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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ 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:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ANAREN MICROWAVE, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1972

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)
ANAREN, INC.

6635 KIRKVILLE ROAD
EAST SYRACUSE, NY 13057-9672

2b Employer Identification Number (EIN) 16-0928561

2c Plan Sponsor's telephone number 315-362-0523

2d Business code (see instructions) 335310

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.	04/15/2022	SUZANNE THOMAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	320
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)**	57
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	50
b	Retired or separated participants receiving benefits	**6b**	146
c	Other retired or separated participants entitled to future benefits	**6c**	90
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	286
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	28
f	Total. Add lines **6d** and **6e**.	**6f**	314
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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 Characteristics Codes in the instructions:

1A

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

▶ **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
ANAREN MICROWAVE, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-0928561

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

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

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2020

2 Assets:

a Market value	**2a**	20668838
b Actuarial value	**2b**	21160018

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	163	11832329	11832329
b For terminated vested participants	100	4631974	4631974
c For active participants	57	6678407	6678407
d Total	320	23142710	23142710

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**	5.36 %
6 Target normal cost	**6**	20000

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

	11/10/2021
Signature of actuary	Date
WILLIAM H. STUART, ASA, EA	20-06801
Type or print name of actuary	Most recent enrollment number
BPAS ACTUARIAL & PENSION SERVICES	315-703-8985
Firm name	Telephone number (including area code)
706 N. CLINTON STREET SUITE 200 SYRACUSE, NY 13204	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.89 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.52 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	91.43 %
15	Adjusted funding target attainment percentage	15	91.43 %
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	91.87 %
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
10/15/2020	158461	0			
01/15/2021	158461	0			
04/15/2021	158461	0			
			Totals ► 18(b)	475383	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	462153

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:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? 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 6)	**31a**	20000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1982692	426445
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**	446445

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

36 Additional cash requirement (line 34 minus line 35)	**36**	446445
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	462153

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

a Total (excess, if any, of line 37 over line 36)	**38a**	15708
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
ANAREN MICROWAVE, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-0928561

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

M&T BANK

16-0538020

(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 27 50	NONE	98467	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
ANAREN MICROWAVE, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-0928561

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	234046	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	36920	35589
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	3387122	4595013
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3040567	3026676
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13973916	18053184
(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)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	20672571	25710462
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	24928
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	24928
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	20672571	25685534

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)	475383	
	(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)		475383
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)	64807	
	(C) Corporate debt instruments	2b(1)(C)	69238	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		134045
	(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)	240046	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		240046
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1216788	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1231580	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-14792
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-143409	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-143409

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5635837
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6327110
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1215680	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1215680
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	76296	
(4) Other	2i(4)	22171	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		98467
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1314147
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5012963
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] 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: FUST CHARLES CHAMBERS LLP **(2)** EIN: 16-1226221

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

			Yes	No	Amount
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**			
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 ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4344883.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
ANAREN MICROWAVE, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-0928561

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): 16-0928651

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** 2

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 contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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_____

ANAREN MICROWAVE, INC.
PENSION PLAN

Financial Statements and Supplemental Schedules

June 30, 2021 and 2020

ANAREN MICROWAVE, INC.
PENSION PLAN

Index

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Fust Charles Chambers LLP
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Anaren Microwave, Inc. Pension Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Anaren Microwave, Inc. Pension Plan (Plan), which comprise the statements of net assets available for benefits as of June 30, 2021 and 2020, 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's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 4, which was certified by Manufacturers and Traders Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of June 30, 2021 and 2020, and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

(Continued)

Report on the Financial Statements, Continued

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended June 30, 2021 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Fust Charles Chambers LLP

Syracuse, New York
April 15, 2022

Fust Charles Chambers LLP

ANAREN MICROWAVE, INC.
PENSION PLAN

Statements of Net Assets Available for Benefits

June 30, 2021 and 2020

	2021	2020
Assets:		
Investments, at fair value	$ 25,674,873	$ 20,401,605
Receivables:		
Sponsor contributions	-	234,046
Accrued interest	35,589	36,920
Total receivables	35,589	270,966
Total assets	25,710,462	20,672,571
Liabilities -		
Due to broker	24,928	-
Net assets available for benefits	$ 25,685,534	$ 20,672,571

See accompanying notes to the financial statements.

ANAREN MICROWAVE, INC.
PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended June 30, 2021 and 2020

	2021	2020
Additions:		
Investment income:		
Net appreciation in fair value of investments	$ 5,477,636	$ 226,059
Interest and dividends	374,091	424,296
Total investment income	5,851,727	650,355
Sponsor contributions	475,383	660,453
Total additions	6,327,110	1,310,808
Deductions:		
Benefit payments	1,215,680	1,135,096
Administrative expenses	98,467	88,809
Total deductions	1,314,147	1,223,905
Net increase	5,012,963	86,903
Net assets available for benefits:		
Beginning of year	20,672,571	20,585,668
End of year	$ 25,685,534	$ 20,672,571

See accompanying notes to the financial statements.

(1) Description of Plan

The following description of the Anaren Microwave, Inc. Pension Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a noncontributory defined benefit pension plan covering eligible employees of Anaren Microwave, Inc. (Sponsor). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is covered by the Pension Benefit Guaranty Corporation (PBGC).

Anaren, LLC, the parent company of the Sponsor, was acquired by TTM Technologies, Inc. in April 2018.

Effective December 31, 2019, the Plan was amended to freeze the accrued benefits for all participants.

(b) Eligibility

Full-time employees and part-time employees hired prior to August 15, 2000 who are at least 21 years of age with 1,000 hours of service per year are eligible to participate in the Plan. Employees hired after August 15, 2000 are not eligible to participate in the Plan. Current participants accrued benefits under the Plan until the December 31, 2019 freeze date.

(c) Funding Policy

The Plan's funding policy is for the Sponsor to contribute annually at a rate that is intended to fund the normal cost plus an amortization amount. The minimum funding requirements of ERISA have been met for both 2021 and 2020.

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

(d) Pension Benefits

Under the terms of the Plan, participants are eligible for a single lump sum payment or monthly benefit payments upon reaching age 65 (normal retirement) or at age 55 with a minimum of twelve years of service. Normal retirement benefits are equal to 0.60% of the average of the highest five consecutive years compensation from date of employment to June 30, 1992, times the years of service through June 30, 1992, plus 0.75% of compensation for each year of service thereafter, subject to certain limitations.

(1) Description of Plan, Continued

(e) Death Benefits

If death occurs after a participant is vested, 50% of the participant's accrued benefit is payable to the surviving spouse, at the participant's earliest retirement date applicable, reduced for early retirement and joint and survivor option.

