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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                   |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div>            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div>                                                                                                                                                                                                                                  |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div> |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>            |
| <b>E</b>                                                                                                 | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                       |

|                |                                                                                                                                                                                                                                                                                                                                            |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                              |
| <b>1a</b>      | Name of plan<br><u>MOLEX HOURLY EMPLOYEES' PENSION PLAN</u>                                                                                                                                                                                                                                                                                |
| <b>1b</b>      | Three-digit plan number (PN) ▶ <u>002</u>                                                                                                                                                                                                                                                                                                  |
| <b>1c</b>      | Effective date of plan<br><u>07/01/1973</u>                                                                                                                                                                                                                                                                                                |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>MOLEX LLC</u><br><br><u>2222 WELLINGTON COURT</u><br><u>LISLE, IL 60532-1682</u> |
| <b>2b</b>      | Employer Identification Number (EIN)<br><u>36-2369491</u>                                                                                                                                                                                                                                                                                  |
| <b>2c</b>      | Plan Sponsor's telephone number<br><u>630-969-4550</u>                                                                                                                                                                                                                                                                                     |
| <b>2d</b>      | Business code (see instructions)<br><u>335900</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/17/2022 | CINDY BARNES                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2447 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 756  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 828  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 714  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 751  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2293 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 118  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2411 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A    3H                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |      |

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

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**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.

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

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**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 \_\_\_\_\_

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|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>MOLEX HOURLY EMPLOYEES' PENSION PLAN</u>                                                                      | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>MOLEX LLC</u>                                              | <b>D</b> Employer Identification Number (EIN)<br><u>36-2369491</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                                 |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                              |                                                                                                                          |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                                          |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>113038159</u>                                                                                               |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>111829461</u>                                                                                               |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                                          |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants <u>742</u> (2) Vested Funding Target <u>37551573</u> (3) Total Funding Target <u>37551573</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>949</u> <u>22472962</u> <u>22472962</u>                                                                               |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>756</u> <u>28853782</u> <u>28867111</u>                                                                               |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>2447</u> <u>88878317</u> <u>88891646</u>                                                                              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                                                |
| <b>b</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..... | <b>4b</b>                                                                                                                |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>5.67</u> %                                                                                                   |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                                          |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> <u>0</u>                                                                                                       |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> <u>880000</u>                                                                                                  |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> <u>880000</u>                                                                                                  |

**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.

|                                                                                                         |  |                                                               |
|---------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                        |  | <u>10/13/2022</u><br>Date                                     |
| Signature of actuary                                                                                    |  |                                                               |
| <u>COREY BRUNO</u><br>Type or print name of actuary                                                     |  | <u>20-07695</u><br>Most recent enrollment number              |
| <u>WILLIS TOWERS WATSON US LLC</u><br>Firm name                                                         |  | <u>314-719-5900</u><br>Telephone number (including area code) |
| <u>7733 FORSYTH BOULEVARD</u><br><u>SUITE 1350</u><br><u>ST. LOUIS, MO 63105</u><br>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 ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2021**  
**v. 201209**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          |                       |                        |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of _____ % .....                                                                                       |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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 <u>5.49</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 125.80 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 125.80 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 119.60 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.36 % | 3rd segment:<br>6.11 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input checked="" type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 880000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 880000             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                  |                                                                                                                         |  |  |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                             |     |
| <b>A</b> Name of plan<br>MOLEX HOURLY EMPLOYEES' PENSION PLAN                              | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MOLEX LLC                 | <b>D</b> Employer Identification Number (EIN)<br>36-2369491 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

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

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

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

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

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**(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)

ALIGHT SOLUTIONS LLC

4 OVERLOOK POINT  
LINCOLNSHIRE, IL 60069-4302

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 26 33<br>71 99      | RECORDKEEPER                                                                                      | 215949                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

AON-HEWITT ASSOCIATES

36-2235791

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 27                  | NONE                                                                                              | 43531                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TOWERS WATSON DELAWARE, INC.

101 SOUTH HANLEY  
ST. LOUIS, MO 63105

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 28400                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

SIKICH LLP

36-3168081

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 13436                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BANK OF NEW YORK MELLON

13-5160382

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 18 21               | TRUSTEE                                                                                           | 11347                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2021</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                          |                                                                    |            |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>MOLEX HOURLY EMPLOYEES' PENSION PLAN</u>                     | <b>B</b> Three-digit plan number (PN)                              | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>MOLEX LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-2369491</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: KOCH INDUSTRIES INC MASTER TRUST

**b** Name of sponsor of entity listed in (a): KOCH INDUSTRIES INC

|                                       |                               |                                                                                                                      |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>25-6263968-001</u> | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>128405846</u> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

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

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

(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  
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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>MOLEX HOURLY EMPLOYEES' PENSION PLAN</b>                                                                                                                                                                                                     | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>002</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MOLEX LLC</b>                                                                                                                                                                                        | <b>D</b> Employer Identification Number (EIN)<br><b>36-2369491</b>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>                 | 113038159             | 128405846       |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                     |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                     |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 113038159 128405846 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                     |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0                 |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 113038159 128405846 |

**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 |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |           |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|          | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> |           |
| (2)      | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 0         |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 0         |
| (2)      | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 270664    |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 270664    |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (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) |            | 20154192  |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 20424856  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 4352456    |           |
| (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)  |            | 4352456   |
| 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)  | 312663     |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  | 392050     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 704713    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 5057169   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 15367687  |
| 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: SIKICH LLP

