

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☒ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>SONY CORPORATION OF AMERICA PENSION VALUE PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>003</u>
1c	Effective date of plan <u>10/01/1972</u>
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) <u>SONY CORPORATION OF AMERICA</u> <u>25 MADISON AVENUE</u> <u>NEW YORK, NY 10010</u>
2b	Employer Identification Number (EIN) <u>13-1914734</u>
2c	Plan Sponsor's telephone number <u>212-833-6778</u>
2d	Business code (see instructions) <u>423600</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2022	KAREN L. HALBY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2022	ROBERT KLEE
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	11290
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)	985
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
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: 1C 1I 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SONY CORPORATION OF AMERICA PENSION VALUE PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SONY CORPORATION OF AMERICA	D Employer Identification Number (EIN) 13-1914734	

Part I	Service Provider Information (see instructions)
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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
NORTHERN TRUST CORPORATION
36-2723087

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE NORTHERN TRUST COMPANY
36-1561860

(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)

(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 ☐

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:

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SONY CORPORATION OF AMERICA PENSION VALUE PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 SONY CORPORATION OF AMERICA	D Employer Identification Number (EIN) 13-1914734	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	61786477	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3689923	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11651779	0
(2) U.S. Government securities	1c(2)	28628858	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	488635431	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	23400573	0
(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)	271362407	0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1288861	0

		(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	890444309 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	6144309 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	6144309 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	884300000 0

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	-35755493
	(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)	-35755493
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3358311
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	3358311
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-34700323
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-34700323

		(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-67097505
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	292217564	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	518228997	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		810446561
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)		
(4) Other.....	2i(4)	6755934	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6755934
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		817202495
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-884300000
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS, LLP

(2) EIN: 13-4008324

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:

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.).....

	Yes	No	Amount
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?	X		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.			
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 432220.			

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 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SONY CORPORATION OF AMERICA PENSION VALUE PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SONY CORPORATION OF AMERICA		D Employer Identification Number (EIN) 13-1914734
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 4910
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

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: 0.0 % Investment-Grade Debt: 64.0 % High-Yield Debt: 0.0 % Real Estate: 3.0 % Other: 33.0 %

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 _____

Sony Corporation of America Pension Value Plan

Financial Statements and Supplemental Schedules
December 31, 2021 and 2020 (In Liquidation)

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Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2021.....	18
Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act ("ERISA") of 1974 have been omitted because they are not applicable.	



Report of Independent Auditors

To the Administrator of Sony Corporation of America Pension Value Plan

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

We have performed an audit of the accompanying 2021 financial statements of Sony Corporation of America Pension Value Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The 2021 financial statements comprise the statements of net assets available for benefits as of December 31, 2021 (in liquidation), and the related statement of changes in net assets available for benefits (in liquidation) for the year then ended, including the related notes collectively referred to as the "2021 financial statements".

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

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

Other Matter – 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 (in liquidation), and the related statements of changes in net assets available for benefits for the year then ended (in liquidation) not presented herein, other than the statements of net assets available for benefits. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 1, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as



whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

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

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

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

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

Other Matter – Supplemental Schedule Required by ERISA

Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2021 supplemental schedule, is presented for purposes of additional analysis and is not a required part of the



financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP".

**New York, New York
October 6, 2022**

Sony Corporation of America
Pension Value Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020 (In Liquidation)

	<u>2021</u>	<u>2020</u>
Assets:		
Investments, at liquidation value	\$ -	\$ 823,679,048
Other derivative investments, at liquidation value	-	1,288,861
Employer contributions receivable	-	61,786,477
Accrued income receivable	-	3,689,923
Total Assets	<u>-</u>	<u>890,444,309</u>
Liabilities:		
Other derivative investments, at liquidation value	-	1,288,861
Accrued expenses expected to be incurred in liquidation	-	4,855,448
Total Liabilities	<u>-</u>	<u>6,144,309</u>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 884,300,000</u>

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

Sony Corporation of America
Pension Value Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021 (In Liquidation)

Additions to and deductions from net assets attributed to:

Remeasurement of assets and liabilities	\$ (67,097,505)
Benefits paid to insurance companies	(518,228,997)
Benefits paid directly to participants	(292,217,564)
PBGC payment for benefits	<u>(6,755,934)</u>
Net decrease in net assets	(884,300,000)

Net assets available for benefits:

Beginning of the period	<u>884,300,000</u>
End of the period	<u>\$ -</u>

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

Sony Corporation of America

Pension Value Plan

Notes to Financial Statements

December 31, 2021 and 2020

***The Notes to the Financial Statements are drafted to reflect the Plan immediately prior to its complete liquidation.**

1. Description of the Plan

General

The Sony Corporation of America Pension Value Plan (the "Plan") is a defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Participants should refer to the Plan document or the Summary Plan Description for a more complete description of the Plan's provisions. The Plan is non-contributory with respect to participants and is administered by the Employee Benefit and Investment Committee (the "Committee" or "Administrator") whose members are appointed by the Board of Directors of Sony Corporation of America (the "Board"). The Plan's trustee is The Northern Trust Company (the "Trustee").