(f) Vesting

Vesting is based on years of credited service. A participant becomes 20% vested after 3 years of service with an additional 20% for each subsequent year to 100% vested after 7 years.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

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

(c) Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the trustee. See note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(d) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(Continued)

(2) Summary of Significant Accounting Policies, Continued

(e) Administrative Expenses

The Plan agreement states that the administrative expenses, unless paid by the Sponsor, will be paid out of the assets of the Plan. Actuarial and accounting fees are paid by the Sponsor; all investment fee expenses in 2021 and 2020 were paid out of the assets of the Plan.

(f) Subsequent Events

Subsequent events have been evaluated through April 15, 2022, which is the date the financial statements were available to be issued.

(3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. 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 under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations were (a) assumed retirement age of 65 (including assumptions for early retirement); (b) a 6.00% rate of return in 2020 and 6.75% in 2019; (c) assumed mortality rate based on the sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors, with mortality improvements projected using Scale MP-2020 on a fully generational basis for 2020 and based on the sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors, with mortality improvements projected using Scale MP-2019 on a fully generational basis for 2019; (d) compensation rate increase not applicable in 2020 and 3.2% in 2019, and (e) actual administrative expenses paid, rounded to the nearest five-thousand dollars. The forgoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of July 1, 2020 and 2019. Had the valuations been performed as of June 30, there would be no material differences.

(Continued)

(3) Actuarial Present Value of Accumulated Plan Benefits, Continued

The actuarial present value of accumulated plan benefits of the Plan at July 1 is as follows:

	2020	2019
Vested benefits:		
Participants currently receiving benefits	$ 10,920,330	$ 9,947,510
Other vested participants	10,613,653	9,726,946
Total vested benefits and actuarial present value of accumulated plan benefits	$ 21,533,983	$ 19,674,456

Changes in the actuarial present value of accumulated plan benefits for the years ended July 1 are as follows:

	2020	2019
Actuarial present value of accumulated plan benefits at beginning of year	$ 19,674,456	$ 19,071,169
Increase (decrease) during the year attributable to:		
Interest due to the decrease in discount period	1,289,716	1,252,083
Changes in actuarial assumptions	1,444,431	(95,779)
Benefits accumulated and actuarial gains and losses	260,476	490,556
Benefits paid	(1,135,096)	(1,043,573)
Net increase	1,859,527	603,287
Actuarial present value of accumulated plan benefits at end of year	$ 21,533,983	$ 19,674,456

(4) Information Certified by the Plan's Trustee

The Plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator has obtained certifications from Manufacturers and Traders Trust Company, the trustee of the Plan, that all of the information provided by them is complete and accurate. Information included in the accompanying financial statements as to investments, accrued interest receivable, due to broker, interest and dividend income, net appreciation in fair value of investments, and all information in the supplemental schedules, is presented in reliance solely upon those certifications.

(Continued)

(4) Information Certified by the Plan's Trustee, Continued

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

(5) Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 — Inputs to the valuation methodology include:

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

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

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

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

(Continued)

(5) Fair Value Measurements, Continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2021 and 2020.

Exchange-traded and money market funds: Valued at the daily closing price as reported by the fund. The funds held by the Plan are closed-end funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value. The funds held by the Plan are deemed to be actively traded.

U.S. government and agency obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

	2021			
	Level 1	Level 2	Level 3	Total
Exchange-traded and money market funds	$ 18,053,184	$ -	$ -	$ 18,053,184
U.S. government and agency obligations	-	4,595,013	-	4,595,013
Corporate bonds	-	3,026,676	-	3,026,676
	$ 18,053,184	$ 7,621,689	$ -	$ 25,674,873

(Continued)

(5) Fair Value Measurements, Continued

	2020			
	Level 1	Level 2	Level 3	Total
Exchange-traded and money market funds	$ 13,973,916	$ -	$ -	$ 13,973,916
U.S. government and agency obligations	-	3,387,122	-	3,387,122
Corporate bonds	-	3,040,567	-	3,040,567
	$ 13,973,916	$ 6,427,689	$ -	$ 20,401,605

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended June 30, 2021 and 2020, there were no transfers in or out of levels 1, 2 or 3.

(6) Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

(a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.

(b) Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations.

(c) All other vested benefits (that is vested benefits not insured by the PBGC).

(d) All nonvested benefits.

(Continued)

(6) Plan Termination, Continued

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 pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

(7) Party-In-Interest

Certain Plan investments are managed by Manufacturers and Traders Trust Company (M&T). M&T is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions under ERISA. Fees charged to the Plan for investment management services amounted to $98,467 and $88,809 in 2021 and 2020, respectively.

(8) Tax Status

The Plan obtained its latest determination letter on March 14, 2018, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

(9) Risks and Uncertainties

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

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

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan No. 001

Employer Identification No. 16-0928561

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Money Market Fund			
	Federated Hermes Government Obligations Fund	Money Market Fund, 689,116 shares	$ 689,116	$ 689,116
	U.S. Government and Agency Obligations			
	U.S. Treasury bonds	Bond, 1.750%, maturing 5/15/23, $50,000 par value	50,658	51,406
	U.S. Treasury bonds	Bond, 7.250%, maturing 8/15/22, $75,000 par value	99,387	80,977
	U.S. Treasury notes	Notes, 0.250%, maturing 5/31/25, $175,000 par value	174,536	172,060
	U.S. Treasury notes	Notes, 0.250%, maturing 6/15/23, $125,000 par value	125,221	125,010
	U.S. Treasury notes	Notes, 0.375%, maturing 4/30/25, $125,000 par value	123,770	123,657
	U.S. Treasury notes	Notes, 0.500%, maturing 5/31/27, $150,000 par value	149,895	145,219
	U.S. Treasury notes	Notes, 0.500%, maturing 6/30/27, $25,000 par value	24,978	24,180
	U.S. Treasury notes	Notes, 0.500%, maturing 8/31/27, $175,000 par value	169,635	168,753
	U.S. Treasury notes	Notes, 0.625%, maturing 5/15/30, $120,000 par value	111,545	112,168
	U.S. Treasury notes	Notes, 0.625%, maturing 8/15/30, $145,000 par value	142,057	135,088
	U.S. Treasury notes	Notes, 1.125%, maturing 2/15/31, $75,000 par value	71,476	72,809
	U.S. Treasury notes	Notes, 1.125%, maturing 2/28/27, $100,000 par value	101,981	100,715
	U.S. Treasury notes	Notes, 1.250%, maturing 6/30/28, $175,000 par value	175,042	175,273
	U.S. Treasury notes	Notes, 1.500%, maturing 8/15/26, $75,000 par value	70,341	77,227
	U.S. Treasury notes	Notes, 1.625%, maturing 2/15/26, $75,000 par value	71,309	77,742
	U.S. Treasury notes	Notes, 1.625%, maturing 5/15/26, $190,000 par value	185,503	196,939
	U.S. Treasury notes	Notes, 1.625%, maturing 8/15/22, $75,000 par value	72,109	76,277
	U.S. Treasury notes	Notes, 1.625%, maturing 8/15/29, $35,000 par value	35,442	35,797

(Continued)