(2) EIN: 36-3168081

**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>b</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.) .....                                                                                                     |                     |                    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>c</b> 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.) .....                                                                                                                                                                                                                                 |                     |                    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>d</b> 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.) .....                                                                                                                                                                                                                      |                     |                    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                             | X                   |                    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                              |                     | X                  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                           |                     | X                  |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                 |                     | X                  |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>j</b> 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                  |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                                  |                     | X                  |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                   |                     | X                  |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                         |                     |                    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |        |
| <b>n</b> 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. ....                                                                                                                                                                                                                             |                     |                    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |        |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                                  |                     |                    |        |
| <b>5b</b> 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.)                                                                                                                                                                                                         |                     |                    |        |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                         | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |        |
| <b>5c</b> 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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4310185</u> . |                     |                    |        |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                            |                                                             |
|----------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>MOLEX HOURLY EMPLOYEES' PENSION PLAN              | <b>B</b> Three-digit plan number (PN) ►<br>002              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MOLEX LLC | <b>D</b> Employer Identification Number (EIN)<br>36-2369491 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0  |
| <b>2</b> 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):<br><br>EIN(s): 39-6436442 |          |    |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |    |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> | 14 |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                                        |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                                        |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: 46.0 % Investment-Grade Debt: 21.3 % High-Yield Debt: 12.8 % Real Estate: 11.0 % Other: 8.9 %

**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 \_\_\_\_\_



**MOLEX HOURLY  
EMPLOYEES' PENSION PLAN**

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FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT

For the Years Ended December 31, 2021 and 2020



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**MOLEX HOURLY EMPLOYEES' PENSION PLAN**  
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## **INDEPENDENT AUDITOR'S REPORT**

To the Global Retirement Plan Committee of  
Molex Hourly Employees' Pension Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements**

We have performed an audit of the financial statements of Molex Hourly Employees' Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits and of accumulated plan benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits and of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 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 7 to the financial statements, is complete and accurate.

### **Opinion on the 2021 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- 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 on the 2021 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 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.

### **Responsibilities of Management for the 2021 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 within one year after the date that the financial statements are issued.

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

### **Auditor's Responsibilities for the Audit of the 2021 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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 2021 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 2021 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.

#### *Auditor's Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of the Plan. 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 13, 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.

*Sikich LLP*

Naperville, Illinois  
October 14, 2022

## **FINANCIAL STATEMENTS**

**MOLEX HOURLY EMPLOYEES' PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2021 and 2020

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|                                                                             | <b>2021</b>                  | <b>2020</b>                  |
|-----------------------------------------------------------------------------|------------------------------|------------------------------|
| <hr/>                                                                       |                              |                              |
| <b>ASSETS</b>                                                               |                              |                              |
| Investment in Koch Companies Defined Benefit<br>Master Trust, at fair value | <u>\$ 128,405,846</u>        | <u>\$ 113,038,159</u>        |
| Total investments                                                           | <u>128,405,846</u>           | <u>113,038,159</u>           |
| Total assets                                                                | 128,405,846                  | 113,038,159                  |
| <b>LIABILITIES</b>                                                          |                              |                              |
| None                                                                        | <u>-</u>                     | <u>-</u>                     |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                                    | <u><u>\$ 128,405,846</u></u> | <u><u>\$ 113,038,159</u></u> |

See accompanying notes to financial statements.

**MOLEX HOURLY EMPLOYEES' PENSION PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS**

For the Years Ended December 31, 2021 and 2020

|                                                                                             | <b>2021</b>    | <b>2020</b>    |
|---------------------------------------------------------------------------------------------|----------------|----------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>                                                |                |                |
| Investment income                                                                           |                |                |
| Net increase in investment in Koch Companies<br>Defined Benefit Master Trust, at fair value | \$ 20,424,856  | \$ 7,339,861   |
| Total investment income                                                                     | 20,424,856     | 7,339,861      |
| Total additions                                                                             | 20,424,856     | 7,339,861      |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>                                             |                |                |
| Benefits paid to participants                                                               | 4,352,456      | 4,522,923      |
| Administrative expenses                                                                     | 704,713        | 700,261        |
| Total deductions                                                                            | 5,057,169      | 5,223,184      |
| NET INCREASE                                                                                | 15,367,687     | 2,116,677      |
| NET ASSETS AVAILABLE FOR BENEFITS,<br>BEGINNING OF YEAR                                     | 113,038,159    | 110,921,482    |
| NET ASSETS AVAILABLE FOR BENEFITS,<br>END OF YEAR                                           | \$ 128,405,846 | \$ 113,038,159 |

See accompanying notes to financial statements.

**MOLEX HOURLY EMPLOYEES' PENSION PLAN**

**STATEMENT OF ACCUMULATED PLAN BENEFITS**

December 31, 2021

---

**ACTUARIAL PRESENT VALUE OF  
ACCUMULATED PLAN BENEFITS**

Vested benefits

|                                     |                   |
|-------------------------------------|-------------------|
| Active employees                    | \$ 27,775,602     |
| Participants with deferred benefits | 21,379,198        |
| Participants receiving benefits     | <u>35,577,711</u> |

|                       |            |
|-----------------------|------------|
| Total vested benefits | 84,732,511 |
|-----------------------|------------|

|                    |               |
|--------------------|---------------|
| Nonvested benefits | <u>12,831</u> |
|--------------------|---------------|

**TOTAL ACTUARIAL PRESENT VALUE OF  
ACCUMULATED PLAN BENEFITS**

|               |
|---------------|
| \$ 84,745,342 |
|---------------|

See accompanying notes to financial statements.

