIGH YEILD PLUS CL I	Common/Collective Trust	N/A	N/A	N/A	N/A	283,350	340,772
*	AON MID DURATION LONG CR BD	Common/Collective Trust	N/A	N/A	N/A	N/A	255,708	308,384
							87,083,194	109,900,184
*	Aon Diversifying Alternatives Portfolio Fund	103-12 Investment Entity Fund	N/A	N/A	N/A	N/A	5,259,257	5,611,399
							$ 92,342,451	$ 115,511,583

* Represents a party-in-interest to the Plan.

The above information has been certified by The Bank of New York Mellon, the trustee, as complete and accurate.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	18,779,690	15.00000	18,779,690	1,746,610
2. Shortfall	01/01/2024	(4,172,785)	14.00000	(3,914,767)	(381,376)
3. Shortfall	01/01/2023	29,661,587	13.00000	26,490,453	2,716,429
4. Shortfall	01/01/2022	7,336,249	12.00000	6,245,303	677,953
5. Shortfall	01/01/2021	1,576,473	11.00000	1,270,550	146,993
Total				48,871,229	4,906,609

Plan Name: Ledvance LLC Pension Plan
EIN / PN: 81-0887998/006
Plan Sponsor: Ledvance LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost changed from $1,145,000 for 2024 to $1,354,000 for 2025.

Plan Name:	Ledvance LLC Pension Plan
EIN / PN:	81-0887998/006
Plan Sponsor:	Ledvance LLC
Valuation Date:	January 1, 2025