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan No. 001

Employer Identification No. 16-0928561

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	U.S. Government and Agency Obligations, Continued			
	U.S. Treasury notes	Notes, 1.625%, maturing 10/31/23, $100,000 par value	96,524	103,039
	U.S. Treasury notes	Notes, 1.625%, maturing 11/15/22, $75,000 par value	75,639	76,512
	U.S. Treasury notes	Notes, 1.750%, maturing 7/31/24, $115,000 par value	115,893	119,506
	U.S. Treasury notes	Notes, 1.875%, maturing 7/31/22, $10,000 par value	10,056	10,191
	U.S. Treasury notes	Notes, 2.000%, maturing 2/15/22, $75,000 par value	76,745	75,908
	U.S. Treasury notes	Notes, 2.000%, maturing 2/15/23, $125,000 par value	121,412	128,652
	U.S. Treasury notes	Notes, 2.000%, maturing 4/30/24, $125,000 par value	123,214	130,548
	U.S. Treasury notes	Notes, 2.000%, maturing 7/31/22, $50,000 par value	48,733	51,024
	U.S. Treasury notes	Notes, 2.000%, maturing 8/15/25, $100,000 par value	97,823	105,234
	U.S. Treasury notes	Notes, 2.000%, maturing 11/15/26, $100,000 par value	96,192	105,531
	U.S. Treasury notes	Notes, 2.125%, maturing 5/15/25, $125,000 par value	127,914	131,988
	U.S. Treasury notes	Notes, 2.250%, maturing 1/31/24, $135,000 par value	138,839	141,545
	U.S. Treasury notes	Notes, 2.250%, maturing 2/15/27, $75,000 par value	73,882	80,159
	U.S. Treasury notes	Notes, 2.250%, maturing 11/15/27, $125,000 par value	124,263	133,711
	U.S. Treasury notes	Notes, 2.500%, maturing 3/31/23, $125,000 par value	123,943	129,985
	U.S. Treasury notes	Notes, 2.500%, maturing 5/15/24, $75,000 par value	78,243	79,445
	U.S. Treasury notes	Notes, 2.500%, maturing 8/15/23, $75,000 par value	73,938	78,524
	U.S. Treasury notes	Notes, 2.750%, maturing 2/15/24, $75,000 par value	74,159	79,649
	U.S. Treasury notes	Notes, 2.750%, maturing 5/31/23, $125,000 par value	125,327	130,996
	U.S. Treasury notes	Notes, 2.750%, maturing 11/15/23, $100,000 par value	99,563	105,738
	U.S. Treasury notes	Notes, 2.875%, maturing 5/15/28, $40,000 par value	39,748	44,434

(Continued)

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan No. 001

Employer Identification No. 16-0928561

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	U.S. Government and Agency Obligations, Continued			
	U.S. Treasury notes	Notes, 2.875%, maturing 11/30/25, $50,000 par value	51,242	54,555
	U.S. Treasury notes	Notes, 3.125%, maturing 11/15/28, $25,000 par value	25,868	28,282
	Federal Home Loan Mortgage Corp.	Notes, 0.300%, maturing 8/10/23, $50,000 par value	50,000	49,849
	Federal Home Loan Mortgage Corp.	Notes, 0.375%, maturing 5/5/23, $70,000 par value	69,971	70,184
	Federal Home Loan Mortgage Corp.	Notes, 0.375%, maturing 7/21/25, $115,000 par value	114,801	113,381
	Federal Home Loan Mortgage Corp.	Notes, 0.400%, maturing 9/10/24, $75,000 par value	75,000	74,601
	Federal Home Loan Mortgage Corp.	Notes, 2.375%, maturing 1/13/22, $50,000 par value	52,359	50,612
	Federal National Mortgage Association	Notes, 0.250%, maturing 5/22/23, $50,000 par value	49,850	50,000
	Federal National Mortgage Association	Notes, 0.420%, maturing 7/27/23, $50,000 par value	50,000	50,007
	Federal National Mortgage Association	Notes, 0.625%, maturing 4/22/25, $60,000 par value	59,876	59,926
			4,495,902	4,595,013
	Corporate Bonds			
	Alphabet, Inc.	Bond, 1.100%, maturing 8/15/30, $25,000 par value	24,932	23,705
	Amazon.com Inc.	Bond, 1.200%, maturing 6/3/27, $60,000 par value	61,000	59,810
	Amazon.com Inc.	Bond, 2.100%, maturing 5/12/31, $100,000 par value	99,982	101,681
	Apple, Inc.	Bond, 0.700%, maturing 2/8/26, $100,000 par value	98,456	98,833
	Apple, Inc.	Bond, 2.900%, maturing 9/12/27, $60,000 par value	59,933	65,352
	Bank of America	Bond, 1.319%, maturing 6/19/26, $50,000 par value	50,653	50,110
	Bank of America	Bond, 0.810%, maturing 10/24/24, $65,000 par value	65,190	65,270

(Continued)

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan No. 001

Employer Identification No. 16-0928561

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Corporate Bonds, Continued			
	BB&T Corporation	Bond, 0.852%, maturing 4/1/22, $100,000 par value	100,000	100,400
	Bank of New York Mellon	Bond, 0.350%, maturing 12/7/23, $10,000 par value	9,989	9,987
	Canadian Imperial Bank	Bond, 2.550%, maturing 6/16/22, $30,000 par value	30,012	30,676
	Caterpillar Inc.	Bond, 0.650%, maturing 7/723, $5,000 par value	4,997	5,028
	Caterpillar Inc.	Bond, 2.600%, maturing 4/9/30, $20,000 par value	19,902	21,318
	Charles Schwab Corporation	Bond, 1.650%, maturing 3/11/31, $75,000 par value	74,853	72,805
	Charles Schwab Corporation	Bond, 3.200%, maturing 3/2/27, $25,000 par value	25,220	27,279
	Chevron Corporation	Bond, 3.191%, maturing 6/24/23, $100,000 par value	105,147	104,992
	Cisco Systems, Inc.	Bond, 3.625%, maturing 3/4/24, $100,000 par value	108,136	108,176
	General Motors Company	Bond, 1.050%, maturing 3/8/24, $15,000 par value	14,993	15,086
	GlaxoSmithKline Capital PLC	Bond, 3.000%, maturing 6/1/24, $75,000 par value	74,607	79,909
	GlaxoSmithKline Capital PLC	Bond, 0.534%, maturing 10/1/23, $90,000 par value	90,113	90,325
	Honeywell International	Bond, 0.483%, maturing 8/19/22, $25,000 par value	25,000	25,008
	Honeywell International	Bond, 2.700%, maturing 8/15/29, $75,000 par value	74,732	80,454
	IBM Corporation	Bond, 2.850%, maturing 5/13/22, $65,000 par value	64,965	66,492
	John Deere Capital Corporation	Bond, 2.800%, maturing 1/27/23, $100,000 par value	103,288	103,964
	JP Morgan Chase & Co.	Bond, 2.005%, maturing 3/13/26, $70,000 par value	72,273	72,268
	Kimberly-Clark Corporation	Bond, 1.050%, maturing 9/15/27, $75,000 par value	75,000	73,344
	Merck & Co, Inc.	Bond, 2.350%, maturing 2/10/22, $100,000 par value	101,857	101,304
	Microsoft Corporation	Bond, 2.875%, maturing 2/6/24, $50,000 par value	49,636	52,876
	Northern Trust Corporation	Bond, 1.950%, maturing 5/1/30, $10,000 par value	9,962	10,083
	Novartis Capital Corporation	Bond, 2.400%, maturing 5/17/22, $50,000 par value	49,725	50,881