**MOLEX HOURLY EMPLOYEES' PENSION PLAN**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**

For the Year Ended December 31, 2021

---

|                                                                                    |                      |
|------------------------------------------------------------------------------------|----------------------|
| <b>ACTUARIAL PRESENT VALUE OF ACCUMULATED<br/>PLAN BENEFITS, BEGINNING OF YEAR</b> | <b>\$ 77,849,724</b> |
| <b>INCREASE (DECREASE) DURING THE YEAR<br/>ATTRIBUTABLE TO</b>                     |                      |
| Actuarial (gains)                                                                  | (1,183,325)          |
| Decrease in the discount period                                                    | 5,102,208            |
| Actual benefits paid                                                               | (4,522,923)          |
| Assumption changes                                                                 | 7,499,658            |
| Net increase                                                                       | 6,895,618            |
| <b>ACTUARIAL PRESENT VALUE OF ACCUMULATED<br/>PLAN BENEFITS, END OF YEAR</b>       | <b>\$ 84,745,342</b> |

See accompanying notes to financial statements.

# MOLEX HOURLY EMPLOYEES' PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

---

### 1. DESCRIPTION OF PLAN

The following description of Molex Hourly Employees' Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

#### General

The Plan is a defined benefit plan covering all plant hourly employees of Molex LLC (the Company). Effective January 1, 2011, the Plan was frozen to new participants and benefit accruals and excludes certain future compensation from the calculation of plan benefits. Effective February 1, 2017, the Plan began participation in Koch Companies Defined Benefit Master Trust (Koch Master Trust). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### Vesting

Participants are fully vested in their accounts after five years of service. A participant becomes fully vested upon attaining normal retirement age of 65, if not already vested. Distributions to participants generally are in the form of monthly annuity payments, commencing on the retirement date and ceasing upon the date of death. Certain other distribution options are available under the Plan.

#### Pension Benefits

The normal annual retirement benefit is equal to the sum of (1) \$110 multiplied by the years and months of service of the participants and (2) one-half of 1% of the participants' average compensation, as defined, multiplied by their years and months of service, subject to certain minimum and maximum provisions, but not less than 1% of the participants' final average salary, as defined, multiplied by their years and months of service. The normal retirement date of participants is the first day of the month coinciding with, or the next following their 65th birthdate. Early retirement is permitted, with a corresponding reduction in the normal retirement benefits. A participant is eligible for early retirement if he or she satisfies ten years of service and has attained age 55.

#### Death Benefits

If an active participant dies prior to retirement, a death benefit equals to 50% of the value of the participant's accrued pension benefit is paid to the participant's spouse or is forfeited. If a retired participant dies, beginning at age 55 the accrued pension benefits are paid to the participant's beneficiary.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### Basis of Accounting

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

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

### Investment Valuation and Income Recognition

The Plan's investments in Koch Master Trust is stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Investments held by Koch Master Trust that are traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year. Investments in common and preferred stocks, government bonds, corporate bonds, other corporate debt instruments, and cash equivalents are valued based on yields available on comparable securities. Investments in limited partnerships are valued at appraised values at the end of the plan year as reported by the partnerships' respective general partners and the custodian of the Plan. Appraised values are developed using various modeling techniques, including, but not limited to, the strong correlation of the underlying security to one or more broad-based securities market indices and/or other financial instruments. Other investments consist primarily of synthetic equity options that are indexed to specific equity market benchmarks and are valued based upon observable market data. Investments in derivative instruments are marked to market daily based on quoted prices or widely accepted models that use readily observable market parameters as their basis. Amounts owed or due on open derivative contracts are recorded as receivables or payables to Koch Master Trust.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Investment related expenses of Koch Master Trust, such as custodian and investment manager fees, are paid by the Koch Master Trust and are netted against investment gains.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### Payment of Benefits

Benefits are recorded when paid.

### Administrative Expenses

Investment management, Pension Benefit Guaranty Corporation (PBGC) payments, and administrative recordkeeping expenses of the Plan are paid by the Plan unless the Company elects to pay these expenses. As such, certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Certain investment-related expenses are included in net increase in investment in Koch Master Trust, at fair value.

### 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 based upon employees' credited service accumulated as of the valuation 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 an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements 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 valuation of accumulated plan benefits as of January 1, 2021 are as follows:

- a. Expected long-term rate of return on investments is 6.00% for 2021 and 6.75% for 2020.
- b. Retirement age assumptions (the assumed average age was 65).
- c. Mortality assumptions were projected based on the Pri-2012 projected with Scale MP-2020 Mortality Table for 2021 and MP-2019 Mortality Table for 2020.

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

Actuarial Present Value of Accumulated Plan Benefits (Continued)

Changes in assumptions resulted in a \$7,499,658 increase in accumulated plan benefits attributable to changes in actuarial assumptions, including the following:

1. The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by the Internal Revenue Code (IRC) 430.
2. The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement as required by IRC 430.

There have been no other changes in actuarial methods or assumptions since the prior valuation other than the required changes made by the Pension Protection Act of 2006 with respect to mortality and determination of the funding target.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2021. Had the valuations been performed as of December 31, there would be no material difference.

The foregoing 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 to determine the actuarial present value of accumulated benefits.

Subsequent Events

Subsequent events are events or transactions that occur after year end but before financial statements are issued or are available to be issued. These events and transactions either provide additional evidence about conditions that existed at year end, including the estimates inherent in the process of preparing financial statements (that is, recognized subsequent events), or provide evidence about conditions that did not exist at year end but arose after that date (that is, nonrecognized subsequent events).

The Plan has evaluated subsequent events through October 14, 2022, which was the date that these financial statements were available for issuance, and determined there were no significant nonrecognized subsequent events through that date.

**3. FUNDING POLICY**

Participants are not permitted to make contributions to the Plan. The Company contributes annually an amount which will meet or exceed the annual ERISA minimum funding requirement. This obligation ceases upon termination of the Plan. For years ended December 31, 2021 and 2020, the Company made no contributions to the Plan and there was no minimum required contribution.