The Plan is subject to and is in compliance with the minimum funding provisions of ERISA as calculated by an independent consulting actuary. In accordance with these provisions, employer contributions generally must be equal to at least the target normal cost plus a shortfall amortization charge, if any, less any applicable funding balances and certain surplus assets. Funding shortfalls refer to the excess, if any, of the present value of accrued plan benefits as of the beginning of the plan year over the adjusted value of plan assets. Funding balances result from amounts contributed in prior years in excess of the minimum requirement.

Termination of Plan

On December 13, 2019, the Board adopted an amendment to terminate the Plan and on this date liquidation became presently expected. Accordingly, effective December 14, 2019, estimated expenses and other costs expected to be incurred through the completion of liquidation were recognized, and the liquidation basis of accounting was adopted. Under the liquidation basis of accounting, assets and liabilities are measured at liquidation value.

On February 13, 2020, the Plan was again amended to permit plan participants and beneficiaries who had an accrued vested benefit and who had not previously commenced receiving their Plan benefit a limited opportunity to elect a lump sum or annuity distribution of their Plan benefit prior to transferring the Plan's assets and liabilities to a third-party insurance company.

During the period January 11, 2021 to February 25, 2021, participants were given the opportunity to elect to withdraw (or to begin to withdraw) their Plan benefits effective as of April 2021. In April 2021, approximately \$250 million was paid to participants who elected to withdraw their benefits (in the form of a lump sum or monthly annuity) during this period.

On June 7, 2021, the Plan entered into a group annuity contract with a third party insurer to transfer a majority of the Plan's assets and liabilities. The transfer of the Plan's assets and liabilities began on June 14, 2021, and the total amount transferred was \$518.2 million. Effective September 1, 2021, the third party insurer began administering payments for benefit liabilities under the Plan in accordance with the terms of the group annuity contract.

On November 29, 2021, the remaining assets and liabilities of the Plan were transferred to the Pension Benefit Guaranty Corporation ("PBGC").

Sony Corporation of America

Pension Value Plan

Notes to Financial Statements

December 31, 2021 and 2020

Plan Merger

Effective as of June 30, 2006, the Sony Music Pension Plan (the "SM Plan") was merged with and into the Plan. The net assets of the SM Plan were transferred to the Plan. Participants in the SM Plan are not subject to any of the provisions, including the grandfathering provisions, of the Plan. Instead, the terms of the SM Plan, as in effect on June 30, 2006, and as amended from time to time, continue to apply.

Eligibility

Prior to the approval of the Board to terminate the Plan, the Plan covered all eligible employees of Sony Corporation of America and certain of its subsidiaries and affiliates (the "Company") who were hired prior to April 1, 2006 upon the completion of one year of service. Effective December 31, 2006, the Plan was amended to freeze benefit accruals as of December 31, 2006; however, employees who met specific service and age requirements ("Grandfathered Participants") continued to accrue benefits on the same basis as prior to the amendment. An employee was considered a Grandfathered Participant if, as of December 31, 2006, he or she had: 1) at least five years of vesting service, and his or her age, when added to years of vesting service, was greater than or equal to 55, or 2) 15 or more years of vesting service regardless of age. Those employees who were not Grandfathered Participants did not accrue additional pension benefits subsequent to December 31, 2006.

The Plan was amended to completely freeze benefits (other than interest credits as may be required by the Plan, and vesting service for retirement and early retirement eligibility) as of April 30, 2012 for all Grandfathered Participants. As a result, no participants are eligible to accrue additional benefits under the Plan after April 30, 2012. However, notional lump sum balances under the pension equity formula, for all participants no longer accruing benefits, are credited with 5% annual interest until benefit commencement.