(Continued)

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan No. 001

Employer Identification No. 16-0928561

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Corporate Bonds, Continued			
	Oracle Corporation	Bond, 1.900%, maturing 9/15/21, $50,000 par value	50,084	50,099
	PepsiCo, Inc	Bond, 2.375%, maturing 10/6/26, $50,000 par value	47,533	53,245
	PNC Financial Services Group, Inc.	Bond, 3.450%, maturing 4/23/29, $5,000 par value	4,992	5,585
	Procter & Gamble Co.	Bond, 2.300%, maturing 2/6/22, $100,000 par value	102,313	101,270
	Prologis, Inc.	Bond, 1.625%, maturing 3/15/31, $75,000 par value	74,557	72,273
	QUALCOMM Inc.	Bond, 3.250%, maturing 5/20/27, $50,000 par value	49,652	55,226
	Royal Bank of Canada	Bond, 2.800%, maturing 4/29/22, $100,000 par value	100,101	102,161
	Salesforce.com, Inc.	Bond, 1.950%, maturing 7/15/31, $25,000 par value	24,928	25,003
	Sanofi Aventis SA	Bond, 3.375%, maturing 6/19/23, $50,000 par value	49,914	52,874
	Simon PPTY Group	Bond, 2.450%, maturing 9/13/29, $50,000 par value	49,465	51,445
	Southern California Gas Company	Bond, 2.550%, maturing 2/1/30, $50,000 par value	49,885	51,645
	State Street Corporation	Bond, 2.200%, maturing 3/3/31, $100,000 par value	99,706	100,803
	Suntrust Bank	Bond, 3.200%, maturing 4/1/24, $75,000 par value	80,507	80,249
	Target Corporation	Bond, 2.350%, maturing 2/15/30, $100,000 par value	99,813	104,449
	TD Ameritrade	Bond, 2.950%, maturing 4/1/22, $25,000 par value	25,526	25,400
	Toronto-Dominion Bank	Bond, 1.200%, maturing 6/3/26, $100,000 par value	100,145	100,126
	Toronto-Dominion Bank	Bond, 3.250%, maturing 3/11/24, $20,000 par value	19,974	21,411
	Toyota Motor Credit Corporation	Bond, 2.625%, maturing 1/10/23, $100,000 par value	101,845	103,499
	Union Electric Company	Bond, 3.500%, maturing 3/15/29, $25,000 par value	24,979	27,823
	UnitedHealth Group Inc.	Bond, 2.375%, maturing 10/15/22, $20,000 par value	19,935	20,534
	US Bancorp Company	Bond, 3.000%, maturing 7/30/29, $50,000 par value	49,996	54,140
			2,970,403	3,026,676

(Continued)

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan No. 001

Employer Identification No. 16-0928561

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Exchange-Traded Funds			
	iShares Core S&P Small-Cap ETF	Exchange-Traded Fund, 26,154 shares	807,862	2,954,879
	iShares Core S&P 500 ETF	Exchange-Traded Fund, 8,840 shares	1,213,482	3,800,494
	iShares MSCI USA Value Factor ETF	Exchange-Traded Fund, 4,300 shares	402,376	451,759
	iShares S&P Mid-Cap 400 Growth ETF	Exchange-Traded Fund, 18,925 shares	620,551	1,531,600
	iShares S&P Mid-Cap 400 Value ETF	Exchange-Traded Fund, 13,119 shares	675,374	1,381,955
	iShares S&P 500 Growth ETF	Exchange-Traded Fund, 28,948 shares	1,734,231	2,105,388
	iShares S&P 500 Value ETF	Exchange-Traded Fund, 9,310 shares	1,086,620	1,374,528
	iShares Core MSCI EAFE ETF	Exchange-Traded Fund, 28,398 shares	1,661,941	2,125,874
	iShares Core MSCI Emerging ETF	Exchange-Traded Fund, 12,202 shares	603,633	817,412
	iShare Global REIT ETF	Exchange-Traded Fund, 29,588 shares	646,563	820,179
			9,452,633	17,364,068
			$ 17,608,054	$ 25,674,873

See accompanying independent auditor's report.

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Plan No. 001

Employer Identification No. 16-0928561

Year ended June 30, 2021

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) - Single security transaction in excess of 5% of plan assets:								
iShares S&P 500 Growth ETF	Exchange-Traded Fund	$ 1,734,231	-	-	235	1,734,231	1,733,996	-
iShares S&P 500 Value ETF	Exchange-Traded Fund	1,086,620	-	-	303	1,086,620	1,086,317	-
iShares Russell 1000 Growth ETF	Exchange-Traded Fund	-	1,972,108	-	331	1,696,646	1,972,439	275,462
Category (iii) - Series of security transactions in excess of 5% of plan assets:								
Federated Hermes Government Obligations Fund	Money Market Fund	4,925,813	4,901,259	-	-	9,827,072	9,827,072	-

See accompanying independent auditor's report.

Age and Service Distribution of Active Members

Completed Years of Service on July 1, 2020											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	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	0	0	0	0	0	0	**0**
40-44	0	0	0	0	0	1	0	0	0	0	**1**
45-49	0	0	0	0	2	4	0	0	0	0	**6**
50-54	0	0	1	1	0	6	1	0	0	0	**9**
55-59	0	0	0	0	2	6	1	2	3	0	**14**
60-64	0	0	0	1	1	6	3	7	5	3	**26**
65-70	0	0	0	0	0	0	0	0	0	0	**0**
70 & up	0	0	0	0	0	0	0	0	0	1	**1**
Total	**0**	**0**	**1**	**2**	**5**	**23**	**5**	**9**	**8**	**4**	**57**

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

Funding Target Liability

Valuation Date: July 1, 2020

Demographic Information: The demographic information was provided as of July 1, 2020 by Anaren, a TTM Technologies Company. Although we did not audit the data, we did review the data for reasonableness.

Actuarial Cost Method: As required by PPA, the Traditional Unit Credit Cost Method was used.

Asset Valuation Method: The actuarial value of assets is determined by averaging the fair market value of assets as of the valuation date and the adjusted fair market values as of the preceding two valuation dates. This methodology is consistent with that provided in IRS Notice 2009-22.