**4. PLAN TERMINATION**

In the event the Plan terminates, the net assets of the Plan will be allocated, after payment of all expenses of administration or liquidation, in the manner as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Refund any voluntary employee contributions.
- b. Refund any mandatory employee contributions.
- c. Allocate equally among the individual in the following subcategories: benefits in the pay status three years before termination, benefits that would have been in the pay status three years before termination, and all other guaranteed benefits up to the insurance limitations.
- d. All other uninsured vested benefits.
- e. All other benefits under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors 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. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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 level of benefits guaranteed by the PBGC.

**5. FINANCIAL INFORMATION OF KOCH MASTER TRUST**

The Koch Master Trust was established for the collective investment of the assets of participating employee benefit plans of Koch Industries, Inc. and certain subsidiaries. Fund assets are allocated among participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and specific administrative expenses) which can be specifically identified. Income and expenses resulting from the collective investment of the assets are allocated (on a monthly or daily basis) in proportion to the fair value of the assets assigned to each plan.

The assets of Koch Master Trust are accounted for on a units-of-participation basis. At December 31, 2021 and 2020, the Plan held 129,840,464 and 116,737,400 units of the Koch Master Trust, respectively, with an individual unit estimated fair value of \$1. The Plan's unit holdings at December 31, 2021 and 2020 had fair values of \$129,840,464 and \$116,737,400, which represented approximately 1.6% and 1.5% of the net assets of the Koch Master Trust, respectively.

The custodian of the Plan has certified the completeness and accuracy of substantially all investments reflected in the accompanying statements of net assets available for benefits and substantially all of the related investment activity reflected in the statements of changes in net assets available for benefits of the Plan. The net assets of the Koch Master Trust certified as complete and accurate by the custodian totaled \$8,043,457,757 and \$7,388,892,407 at December 31, 2021 and 2020, respectively.

Net investment gain of the Koch Master Trust certified as complete and accurate by the custodian totaled \$1,302,418,808 and \$481,372,498, which excluded \$89,865,772 and \$241,805,891 of net investment gain related to certain investment valuations subsequent to custodian certification for the years ended December 31, 2021 and 2020, respectively. The Plan's independent auditors have not audited investment information certified by the custodian of the Plan.

**MOLEX HOURLY EMPLOYEES' PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**5. FINANCIAL INFORMATION OF KOCH MASTER TRUST (Continued)**

A summary of the net assets of Koch Master Trust is as follows:

|                                                          | 2021                     |                                                | 2020                     |                                                |
|----------------------------------------------------------|--------------------------|------------------------------------------------|--------------------------|------------------------------------------------|
|                                                          | Master Trust<br>Balances | Plan's Interest in<br>Master Trust<br>Balances | Master Trust<br>Balances | Plan's Interest in<br>Master Trust<br>Balances |
| <b>Assets</b>                                            |                          |                                                |                          |                                                |
| Cash equivalents <sup>1</sup>                            | \$ 362,700,881           | \$ 5,790,161                                   | \$ 241,568,643           | \$ 3,695,611                                   |
| Common and preferred<br>stocks                           | 568,301,287              | 9,072,368                                      | 135,043,754              | 2,065,952                                      |
| Corporate debt<br>instruments                            | 393,335,703              | 6,279,215                                      | 499,417,409              | 7,640,282                                      |
| Government bonds                                         | 1,993,780,199            | 31,828,729                                     | 2,687,073,769            | 41,107,903                                     |
| Limited partnerships                                     | 4,695,702,195            | 74,962,239                                     | 3,995,303,669            | 61,121,715                                     |
| Other investments                                        | 109,551,971              | 1,748,889                                      | 87,252,558               | 1,334,824                                      |
| <b>Total investments</b>                                 | <b>8,123,372,236</b>     | <b>129,681,601</b>                             | <b>7,645,659,802</b>     | <b>116,966,287</b>                             |
| <b>Receivables</b>                                       |                          |                                                |                          |                                                |
| Interest and dividends                                   | 4,227,991                | 67,496                                         | 4,538,226                | 69,428                                         |
| Due from brokers                                         | 9,430,668                | 150,551                                        | 894,678                  | 13,687                                         |
| <b>Total receivables</b>                                 | <b>13,658,659</b>        | <b>218,047</b>                                 | <b>5,432,904</b>         | <b>83,115</b>                                  |
| <b>Total assets</b>                                      | <b>8,137,030,895</b>     | <b>129,899,648</b>                             | <b>7,651,092,706</b>     | <b>117,049,402</b>                             |
| <b>Liabilities</b>                                       |                          |                                                |                          |                                                |
| Due to brokers                                           | 3,707,366                | 59,184                                         | 20,394,408               | 312,002                                        |
| <b>Total liabilities</b>                                 | <b>3,707,366</b>         | <b>59,184</b>                                  | <b>20,394,408</b>        | <b>312,002</b>                                 |
| <b>Total adjusted net<br/>assets in Master<br/>Trust</b> | <b>8,133,323,529</b>     | <b>129,840,464</b>                             | <b>7,630,698,298</b>     | <b>116,737,400</b>                             |
| <b>Market value adjustment</b>                           | <b>(89,865,772)</b>      | <b>(1,434,618)</b>                             | <b>(241,805,891)</b>     | <b>(3,699,241)</b>                             |
| <b>TOTAL NET ASSETS<br/>IN MASTER TRUST</b>              | <b>\$ 8,043,457,757</b>  | <b>\$ 128,405,846</b>                          | <b>\$ 7,388,892,407</b>  | <b>\$ 113,038,159</b>                          |

<sup>1</sup> Includes cash, repurchase agreements, U.S. government Treasury bills, and funds that invest in U.S. government short-term securities which are valued at the deposit account balances and closing price reported in the active market in which the individual securities is traded.