The SM Plan covered all eligible employees of Sony Music Holdings Inc. and certain affiliates who were hired before April 1, 2001. Employees became eligible to participate upon the completion of one year of service, as defined by the SM Plan. Effective March 31, 2001, the Plan was closed to new hires and was amended to freeze benefit accruals for all participants except for participants whose age plus service was 60 or more and who had at least five years of service ("Grandfathered SM Participants"). Grandfathered SM Participants continued to accrue benefits on the same basis as prior to the amendment.

The SM Plan was amended to completely freeze benefits as of April 30, 2012 for all Grandfathered SM Participants.

Vesting in the Normal Retirement Benefits and Early Retirement Benefits

As of December 31, 2018, all active Plan participants were 100% vested in the normal retirement benefit, due to their accrued service. Plan participants continue to accrue eligibility service toward early retirement eligibility.

Alternative vesting rules applied historically.

Pension Benefits

Prior to the approval of the Board to terminate the Plan, the Plan (excluding the Grandfathered SM Participants) is primarily a pension equity plan, which provides benefits in the form of a lump sum or annuity (with spousal consent if applicable) payments. The lump sum benefit is determined by a formula based on the sum of (a) and (b) as follows:

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- a. The product of the participant's Aggregate Core Credits, (ranging from 2.0%-12.5% per year, depending on the participant's age and accumulated benefit service) and Final Average Pay. Final Average Pay is defined as the average of the five consecutive calendar years of pay that are the highest out of the last ten years while accruing benefits. Final Average Pay and benefit service exclude pay and service earned after the freeze.
- b. The product of the participant's Aggregate Excess Credits (ranging from 1%-4% per year, depending on the participant's age and accumulated benefit service) and any Final Average Pay in excess of Covered Compensation. Covered Compensation is an average of the Social Security wage base in effect over the employee's assumed working career (35 years).

On January 1, 1998, the Plan formula was changed to the current design. All employees who were participants in the Plan on December 31, 1997 receive at least the benefit earned under the Plan formula prior to that date.

The SM Plan is a traditional defined benefit plan that provides benefits in the form of an annuity or lump sum (with spousal consent if applicable). The annuity benefit is the greater of a minimum benefit and a benefit determined by a formula based on the product of: (i) years of service (up to 35) and (ii) a percentage of average compensation below and above covered compensation.

The Plan provides benefits for participants who cease participation prior to their normal retirement date if they are vested in their Plan benefits. The Plan provides for early retirement at the age of fifty-five with at least ten years of vesting service and for the option to commence vested benefits at any time after separation. Additionally, the Plan provides certain pre-retirement death benefits to a surviving spouse or to another beneficiary if the participant was not married.

Plan Amendments / Termination

As noted in section Termination of Plan, on December 13, 2019, the Board adopted an amendment to terminate the Plan. Accordingly, effective December 14, 2019, the liquidation basis of accounting was adopted. The Plan filed an application on February 18, 2020, for advance determination as to whether the Plan meets the qualification requirements of section 401 of the Internal Revenue Code ("IRC") with respect to the Plan's termination.

The Plan was further amended on February 13, 2020, to specify other provisions with respect to the termination of the Plan, as follows:

- Participants will continue to be completely vested in the benefits they have earned under the Plan;
- There will be no future determinations as to whether a SM Plan participant is disabled for purposes of the SM Plan.
- For any participant or beneficiary who is currently receiving annuity payments as of the Transfer Date, a nontransferable annuity contract will be purchased for the same amount, in the same form of payment, through a third-party insurance company;
- For participants and beneficiaries that are not receiving payments, including active employees or beneficiaries, the Plan will generally offer the ability to take a lump sum distribution of their benefit or commence an annuity during the Lump Sum

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Window, to include a direct rollover of a lump-sum distribution to another qualified plan;

- To facilitate the termination of the Plan and the distribution of assets in a standard termination, Sony Corporation of America intends to contribute the residual amount necessary to make the Plan sufficient for all Plan benefits, on or about the Transfer Date. Most of the Plan assets and liabilities will then be transferred to a nontransferable annuity contract with a third party insurance company, and any Plan participant or beneficiary who is not receiving payments at that time will generally be entitled to elect payment as a lump sum or an annuity from the third party insurance company provided the participant or beneficiary is otherwise eligible to commence receiving payment under the Plan and subject to any provisions regarding survivor benefits and alternate payees. Any remaining Plan benefits (for missing participants) that are not transferred to an insurance company will be transferred to the PBGC, which will then administer and pay those benefits;
- Notwithstanding the foregoing, whether all participants receive their benefits should the Plan terminate 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.
- The Plan was also amended effective February 13, 2020 to comply with the Setting Every Community Up for Retirement Enhancement Act of 2019 with respect to the timing of required minimum distributions under the Plan.