Anticipated Rate of Return on Plan Assets: 6.00%, based on Anaren, a TTM Technologies Company's expectation and a review of the Plan's asset allocation and expert opinions regarding the expected future returns of asset classes.

Actuarial Valuation Software: For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

Interest Rates used to determine Minimum Required Contribution: The July 2020 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Anaren, a TTM Technologies Company. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv) without regard to provisions provided under Section 9706 of the American Rescue Plan Act of 2021.

Segment	Interest Rate
Segment 1	3.64%
Segment 2	5.21%
Segment 3	5.94%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Effective Interest Rate: 5.36%

Interest Rates used to determine Maximum Recommended Contribution: The July 2020 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Anaren, a TTM Technologies Company.

Segment	Interest Rate
Segment 1	2.44%
Segment 2	3.54%
Segment 3	4.04%

Effective Interest Rate: 3.69%

Rate of Compensation Increase: Not applicable, as the Plan is frozen as of December 31, 2019.

Mortality for Healthy Lives:

Base mortality table: The sex distinct RP-2014 mortality tables for employees and healthy annuitants, adjusted backward to 2006 with Scale MP-2014.

Mortality improvements: The base mortality table is adjusted by projecting mortality improvements using Scale MP-2018 from the year 2006 through 2020, with an additional projection period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by 1 year for each year below age 80. For ages above 80, the additional projection period is reduced (but not below zero) by 1/3 year for each year above 80.

Retirement Incidence: Rates of retirement are assumed between ages 60 – 70 and were determined based on the June 2015 experience study using valuation data from July 1, 2009 through July 1, 2014. Future experience is not expected to deviate significantly from these results. The annual number of retirements expected at each age is as follows:

Age	Percentage
60 - 61	5%
62	10%
63 – 64	5%
65 – 66	35%
67 – 69	25%
70	100%

Current and future vested terminated participants are assumed to retire at age 65.

Turnover: Rates of turnover are based on 60% of the 2003 SOA Pension Plan Turnover Study Small Plan Age Table. Rates of turnover were determined based on the June 2015 experience study using valuation data from July 1, 2009 through July 1, 2014. Future experience is not expected to deviate significantly from these results. Illustrative rates are shown below:

Service	Percentage
25	11.70%
30	9.30%
35	7.26%
40	5.64%

Age	Percentage
45	4.38%
50	3.36%
55	2.52%
60	1.80%

Disability: Rates of disability were not assumed in the valuation because the Plan does not have additional disability benefits.

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest five thousand. For purposes of determining the expense load for the current plan year, Wilmington Trust fees are assumed to be 20% non-investment advisory related fees.

Spouse Assumptions: 80% of participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant.

Form of Benefit: The assumed form of benefit is based on the Plan provisions.

Death:	Life annuity deferred to participant's normal retirement age.
Termination:	Life annuity with ten years certain deferred to normal retirement age.
Retirement:	Life annuity with ten years certain.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 6.00%, based on Anaren, a TTM Technologies Company's expectation and a review of the Plan's asset allocation and expert opinions regarding the expected future returns of asset classes.

Mortality:

Prior to July 1, 2020: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors, with projected mortality improvements using Scale MP-2019 on a fully generational basis.

As of July 1, 2020: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors, with projected mortality improvements using Scale MP-2020 on a fully generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan. No collar adjustment was reflected in these rates.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(j) - Schedule of Reportable Transactions

Plan No. 001

Employer Identification No. 16-0928561

Year ended June 30, 2021

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) - Single security transaction in excess of 5% of plan assets:								
iShares S&P 500 Growth ETF	Exchange-Traded Fund	$ 1,734,231	-	-	235	1,734,231	1,733,996	-
iShares S&P 500 Value ETF	Exchange-Traded Fund	1,086,620	-	-	303	1,086,620	1,086,317	-
iShares Russell 1000 Growth ETF	Exchange-Traded Fund	-	1,972,108	-	331	1,696,646	1,972,439	275,462
Category (iii) - Series of security transactions in excess of 5% of plan assets:								
Federated Hermes Government Obligations Fund	Money Market Fund	4,925,813	4,901,259	-	-	9,827,072	9,827,072	-

See accompanying independent auditor's report.

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

▶ **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
ANAREN MICROWAVE, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-0928561

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

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

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2020

2 Assets:

a Market value	**2a**	20,668,838
b Actuarial value	**2b**	21,160,018

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	163	11,832,329	11,832,329
b For terminated vested participants	100	4,631,974	4,631,974
c For active participants	57	6,678,407	6,678,407
d Total	320	23,142,710	23,142,710

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**	5.36%
6 Target normal cost	**6**	20,000

Statement by Enrolled Actuary

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

SIGN HERE

William H. Stuart WHS
Signature of actuary

11/10/2021
Date

WILLIAM H. STUART, ASA, EA
Type or print name of actuary

2006801
Most recent enrollment number

BPAS Actuarial & Pension Services
Firm name

315-703-8985
Telephone number (including area code)

706 N. Clinton Street
Suite 200
Syracuse NY 13204
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.89%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.52%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	91.43%
15	Adjusted funding target attainment percentage	15	91.43%
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	91.87%
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
10/15/2020	158,461	0			
01/15/2021	158,461	0			
04/15/2021	158,461	0			
		Totals ► 18(b)	475,383	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	462,153

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:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	65

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? 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 6)	31a		20,000
b Excess assets, if applicable, but not greater than line 31a	31b		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		1,982,692	426,445
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		446,445

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

36 Additional cash requirement (line 34 minus line 35)	36	446,445
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	462,153
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	15,708
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Anaren Microwave, Inc. Pension Plan
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/PN: 16-0928561/001

Retirement Rates - Employees were assumed to retire in accordance with the rates shown below:

Age	Retirements per 1000 employees	Accumulated years
55	0	0.00
56	0	0.00
57	0	0.00
58	0	0.00
59	0	0.00
60	50	3.00
61	50	2.90
62	100	5.60
63	50	2.56
64	50	2.47
65	350	16.68
66	350	11.01
67	250	5.19
68	250	3.95
69	250	3.01
70	1000	9.15

Weighted Average Retirement Age: 65.5

Age and Service Distribution of Active Members

Completed Years of Service on July 1, 2020											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	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	0	0	0	0	0	0	**0**
40-44	0	0	0	0	0	1	0	0	0	0	**1**
45-49	0	0	0	0	2	4	0	0	0	0	**6**
50-54	0	0	1	1	0	6	1	0	0	0	**9**
55-59	0	0	0	0	2	6	1	2	3	0	**14**
60-64	0	0	0	1	1	6	3	7	5	3	**26**
65-70	0	0	0	0	0	0	0	0	0	0	**0**
70 & up	0	0	0	0	0	0	0	0	0	1	**1**
Total	**0**	**0**	**1**	**2**	**5**	**23**	**5**	**9**	**8**	**4**	**57**

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

ELIGIBILITY

Employees become eligible to participate in the Plan on the July 1st closest to the attainment of age 21 and completion of one year of service. Employees of a union with a collectively bargained plan to which the Employer contributes shall be excluded from participation in the Plan. Also, Employees hired on or after August 15, 2000, including those considered hired due to acquisition, shall be excluded from participation in the Plan.