**MOLEX HOURLY EMPLOYEES' PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

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**5. FINANCIAL INFORMATION OF KOCH MASTER TRUST (Continued)**

Net investment gain for Koch Master Trust is as follows for the years ended December 31,

|                                             | 2021                    | 2020                  |
|---------------------------------------------|-------------------------|-----------------------|
| NET INVESTMENT GAIN                         |                         |                       |
| Net increase in fair value of investments   | \$ 225,958,316          | \$ 532,389,606        |
| Interest, dividend, and other income        | 925,253,921             | 124,134,833           |
| Investment expenses                         | (733,548)               | (757,180)             |
| NET INVESTMENT GAIN OF KOCH<br>MASTER TRUST | <u>\$ 1,150,478,689</u> | <u>\$ 655,767,259</u> |

The Koch Master Trust's overall strategy is to provide investment diversification to minimize risk and maximize long-term investment returns while maintaining sufficient liquidity. As a part of this strategy, the Koch Master Trust holds certain investments that have redemption restrictions, future funding commitments, and other requirements that vary by individual investment. Redemption restrictions are generally short-term with the exception of certain limited partnership investments, of which funds frequently cannot be withdrawn for the life of the investment. At December 31, 2021 and 2020, the Koch Master Trust had noncancelable commitments to make future investments in certain limited partnerships totaling \$1,994,434,941 and \$1,756,024,884, respectively. The commitments mature at various dates designated by the respective fund agreements.

At December 31, 2021 and 2020, the Koch Master Trust held \$361,896,291 and \$215,509,142 of cash equivalents held in custody by the custodian, respectively. In addition, fees paid to the custodian, or an affiliate thereof, for custodian and investment management services totaled \$874,761 and \$949,913 for the years ended December 31, 2021 and 2020, respectively. Transactions with the custodian qualify as party-in-interest transactions.

During 2021 and 2020, the Koch Master Trust invested in a limited number of derivative financial instruments. Certain investment managers were allowed to use derivatives for such strategies as portfolio structuring, return enhancement, and hedging against deterioration of investment holdings from market and interest rate changes. Derivatives are also used as a hedge against foreign currency fluctuations. Derivative instruments included equity index, government and money market forwards and futures, credit default swaps, as well as interest rate swaps and options. The resulting fair value changes of derivative instruments were included in the net increase in fair value of investments. Derivative positions held at December 31, 2021 and 2020 were not material and the use of derivative instruments was not believed to materially increase the credit or market risk of the Koch Master Trust's investments.

**6. FAIR VALUE MEASUREMENTS - KOCH MASTER TRUST**

FASB Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (ASC 820), provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

- a. Quoted prices for similar assets or liabilities in active markets,
- b. Quoted prices for identical or similar assets or liabilities in inactive markets,
- c. Inputs other than quoted prices that are observable for the asset or liability, and
- d. 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The valuation methods used for assets measured at fair value held by the Master Trust described in Note 2 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2021 and 2020.

**MOLEX HOURLY EMPLOYEES' PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**6. FAIR VALUE MEASUREMENTS - KOCH MASTER TRUST (Continued)**

The following table sets forth by level, within the fair value hierarchy, a summary of Koch Master Trust's investment assets at fair value as of December 31, 2021.

|                             | December 31, 2021       |             |                         |                         |                         |
|-----------------------------|-------------------------|-------------|-------------------------|-------------------------|-------------------------|
|                             | Level 1                 | Level 2     | Level 3                 | NAV                     | Total                   |
| Cash equivalents            | \$ 362,700,881          | \$ -        | \$ -                    | \$ -                    | \$ 362,700,881          |
| Common and preferred stocks | 429,405,823             | -           | 138,895,464             | -                       | 568,301,287             |
| Corporate debt instruments  | 123,143                 | -           | 393,212,560             | -                       | 393,335,703             |
| Government bonds            | 1,993,780,199           | -           | -                       | -                       | 1,993,780,199           |
| Limited partnerships        | -                       | -           | 2,788,052,684           | 1,907,649,511           | 4,695,702,195           |
| Other investments           | 109,551,971             | -           | -                       | -                       | 109,551,971             |
| <b>TOTAL</b>                | <b>\$ 2,895,562,017</b> | <b>\$ -</b> | <b>\$ 3,320,160,708</b> | <b>\$ 1,907,649,511</b> | <b>\$ 8,123,372,236</b> |

The following table sets forth by level, within the fair value hierarchy, a summary of Koch Master Trust's investment assets at fair value as of December 31, 2020.

|                             | December 31, 2020       |                     |                         |                         |                         |
|-----------------------------|-------------------------|---------------------|-------------------------|-------------------------|-------------------------|
|                             | Level 1                 | Level 2             | Level 3                 | NAV                     | Total                   |
| Cash equivalents            | \$ 241,568,643          | \$ -                | \$ -                    | \$ -                    | \$ 241,568,643          |
| Common and preferred stocks | -                       | -                   | 135,043,754             | -                       | 135,043,754             |
| Corporate debt instruments  | -                       | -                   | 499,417,409             | -                       | 499,417,409             |
| Government bonds            | 2,687,073,769           | -                   | -                       | -                       | 2,687,073,769           |
| Limited partnerships        | -                       | -                   | 2,106,206,556           | 1,889,097,113           | 3,995,303,669           |
| Other investments           | 80,007,176              | 7,245,382           | -                       | -                       | 87,252,558              |
| <b>TOTAL</b>                | <b>\$ 3,008,649,588</b> | <b>\$ 7,245,382</b> | <b>\$ 2,740,667,719</b> | <b>\$ 1,889,097,113</b> | <b>\$ 7,645,659,802</b> |

The table below sets forth a summary of changes in fair value of Koch Master Trust's Level 3 investment assets.