In connection with any final distribution of assets pursuant to the standard termination of the Plan under ERISA, the Plan administrator shall distribute the assets in accordance with Section 1344 of ERISA. In distributing such assets, the Plan administrator shall:

- purchase irrevocable commitments from an insurer to provide all benefit liabilities under the plan, or
- in accordance with the provisions of the Plan and any applicable regulations, otherwise fully provide all benefit liabilities under the Plan.

Certain benefits under the Plan were insured by the PBGC if the Plan terminated in a distress termination. Generally, the PBGC guarantees most vested normal retirement age 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 were guaranteed at the level in effect on the date of the Plan's termination. Plan liabilities that were transferred to the third party insurer in connection with the termination of the Plan are no longer insured by the PBGC.

On September 14, 2020, the Plan was amended again to expressly provide that a participant's Plan benefit may never be less than the benefit required to comply with IRC Section 411(b)(1)(G).

On October 27, 2020, the IRS issued a favorable determination letter to the Plan, confirming that the termination of the Plan (as amended through September 14, 2020) did not affect its qualified status under the IRC.

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2. Summary of Significant Accounting Policies

Basis of Preparation

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires that Plan management 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. Actual results will differ from those estimates due to demographic experience and other factors.

Investments

Investments are reported at liquidation value which approximates fair value. See Note 4 for a discussion of liquidation value measurements. Purchases and sales of securities are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date. Interest income and expenses are accrued daily. The Plan presents the net appreciation or depreciation in the liquidation value of its investments, which consist of the realized gains or losses and the change in unrealized appreciation or depreciation on those investments, in the Statement of Changes in Net Assets Available for Benefits.

Derivative Financial Instruments

Derivatives are financial instruments with values derived from interest rates, foreign currency exchange rates, or other financial instruments and indices. Derivatives may be exchange-traded or contracted in the over-the-counter market. During the year ended December 31, 2020, the Plan's investment strategy shifted to using primarily interest rate contracts in the form of U.S. Treasury futures in order to achieve its investment objective.

The Plan's derivative assets and liabilities were recorded at liquidation value as of December 31, 2020 in the accompanying Statements of Net Assets Available for Benefits. There were no derivative assets or liabilities held as of December 31, 2021. Realized and unrealized gains and losses are reported in net appreciation (depreciation) in the liquidation value of investments on the Statement of Changes in Net Assets Available for Benefits. Refer to Note 3 for further disclosures relating to derivative transactions.

Funding Policy

Prior to the Plan adopting the liquidation basis of account, the funding policy of the Plan was to contribute no less frequently than annually an amount at least equal to the minimum contribution required by law. Sony Corporation of America may, at its discretion, contribute amounts in excess of the minimum required contribution. Upon the adoption of the liquidation basis of accounting, the funding policy of the Plan was to provide funding sufficient for the Plan's net assets to be equal to its accumulated plan benefit. The amount needed to make the Plan's net assets equal to the accumulated plan benefit is recorded as an employer contribution receivable.

Benefit Payments to Participants

Benefit payments to participants are recorded when paid.

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3. Derivative Financial Instruments

The Plan's investment managers are permitted to use certain types of derivative instruments as part of its investment strategy. The strategy includes the use of primarily interest rate contracts in form of U.S Treasury futures as substitutes for and in conjunction with certain types of fixed income securities. Derivative instruments are used to achieve overall investment portfolio objectives.

At December 31, 2021, the Plan did not hold any derivative instruments.

At December 31, 2020, the gross notional amount of derivative assets was \$155,800,680 which related to interest rate contracts. The gross notional amount of derivative liabilities was \$3,300,000, which related to interest rate contracts. At December 31, 2020 the total liquidation value of derivative assets was \$1,288,861, which related to interest rate contracts. The total liquidation value of derivatives liabilities was \$(1,288,861), which related to interest rate contracts. Total collateral pledged for derivatives was \$2,582,023.

The following table presents gains/losses on derivatives, by contract type, for the year ended December 31, 2021

Disclosure Table:

Derivative Type	Realized Gain/(Loss)	Change in Unrealized Gain(loss)	Total Gain/(Loss)
Interest Rate Contracts*	\$ (8,691,426)	\$ 475,569	\$ (8,215,858)
Other Derivatives**	\$ 25,170	\$ -	\$ 25,170
Total			\$ (8,190,688)

* Includes interest rate futures and swaps.