A Year of Service is a computation period in which an Employee received credit for 1,000 or more hours of service. The computation period shall be the 12-month period from the date the employee was hire for the first year and then the Plan Year in subsequent years. Years of Service for benefit accrual purposes were frozen effective December 31, 2019.

EMPLOYEE CONTRIBUTIONS

Participants are not required to contribute.

RETIREMENT

i. *Normal Retirement*. Participant's Normal Retirement Date is the first day of the month coinciding with or next following the date a Participant attains age 65.

ii. *Early Retirement*. Participant's Early Retirement Date is the first day of any month coinciding with or next following the date the Participant attains age 55 and completes 12 years of service.

iii. *Late Retirement*. After Normal Retirement Date.

iv. *Disability Retirement.* Disability benefits are not provided, other than under other provisions as to retirement or termination.

BENEFIT AT RETIREMENT

i. *Normal Retirement Benefit.* For participants who retire on or after July 1, 1992 the monthly benefit shall be equal to the sum of:

a. 0.60% of the participant's highest average Compensation in five consecutive plan years from date of employment to June 30, 1992, times Years of Benefit Service as of June 30, 1992, plus

b. 0.75% of Compensation in each year of Benefit Service through December 31, 2019. Benefit Service was frozen as of that date.

Compensation is total earnings for a Plan Year, excluding non-taxable fringe benefits, and subject to the limitations under IRC Sec. 401(a)(17). Maximum compensation limits as defined under IRC Sec. 401(a)(17) are shown below for selected years.

Plan Years beginning in:	Maximum Comp. Limit per IRC Sec. 401(a)(17)
1994 – 1996	$150,000
1997 – 1999	$160,000
2000 – 2001	$170,000
2002 – 2003	$200,000
2004	$205,000
2005	$210,000
2006	$220,000
2007	$225,000
2008	$230,000
2009 – 2011	$245,000
2012	$250,000
2013	$255,000
2014	$260,000
2015 – 2016	$265,000
2017	$270,000
2018	$275,000
2019	$280,000

The benefit provided shall not be less than the accrued benefit determined under the Plan as in effect as of June 30, 1992, and benefits of employees retired or terminated prior to that date are based on the provisions in effect at date of retirement or other termination of employment.

Participants shall receive a minimum pension of $250 per month upon the attainment of age 62 and the completion on 12 years of service.

Benefit Service is years (and months) as an Employee.

i. *Early Retirement Benefit.* Accrued normal retirement benefit, actuarially reduced for earlier commencement. The current early retirement factors are as follows:

Age	Factor	Age	Factor
64	.9082	59	.5756
63	.8263	58	.5278
62	.7531	57	.4847
61	.6874	56	.4456
60	.6285	55	.4102

A participant that has attained age 62 and has completed 12 years of Service shall receive no less than $250 minimum monthly benefit.

ii. *Late Retirement Benefit.* The greater of the benefit determined in the same manner as the Normal Retirement Benefit including years of service and compensation after Normal Retirement or the actuarial equivalent of the Normal Retirement Benefit.

iii. *Maximum Benefits.* The maximum retirement benefit is determined in accordance with Section 415 of the Internal Revenue Code and Regulations.

NORMAL AND OPTIONAL FORMS OF BENEFIT

A monthly income payable for life with 120 payments guaranteed is the normal form of benefit. A joint and survivor annuity with 50% continued to the Participant's Spouse will be automatically payable to each Participant who is married at retirement, unless the Participant elects otherwise. This benefit form will be actuarially adjusted to the normal form.

The Qualified Joint and Survivor Annuity and other available optional forms are "actuarially equivalent" to the normal form, meaning that the amount of benefit is determined so as to have the same value when computed using the following actuarial assumptions:

Interest – 6.00% per annum

Mortality – 1971 Group Annuity Mortality Table

In the event a lump sum payment is made to a terminated or retired participant in lieu of the accrued benefits, the amount shall be calculated on the basis of mandated interest rates under IRC Section 417(e). If the determined value of the Participant's accrued benefit is not more than $5,000 ($3,500 prior to July 1, 1998), the Trustee will be authorized to pay a lump sum in lieu of a monthly benefit.

If the value of the participant's accrued benefit is not more than $20,000, the participant has the option to receive a lump sum distribution or an annuity. Lump sums greater than $20,000 cannot be paid.

VESTING

Years of service for vesting are all years of service with the Employer in which the employee was given credit for 1,000 or more hours of service.

Years of Service	Vested Percentage
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

DEATH BENEFITS

The only Death Benefit under the Plan is a Qualified Pre-Retirement Survivor Annuity (QPSA) to an eligible spouse. The amount of monthly benefit shall be 50% of the benefit payable to the participant had the participant retired on the day before his death, with the QJS option in effect.

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan No. 001

Employer Identification No. 16-0928561

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Money Market Fund			
	Federated Hermes Government Obligations Fund	Money Market Fund, 689,116 shares	$ 689,116	$ 689,116
	U.S. Government and Agency Obligations			
	U.S. Treasury bonds	Bond, 1.750%, maturing 5/15/23, $50,000 par value	50,658	51,406
	U.S. Treasury bonds	Bond, 7.250%, maturing 8/15/22, $75,000 par value	99,387	80,977
	U.S. Treasury notes	Notes, 0.250%, maturing 5/31/25, $175,000 par value	174,536	172,060
	U.S. Treasury notes	Notes, 0.250%, maturing 6/15/23, $125,000 par value	125,221	125,010
	U.S. Treasury notes	Notes, 0.375%, maturing 4/30/25, $125,000 par value	123,770	123,657
	U.S. Treasury notes	Notes, 0.500%, maturing 5/31/27, $150,000 par value	149,895	145,219
	U.S. Treasury notes	Notes, 0.500%, maturing 6/30/27, $25,000 par value	24,978	24,180
	U.S. Treasury notes	Notes, 0.500%, maturing 8/31/27, $175,000 par value	169,635	168,753
	U.S. Treasury notes	Notes, 0.625%, maturing 5/15/30, $120,000 par value	111,545	112,168
	U.S. Treasury notes	Notes, 0.625%, maturing 8/15/30, $145,000 par value	142,057	135,088
	U.S. Treasury notes	Notes, 1.125%, maturing 2/15/31, $75,000 par value	71,476	72,809
	U.S. Treasury notes	Notes, 1.125%, maturing 2/28/27, $100,000 par value	101,981	100,715
	U.S. Treasury notes	Notes, 1.250%, maturing 6/30/28, $175,000 par value	175,042	175,273
	U.S. Treasury notes	Notes, 1.500%, maturing 8/15/26, $75,000 par value	70,341	77,227
	U.S. Treasury notes	Notes, 1.625%, maturing 2/15/26, $75,000 par value	71,309	77,742
	U.S. Treasury notes	Notes, 1.625%, maturing 5/15/26, $190,000 par value	185,503	196,939
	U.S. Treasury notes	Notes, 1.625%, maturing 8/15/22, $75,000 par value	72,109	76,277
	U.S. Treasury notes	Notes, 1.625%, maturing 8/15/29, $35,000 par value	35,442	35,797