|                                              | Common and Preferred Stocks | Corporate Debt Instruments | Limited Partnerships | Total            |
|----------------------------------------------|-----------------------------|----------------------------|----------------------|------------------|
| AT DECEMBER 31, 2019                         | \$ 192,617,518              | \$ 419,351,727             | \$ 1,790,879,997     | \$ 2,402,849,242 |
| Net investment gain (loss) during the period | (52,130,468)                | 18,354,440                 | 298,900,650          | 265,124,622      |
| Contributions, purchases, and transfers in   | -                           | 123,719,316                | 292,501,787          | 416,221,103      |
| Distributions and sales                      | (5,443,296)                 | (62,008,074)               | (276,075,878)        | (343,527,248)    |
| AT DECEMBER 31, 2020                         | 135,043,754                 | 499,417,409                | 2,106,206,556        | 2,740,667,719    |
| Net investment gain during the period        | 6,456,169                   | 33,972,485                 | 716,034,245          | 756,462,899      |
| Contributions, purchases, and transfers in   | -                           | 340,655                    | 480,692,241          | 481,032,896      |
| Distributions and sales                      | (2,604,459)                 | (140,517,989)              | (514,880,358)        | (658,002,806)    |
| AT DECEMBER 31, 2021                         | \$ 138,895,464              | \$ 393,212,560             | \$ 2,788,052,684     | \$ 3,320,160,708 |

**MOLEX HOURLY EMPLOYEES' PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS (Continued)**

**6. FAIR VALUE MEASUREMENTS - KOCH MASTER TRUST (Continued)**

The table below sets forth more detailed assumptions used in developing the fair values of Koch Master Trust's Level 3 investment assets.

| Fund Type                   | Valuation Technique                                                                     | Significant Unobservable Inputs                                                                                                                                   | Range (if applicable)                                                                                  |
|-----------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Common and preferred stocks | Valued at probable realization value using cost price or values for recent transactions | Quotes from brokers active in trading the particular security type                                                                                                |                                                                                                        |
| Corporate debt instruments  | Valued at probable realization value using cost price or values for recent transactions | Quotes from brokers active in trading the particular security type                                                                                                |                                                                                                        |
| Limited partnerships        | Valued at probable realization value using cost price or values for recent transactions | Quotes from brokers active in trading the particular security type, counterparty valuations, market data service providers, or reference to visible traded levels |                                                                                                        |
|                             | Company trading and precedent trading multiple                                          | EBITDA multiple                                                                                                                                                   | 5 times-19 times                                                                                       |
|                             | Discounted cash flow over holding period                                                | Risk adjusted premiums of not achieving a return of capital. Third party engineering reports, comparable transactions                                             |                                                                                                        |
|                             | Discounted cash flow/direct capitalization                                              | Discounted rate terminal capitalization rate                                                                                                                      |                                                                                                        |
|                             | Projected cash flow                                                                     | Investment, liquidation, and wind-down periods                                                                                                                    | Investment periods<br>20% - 30%<br>Liquidations periods<br>15% - 30%<br>Wind-down periods<br>10% - 25% |

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.

Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2021 and 2020, there were no significant transfers in or out of Levels 1, 2, or 3.

**7. CERTIFICATION OF FINANCIAL INFORMATION**

The following financial data included in the accompanying financial statements as of and for the years ended December 31, 2021 and 2020 has been certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A., a qualified institution, and has not been audited by the independent auditors for the Plan:

- Investments at fair value, as shown in the statements of net assets available for benefits;
- Net increase in investment in Koch Master Trust, as shown in the statements of changes in net assets available for benefits;
- Master Trust investment information, as shown in Note 5

**8. TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated May 30, 2012, that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

US GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**9. PARTY-IN-INTEREST TRANSACTIONS**

Certain plan investments are an interest in Koch Master Trust and are managed by The Bank of New York Mellon/BNY Mellon, N.A., the custodian of the Plan and Koch Master Trust; therefore, these transactions qualify as party-in-interest. Certain administrative fees related to the administration of the Plan were paid by the Plan or by the Company. These transactions qualify as party-in-interest. Employees of the Company provide administrative services to the Plan for which no fees are charged.

**10. RISKS AND UNCERTAINTIES**

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

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2021

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29        | 2                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 2     |
| 30-34        | 8                                               | 15  | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 23    |
| 35-39        | 18                                              | 16  | 15  | 2     | 0     | 0     | 0     | 0     | 0     | 0         | 51    |
| 40-44        | 6                                               | 21  | 20  | 29    | 1     | 0     | 0     | 0     | 0     | 0         | 77    |
| 45-49        | 11                                              | 30  | 24  | 41    | 11    | 1     | 0     | 0     | 0     | 0         | 118   |
| 50-54        | 7                                               | 48  | 23  | 54    | 26    | 2     | 1     | 0     | 0     | 0         | 161   |
| 55-59        | 10                                              | 37  | 22  | 51    | 23    | 8     | 7     | 1     | 0     | 0         | 159   |
| 60-64        | 8                                               | 34  | 19  | 33    | 22    | 7     | 7     | 1     | 0     | 0         | 131   |
| 65-69        | 2                                               | 7   | 2   | 11    | 0     | 1     | 1     | 2     | 0     | 0         | 26    |
| 70 & over    | 3                                               | 2   | 2   | 1     | 0     | 0     | 0     | 0     | 0     | 0         | 8     |
| Total        | 75                                              | 210 | 127 | 222   | 83    | 19    | 16    | 4     | 0     | 0         | 756   |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Moxex Hourly Employees' Pension Plan  
 EIN / PN: 36-2369491 / 002  
 Plan Sponsor: Moxex LLC  
 Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month September 2020
- Interest rate basis Segment rates from fifth month preceding valuation date reflecting ARPA

#### Interest rates:

|                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| ■ First segment rate      | 4.75%                   | 2.22%                       |
| ■ Second segment rate     | 5.36%                   | 3.38%                       |
| ■ Third segment rate      | 6.11%                   | 3.92%                       |
| ■ Effective interest rate | 5.67%                   | 3.63%                       |

#### Annual rate of increase:

- Salaries N/A
- Cash balance interest crediting rate 2.75%

#### Administrative expenses

Prior year administrative expenses paid, adjusted for expected deviations and PBGC premiums for the year. For 2021, an amount of \$880,000 was included in the target normal cost.