*** Margin realignment

4. Liquidation Value Measurements

As stated in Note 2, the Plan's investments are measured at liquidation value which approximates fair value. The following valuation methodologies were used at December 31, 2020.

Interest Bearing Cash

Cash and cash equivalent assets with high degree of liquidity are valued at cost which equals or approximates liquidation value.

US Government and Agency Securities

Valued by independent pricing services approved by the Trustee of funds using pricing models (e.g. discounted cash flows) that maximize observable inputs and incorporate price quotes from multiple dealers on identical or similar securities of assets with similar factors such as yield, quality, coupon rate, maturity, type of issue, trading characteristics and other data, as well as broker

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quotes. Certain investments are valued based on using option-adjusted spreads or bond equivalent effective margins and weighted average coupons and maturities.

Corporate and Sovereign Debt Instruments

Valued by independent pricing services approved by the Trustee of funds using pricing models (e.g. discounted cash flows) that maximize observable inputs and incorporate price quotes from multiple dealers on identical or similar securities of assets with similar factors such as yield, quality, coupon rate, maturity, type of issue, trading characteristics and other data, as well as broker quotes.

Collective Trust Funds, Limited Partnerships

Assets valued using the Net Asset Value ("NAV") calculated by the administrator of each applicable Fund. The NAV, as provided by the Trustee, is used as a practical expedient to estimate liquidation value. The NAV of the applicable fund is based on the liquidation value of the underlying investments held by the fund less its liabilities.

For the Real Estate Fund, the NAV is calculated on a quarterly basis based on the liquidation values of underlying real estate investment and independent appraisals of the underlying real estate investments are performed at least annually. Due to limited liquidity of the underlying real estate investments, the Fund provides quarterly liquidity to its investors.

Derivatives and Margin

Certain derivative securities are exchange traded and, as such, can be valued based upon readily available quoted market prices. Non-exchange traded derivatives are valued using closing prices of comparable securities with similar terms. When quoted prices are not available for identical or similar derivative instruments, the security is valued under an approach that maximizes observable inputs, such as gathering consensus data from the market participant's best estimate of mid-market for actual trades or positions held. Additionally, in order to enter into a derivative contract, each counterparty is typically required to pledge cash or other highly liquid collateral equal to a percentage of the purchase price of the derivative contract, which is referred to as initial margin deposit. Variation margin is maintained by each counterparty for the duration of a derivatives contract.

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

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The plan may redeem shares of assets held in Collective Trust Funds subject to certain restrictions. At December 31, 2021, the Plan did not hold any shares held in Collective Trust Funds. The table below outline the redemption terms and redemption restrictions for the Collective Trust Funds based on the category of investment as of December 31, 2020:

Category of Investment	Investment Vehicle Type	Investment Strategy	Asset Value	Redemption Terms	Restriction Restrictions and Terms *
Cash and Cash Equivalents	CCT	Overnight and short Term Treasury	\$ 271,362,407	Daily redemption with notification on the day of Trade date	NA
Direct Real Estate	Limited Partnership Collective Investment Fund	U.S. Direct Real Estate	\$ 23,400,573	Quarterly redemption with notification 60 days prior to quarter-end	Subject to the availability of cash; fund may pro-rate available cash among withdrawing investors

As of 12/31/2020, Sony Pension Value Plan did not have any unfunded commitments.

5. Information Certified by the Plan's Trustee

The Plan's investments are held in a trust administered by the Trustee. The following was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee:

	December 31, <u>2021</u>	December 31, <u>2020</u>
Investments, at liquidation value	\$ -	\$ 823,679,048
Accrued income receivable	-	3,689,923
Other derivative investments, at liquidation value	-	(1,288,861)

** Net appreciation/(depreciation) in liquidation value of investments	\$ (34,700,267)
** Interest and dividends	3,358,311

**Amounts have been included in the Remeasurement of assets and liabilities in the Statement of Changes in Net Assets

- * Schedule of Assets (Held at End of Year), Schedule of Reportable Transactions and the Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
- * Information related to the liquidation value of derivative instruments, including net gain/loss by type of derivative, as set forth in Note 3.