(Continued)

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan No. 001

Employer Identification No. 16-0928561

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	U.S. Government and Agency Obligations, Continued			
	U.S. Treasury notes	Notes, 1.625%, maturing 10/31/23, $100,000 par value	96,524	103,039
	U.S. Treasury notes	Notes, 1.625%, maturing 11/15/22, $75,000 par value	75,639	76,512
	U.S. Treasury notes	Notes, 1.750%, maturing 7/31/24, $115,000 par value	115,893	119,506
	U.S. Treasury notes	Notes, 1.875%, maturing 7/31/22, $10,000 par value	10,056	10,191
	U.S. Treasury notes	Notes, 2.000%, maturing 2/15/22, $75,000 par value	76,745	75,908
	U.S. Treasury notes	Notes, 2.000%, maturing 2/15/23, $125,000 par value	121,412	128,652
	U.S. Treasury notes	Notes, 2.000%, maturing 4/30/24, $125,000 par value	123,214	130,548
	U.S. Treasury notes	Notes, 2.000%, maturing 7/31/22, $50,000 par value	48,733	51,024
	U.S. Treasury notes	Notes, 2.000%, maturing 8/15/25, $100,000 par value	97,823	105,234
	U.S. Treasury notes	Notes, 2.000%, maturing 11/15/26, $100,000 par value	96,192	105,531
	U.S. Treasury notes	Notes, 2.125%, maturing 5/15/25, $125,000 par value	127,914	131,988
	U.S. Treasury notes	Notes, 2.250%, maturing 1/31/24, $135,000 par value	138,839	141,545
	U.S. Treasury notes	Notes, 2.250%, maturing 2/15/27, $75,000 par value	73,882	80,159
	U.S. Treasury notes	Notes, 2.250%, maturing 11/15/27, $125,000 par value	124,263	133,711
	U.S. Treasury notes	Notes, 2.500%, maturing 3/31/23, $125,000 par value	123,943	129,985
	U.S. Treasury notes	Notes, 2.500%, maturing 5/15/24, $75,000 par value	78,243	79,445
	U.S. Treasury notes	Notes, 2.500%, maturing 8/15/23, $75,000 par value	73,938	78,524
	U.S. Treasury notes	Notes, 2.750%, maturing 2/15/24, $75,000 par value	74,159	79,649
	U.S. Treasury notes	Notes, 2.750%, maturing 5/31/23, $125,000 par value	125,327	130,996
	U.S. Treasury notes	Notes, 2.750%, maturing 11/15/23, $100,000 par value	99,563	105,738
	U.S. Treasury notes	Notes, 2.875%, maturing 5/15/28, $40,000 par value	39,748	44,434

(Continued)

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan No. 001

Employer Identification No. 16-0928561

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	U.S. Government and Agency Obligations, Continued			
	U.S. Treasury notes	Notes, 2.875%, maturing 11/30/25, $50,000 par value	51,242	54,555
	U.S. Treasury notes	Notes, 3.125%, maturing 11/15/28, $25,000 par value	25,868	28,282
	Federal Home Loan Mortgage Corp.	Notes, 0.300%, maturing 8/10/23, $50,000 par value	50,000	49,849
	Federal Home Loan Mortgage Corp.	Notes, 0.375%, maturing 5/5/23, $70,000 par value	69,971	70,184
	Federal Home Loan Mortgage Corp.	Notes, 0.375%, maturing 7/21/25, $115,000 par value	114,801	113,381
	Federal Home Loan Mortgage Corp.	Notes, 0.400%, maturing 9/10/24, $75,000 par value	75,000	74,601
	Federal Home Loan Mortgage Corp.	Notes, 2.375%, maturing 1/13/22, $50,000 par value	52,359	50,612
	Federal National Mortgage Association	Notes, 0.250%, maturing 5/22/23, $50,000 par value	49,850	50,000
	Federal National Mortgage Association	Notes, 0.420%, maturing 7/27/23, $50,000 par value	50,000	50,007
	Federal National Mortgage Association	Notes, 0.625%, maturing 4/22/25, $60,000 par value	59,876	59,926
			4,495,902	4,595,013
	Corporate Bonds			
	Alphabet, Inc.	Bond, 1.100%, maturing 8/15/30, $25,000 par value	24,932	23,705
	Amazon.com Inc.	Bond, 1.200%, maturing 6/3/27, $60,000 par value	61,000	59,810
	Amazon.com Inc.	Bond, 2.100%, maturing 5/12/31, $100,000 par value	99,982	101,681
	Apple, Inc.	Bond, 0.700%, maturing 2/8/26, $100,000 par value	98,456	98,833
	Apple, Inc.	Bond, 2.900%, maturing 9/12/27, $60,000 par value	59,933	65,352
	Bank of America	Bond, 1.319%, maturing 6/19/26, $50,000 par value	50,653	50,110
	Bank of America	Bond, 0.810%, maturing 10/24/24, $65,000 par value	65,190	65,270

(Continued)