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

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

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

### Mortality

■ **Healthy** IRS approved Section 430 plan-specific substitute mortality tables based on the experience of Koch plan participants projected using Scale MP-2019. Separate rates for non-annuitants and annuitants.

■ **Disabled** IRS approved Section 430 plan-specific substitute mortality tables based on the experience of Koch plan participants projected using Scale MP-2019. Separate rates for non-annuitants and annuitants.

**Termination** Representative percentages varying by age and service, as follows:

#### Percentage leaving during the year

| Age   | Rate |
|-------|------|
| 20-24 | 10%  |
| 25-29 | 15%  |
| 30-34 | 9%   |
| 35-39 | 7%   |
| 40-44 | 5%   |
| 45-49 | 5%   |
| 50+   | 5%   |

**Disability** Representative percentages varying by age. Disability assumption only applies to former Woodhead participants.

#### Percentage leaving during the year

| Age | Rate   | Age | Rate   |
|-----|--------|-----|--------|
| 15  | 0.010% | 40  | 0.260% |
| 20  | 0.050% | 45  | 0.400% |
| 25  | 0.070% | 50  | 0.580% |
| 30  | 0.090% | 55  | 0.780% |
| 35  | 0.160% | 60  | 1.150% |
|     |        | 65+ | 1.150% |

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

### Retirement

Rates varying by age as follows:

| Age   | Rate |
|-------|------|
| 55-60 | 3%   |
| 61    | 5%   |
| 62-64 | 7%   |
| 65    | 15%  |
| 66    | 25%  |
| 67    | 20%  |
| 68    | 30%  |
| 69    | 20%  |
| 70+   | 100% |

### Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit Age 65
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

### Form of payment

100% elect life annuity (Hourly Plan)

100% elect lump sum (Woodhead Plan)

Lump sums for non-cash balance participants were valued using the substitution of the annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality.

### Percent married

70% of males, 70% of females. Used to value pre-retirement surviving spouse benefits.

### Spouse age

Wife two years younger than husband.

### Covered pay

N/A

### At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

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### Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

### Methods

#### Valuation date

First day of plan year

#### Funding target

Present value of accrued benefits as required by regulations under IRC §430.

#### Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

#### Actuarial value of assets

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

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

#### Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Molex LLC and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$5,000) in a single lump sum payment. Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2021. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

## Assumptions Rationale - Significant Economic Assumptions

|                                             |                                                                                                                                                                                                              |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>                        | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.                                         |
| <b>Cash balance interest crediting rate</b> | The plan credits interest to cash balance accounts using the 10-year Treasury rate for the month of September preceding the plan year. Molex LLC selected an expected future 10-year Treasury rate of 2.75%. |
| <b>Lump sum conversion rate</b>             | As required by IRC §430, lump sum benefits are valued using "annuity substitution," so that the interest rates assumed are effectively the same as described above for the discount rate.                    |

## Assumptions Rationale - Significant Demographic Assumptions

|                           |                                                                                                                                                                                                                   |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy mortality</b>  | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                           |
| <b>Disabled mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                           |
| <b>Termination</b>        | Termination rates were based on an experience study completed in fiscal 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. |
| <b>Retirement</b>         | Retirement rates were based on an experience study completed in fiscal 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.  |

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | Molex Hourly Employees' Pension Plan |
| EIN / PN:       | 36-2369491 / 002                     |
| Plan Sponsor:   | Molex LLC                            |
| Valuation Date: | January 1, 2021                      |

# SCHEDULE SB ATTACHMENTS

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## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

### Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2019 to September 2020 as required by IRC §430.

The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2018 to Scale MP-2019, as required by IRC §430.

The cash balance interest crediting rate was changed from 3.50% to 2.75%.

### Change in methods since prior valuation

None.

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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****Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

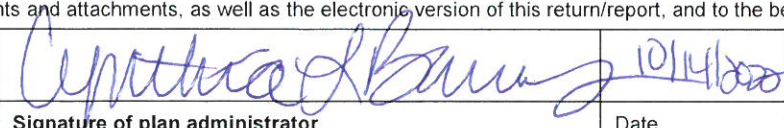
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)  
☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first 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) \_\_\_\_\_
- 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**

|                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br>MOLEX HOURLY EMPLOYEES' PENSION PLAN                                                                                                                                                                                                                                                                     | <b>1b</b> Three-digit plan number (PN) ▶ 002                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                    | <b>1c</b> Effective date of plan<br>07/01/1973                                                                                                                                    |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Molex LLC<br><br>2222 Wellington Court<br><br>Lisle IL 60532-1682 | <b>2b</b> Employer Identification Number (EIN)<br>36-2369491<br><b>2c</b> Plan Sponsor's telephone number<br>630-969-4550<br><b>2d</b> Business code (see instructions)<br>335900 |

**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.

|                  |                                                                                     |            |                                                              |
|------------------|-------------------------------------------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | 10/14/2021 | CYNTHIA BARNES                                               |
|                  | Signature of plan administrator                                                     | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                                                     |            |                                                              |
|                  | Signature of employer/plan sponsor                                                  | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |            |                                                              |
|                  | 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. 201209