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6. Accumulated Plan Benefits and Changes in Accumulated Plan Benefits

	<u>2021</u>	<u>2020</u>
Vested benefits		
Participants currently receiving payments	\$ -	\$ 169,900,000
Participants not currently receiving payments	-	714,300,000
Total actuarial present value of vested plan benefits	-	884,200,000
Nonvested benefits	-	100,000
Total actuarial present value of accumulated plan benefits	<u>\$ -</u>	<u>\$ 884,300,000</u>
	<u>2021</u>	
Actuarial present value of accumulated plan benefits at beginning of year	\$ 884,300,000	
Increase (decrease) attributable to:		
Actuarial gain	(72,322,204)	
Interest accrued	5,224,699	
Benefits paid	(817,202,495)	
Net Increase/(decrease)	<u>(884,300,000)</u>	
Actuarial present value of accumulated plan benefits at end of year	<u>\$ -</u>	

Accumulated plan benefits were future payments to participants, including lump sum distributions and annuity benefits that were required to be paid under the Plan's provisions attributable to the benefit service that employees have rendered. Accumulated plan benefits included benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Vested benefits were those that were payable due to vesting/early retirement service rendered to date, while nonvested benefits were attributable to early retirement subsidies that were contingent upon future vesting service.

The actuarial present value of accumulated plan benefits was determined by the Plan's independent consulting actuary, reflecting input from Sony Corporation of America regarding actuarial assumptions. The present value was the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits for 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 actuarial valuation date and the expected payment dates.

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As the Plan had no participants as of December 31, 2021, there was no actuarial valuation performed as of that date. The significant actuarial assumptions used in the accumulated benefit valuation as of 2020 were as follows:

Interest rate	1.45%
Retirement age	Range from 55 to 70 years old
Mortality	Pri-2012 Aggregate base tables (amounts-weighted) with generational projection using Scale MP-2020

7. Federal Income Tax Status

As stated in Note 1 above, the Plan received a favorable determination letter from the Internal Revenue Service (IRS) dated October 27, 2021, confirming that the Plan, as amended through September 14, 2021, continues to satisfy the requirements for tax qualification under Section 401(a) of the IRC and, therefore, the trust established as part of the Plan is exempt from federal income tax under the provisions of Section 501(a) of the IRC. The Company believes that the Plan was designed and operated in compliance with Section 401(a) up until and including the time in which the Plan was terminated and, therefore, no provision for income taxes has been made in these financial statements.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

8. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity, 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 change could materially affect the amounts reported in the Statements of Net Assets Available for Benefits. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades.

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.

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9. Party-in-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Officers and employees do not receive compensation from the Plan. Certain Plan investments are collective trust funds managed by the Trustee. As of December 31, 2021, there were no amounts held in these collective trust funds by the Plan. For the year ended December 31, 2021, there was no realized gain on these investments and no material income/dividends received. As of December 31, 2020, the aggregate asset value of the funds was \$271,362,407. These transactions are party-in-interest transactions under ERISA.

10. Reconciliation between Financial Statements and Form 5500

The following is a reconciliation of the net assets available for benefits at December 31, 2021 and 2020, to the Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per financial statements	\$ -	\$ 884,300,000
Net assets available for benefits per Form 5500	<u>\$ -</u>	<u>\$ 884,300,000</u>

11. Subsequent Events

Plan management evaluated all events or transactions that occurred after December 31, 2021 up through October 6, 2022, the date these financial statements were available for issuance.

In April 2022, the PBGC began auditing the Plan as part of the standard plan termination process.

Sony Corporation of America Pension Value Plan
EIN: 13-1914734 PN: 003
Schedule H, Line 4j – Schedule of Reportable Transactions*
For the year ended December 31, 2021

(a) Identity of party involved	(b) Description of assets (include interest rate and maturity in case of a loan)	(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/(loss)
The Northern Trust Company	NTGI COLTV GOVT STIF REGISTERED CUSIP: 66586U445	74,902,936				74,902,936	74,902,936	
			346,265,343			346,265,343	346,265,343	-

**Information was derived from statements certified to be complete and accurate by The Northern Trust Company*

Sony Corporation of America Pension Value Plan
EIN: 13-1914734 PN: 003
Schedule H, Line 4j – Schedule of Reportable Transactions*
For the year ended December 31, 2021

(a) Identity of party involved	(b) Description of assets (include interest rate and maturity in case of a loan)	(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/(loss)
The Northern Trust Company	NTGI COLTV GOVT STIF REGISTERED CUSIP: 66586U445	74,902,936				74,902,936	74,902,936	
			346,265,343			346,265,343	346,265,343	-

**Information was derived from statements certified to be complete and accurate by The Northern Trust Company*