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan No. 001

Employer Identification No. 16-0928561

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Corporate Bonds, Continued			
	BB&T Corporation	Bond, 0.852%, maturing 4/1/22, $100,000 par value	100,000	100,400
	Bank of New York Mellon	Bond, 0.350%, maturing 12/7/23, $10,000 par value	9,989	9,987
	Canadian Imperial Bank	Bond, 2.550%, maturing 6/16/22, $30,000 par value	30,012	30,676
	Caterpillar Inc.	Bond, 0.650%, maturing 7/723, $5,000 par value	4,997	5,028
	Caterpillar Inc.	Bond, 2.600%, maturing 4/9/30, $20,000 par value	19,902	21,318
	Charles Schwab Corporation	Bond, 1.650%, maturing 3/11/31, $75,000 par value	74,853	72,805
	Charles Schwab Corporation	Bond, 3.200%, maturing 3/2/27, $25,000 par value	25,220	27,279
	Chevron Corporation	Bond, 3.191%, maturing 6/24/23, $100,000 par value	105,147	104,992
	Cisco Systems, Inc.	Bond, 3.625%, maturing 3/4/24, $100,000 par value	108,136	108,176
	General Motors Company	Bond, 1.050%, maturing 3/8/24, $15,000 par value	14,993	15,086
	GlaxoSmithKline Capital PLC	Bond, 3.000%, maturing 6/1/24, $75,000 par value	74,607	79,909
	GlaxoSmithKline Capital PLC	Bond, 0.534%, maturing 10/1/23, $90,000 par value	90,113	90,325
	Honeywell International	Bond, 0.483%, maturing 8/19/22, $25,000 par value	25,000	25,008
	Honeywell International	Bond, 2.700%, maturing 8/15/29, $75,000 par value	74,732	80,454
	IBM Corporation	Bond, 2.850%, maturing 5/13/22, $65,000 par value	64,965	66,492
	John Deere Capital Corporation	Bond, 2.800%, maturing 1/27/23, $100,000 par value	103,288	103,964
	JP Morgan Chase & Co.	Bond, 2.005%, maturing 3/13/26, $70,000 par value	72,273	72,268
	Kimberly-Clark Corporation	Bond, 1.050%, maturing 9/15/27, $75,000 par value	75,000	73,344
	Merck & Co, Inc.	Bond, 2.350%, maturing 2/10/22, $100,000 par value	101,857	101,304
	Microsoft Corporation	Bond, 2.875%, maturing 2/6/24, $50,000 par value	49,636	52,876
	Northern Trust Corporation	Bond, 1.950%, maturing 5/1/30, $10,000 par value	9,962	10,083
	Novartis Capital Corporation	Bond, 2.400%, maturing 5/17/22, $50,000 par value	49,725	50,881

(Continued)

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan No. 001

Employer Identification No. 16-0928561

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Corporate Bonds, Continued			
	Oracle Corporation	Bond, 1.900%, maturing 9/15/21, $50,000 par value	50,084	50,099
	PepsiCo, Inc	Bond, 2.375%, maturing 10/6/26, $50,000 par value	47,533	53,245
	PNC Financial Services Group, Inc.	Bond, 3.450%, maturing 4/23/29, $5,000 par value	4,992	5,585
	Procter & Gamble Co.	Bond, 2.300%, maturing 2/6/22, $100,000 par value	102,313	101,270
	Prologis, Inc.	Bond, 1.625%, maturing 3/15/31, $75,000 par value	74,557	72,273
	QUALCOMM Inc.	Bond, 3.250%, maturing 5/20/27, $50,000 par value	49,652	55,226
	Royal Bank of Canada	Bond, 2.800%, maturing 4/29/22, $100,000 par value	100,101	102,161
	Salesforce.com, Inc.	Bond, 1.950%, maturing 7/15/31, $25,000 par value	24,928	25,003
	Sanofi Aventis SA	Bond, 3.375%, maturing 6/19/23, $50,000 par value	49,914	52,874
	Simon PPTY Group	Bond, 2.450%, maturing 9/13/29, $50,000 par value	49,465	51,445
	Southern California Gas Company	Bond, 2.550%, maturing 2/1/30, $50,000 par value	49,885	51,645
	State Street Corporation	Bond, 2.200%, maturing 3/3/31, $100,000 par value	99,706	100,803
	Suntrust Bank	Bond, 3.200%, maturing 4/1/24, $75,000 par value	80,507	80,249
	Target Corporation	Bond, 2.350%, maturing 2/15/30, $100,000 par value	99,813	104,449
	TD Ameritrade	Bond, 2.950%, maturing 4/1/22, $25,000 par value	25,526	25,400
	Toronto-Dominion Bank	Bond, 1.200%, maturing 6/3/26, $100,000 par value	100,145	100,126
	Toronto-Dominion Bank	Bond, 3.250%, maturing 3/11/24, $20,000 par value	19,974	21,411
	Toyota Motor Credit Corporation	Bond, 2.625%, maturing 1/10/23, $100,000 par value	101,845	103,499
	Union Electric Company	Bond, 3.500%, maturing 3/15/29, $25,000 par value	24,979	27,823
	UnitedHealth Group Inc.	Bond, 2.375%, maturing 10/15/22, $20,000 par value	19,935	20,534
	US Bancorp Company	Bond, 3.000%, maturing 7/30/29, $50,000 par value	49,996	54,140
			2,970,403	3,026,676

(Continued)

ANAREN MICROWAVE, INC.
PENSION PLAN

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

Plan No. 001

Employer Identification No. 16-0928561

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Exchange-Traded Funds			
	iShares Core S&P Small-Cap ETF	Exchange-Traded Fund, 26,154 shares	807,862	2,954,879
	iShares Core S&P 500 ETF	Exchange-Traded Fund, 8,840 shares	1,213,482	3,800,494
	iShares MSCI USA Value Factor ETF	Exchange-Traded Fund, 4,300 shares	402,376	451,759
	iShares S&P Mid-Cap 400 Growth ETF	Exchange-Traded Fund, 18,925 shares	620,551	1,531,600
	iShares S&P Mid-Cap 400 Value ETF	Exchange-Traded Fund, 13,119 shares	675,374	1,381,955
	iShares S&P 500 Growth ETF	Exchange-Traded Fund, 28,948 shares	1,734,231	2,105,388
	iShares S&P 500 Value ETF	Exchange-Traded Fund, 9,310 shares	1,086,620	1,374,528
	iShares Core MSCI EAFE ETF	Exchange-Traded Fund, 28,398 shares	1,661,941	2,125,874
	iShares Core MSCI Emerging ETF	Exchange-Traded Fund, 12,202 shares	603,633	817,412
	iShare Global REIT ETF	Exchange-Traded Fund, 29,588 shares	646,563	820,179
			9,452,633	17,364,068
			$ 17,608,054	$ 25,674,873

See accompanying independent auditor's report.

Amortization Schedule as of July 1, 2020					
Year Established	Initial Period	Initial Amount	Remaining Period	Remaining Amount	Annual Payment
2020	7 Years	$ 444,352	7 Years	$ 444,352	$ 71,971
2019	7 Years	$ 718,324	6 Years	$ 634,555	$ 116,719
2018	7 Years	$ 433,895	5 Years	$ 330,146	$ 70,833
2017	7 Years	$ 611,812	4 Years	$ 381,192	$ 100,467
2016	7 Years	$ 402,214	3 Years	$ 192,447	$ 66,455
Total				$ 1,982,692	$ 426,445

Anaren Microwave, Inc. Pension Plan
EIN/PN: 16-0928561/001
Schedule SB, line 24 – Justification for Change in Actuarial Assumptions

The interest rate used to determine the present value of accumulated plan benefits under ASC 960 was updated from 6.75% to 6.00% as of July 1, 2020. The assumption was updated after a review of changes to the Plan's expected long-term rate of return on Plan assets and the judgement of the Plan's investment advisors. The change in the interest rate resulted in an increase in liabilities.

For purposes of determining the expense load for the current plan year, 20% of the Wilmington Trust fees paid out during the prior Plan Year are assumed to be non-investment advisory related fees. The change was made after receiving additional information regarding the fee structure for the account with Wilmington Trust. The change resulted in a decrease in normal cost.