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>MOLEX HOURLY EMPLOYEES' PENSION PLAN</u>                                                                      | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>MOLEX LLC</u>                                              | <b>D</b> Employer Identification Number (EIN)<br><u>36-2369491</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                                     |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                               |                                                                                                                              |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                                                              |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>113,038,159</u>                                                                                                 |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>111,829,461</u>                                                                                                 |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                                                                              |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants <u>742</u> (2) Vested Funding Target <u>37,551,573</u> (3) Total Funding Target <u>37,551,573</u> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>949</u> <u>22,472,962</u> <u>22,472,962</u>                                                                               |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>756</u> <u>28,853,782</u> <u>28,867,111</u>                                                                               |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>2,447</u> <u>88,878,317</u> <u>88,891,646</u>                                                                             |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                                                                              |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                                                                    |
| <b>b</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 ..... | <b>4b</b>                                                                                                                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>5.67%</u>                                                                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               |                                                                                                                              |
| <b>a</b> Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b> <u>0</u>                                                                                                           |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>880,000</u>                                                                                                     |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> <u>880,000</u>                                                                                                     |

**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.

|                                                                                                        |                                                                                                                                   |                                                               |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                       | <u>Corey Bruno</u><br><br>Signature of actuary | <u>9/8/2022</u><br>Date                                       |
| <u>Corey Bruno</u><br>Type or print name of actuary                                                    |                                                                                                                                   | <u>2007695</u><br>Most recent enrollment number               |
| <u>Willis Towers Watson US LLC</u><br>Firm name                                                        |                                                                                                                                   | <u>314-719-5900</u><br>Telephone number (including area code) |
| <u>7733 Forsyth Boulevard</u><br><u>Suite 1350</u><br><u>St. Louis MO 63105</u><br>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 ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2021**  
**v. 201209**



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.36 % | 3rd segment:<br>6.11 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input checked="" type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 880,000            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 880,000            |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                  |                                                                                                                         |  |  |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                      |
|--------------------------|--------------------------------------|
| <b>Plan Sponsor</b>      | Molex LLC                            |
| <b>EIN/PN</b>            | 36-2369491 / 002                     |
| <b>Plan Name</b>         | Molex Hourly Employees' Pension Plan |
| <b>Valuation Date</b>    | January 1, 2021                      |
| <b>Enrolled Actuary</b>  | Corey Bruno                          |
| <b>Enrollment Number</b> | 20-07695                             |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

## SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2021**

| Age                             | Retirement Rate | Assumed<br>Number<br>Eligible | Assumed<br>Number<br>Retiring | Age *<br>Number<br>Retiring |
|---------------------------------|-----------------|-------------------------------|-------------------------------|-----------------------------|
| 55                              | 3%              | 1000                          | 30                            | 1,650                       |
| 56                              | 3%              | 970                           | 29                            | 1,624                       |
| 57                              | 3%              | 941                           | 28                            | 1,596                       |
| 58                              | 3%              | 913                           | 27                            | 1,566                       |
| 59                              | 3%              | 886                           | 27                            | 1,593                       |
| 60                              | 3%              | 859                           | 26                            | 1,560                       |
| 61                              | 5%              | 833                           | 42                            | 2,562                       |
| 62                              | 7%              | 791                           | 55                            | 3,410                       |
| 63                              | 7%              | 736                           | 52                            | 3,276                       |
| 64                              | 7%              | 684                           | 48                            | 3,072                       |
| 65                              | 15%             | 636                           | 95                            | 6,175                       |
| 66                              | 25%             | 541                           | 135                           | 8,910                       |
| 67                              | 20%             | 406                           | 81                            | 5,427                       |
| 68                              | 30%             | 325                           | 98                            | 6,664                       |
| 69                              | 20%             | 227                           | 45                            | 3,105                       |
| 70                              | 100%            | 182                           | 182                           | 12,740                      |
|                                 |                 |                               | 1000                          | 64,930                      |
|                                 |                 |                               |                               | / 1,000                     |
| Weighted Average Retirement Age |                 |                               |                               | 65                          |

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month September 2020
- Interest rate basis Segment rates from fifth month preceding valuation date reflecting ARPA

#### Interest rates:

|                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| ■ First segment rate      | 4.75%                   | 2.22%                       |
| ■ Second segment rate     | 5.36%                   | 3.38%                       |
| ■ Third segment rate      | 6.11%                   | 3.92%                       |
| ■ Effective interest rate | 5.67%                   | 3.63%                       |

#### Annual rate of increase:

- Salaries N/A
- Cash balance interest crediting rate 2.75%

#### Administrative expenses

Prior year administrative expenses paid, adjusted for expected deviations and PBGC premiums for the year. For 2021, an amount of \$880,000 was included in the target normal cost.

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

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

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

### Mortality

■ **Healthy** IRS approved Section 430 plan-specific substitute mortality tables based on the experience of Koch plan participants projected using Scale MP-2019. Separate rates for non-annuitants and annuitants.

■ **Disabled** IRS approved Section 430 plan-specific substitute mortality tables based on the experience of Koch plan participants projected using Scale MP-2019. Separate rates for non-annuitants and annuitants.

**Termination** Representative percentages varying by age and service, as follows:

#### Percentage leaving during the year

| Age   | Rate |
|-------|------|
| 20-24 | 10%  |
| 25-29 | 15%  |
| 30-34 | 9%   |
| 35-39 | 7%   |
| 40-44 | 5%   |
| 45-49 | 5%   |
| 50+   | 5%   |

**Disability** Representative percentages varying by age. Disability assumption only applies to former Woodhead participants.

#### Percentage leaving during the year

| Age | Rate   | Age | Rate   |
|-----|--------|-----|--------|
| 15  | 0.010% | 40  | 0.260% |
| 20  | 0.050% | 45  | 0.400% |
| 25  | 0.070% | 50  | 0.580% |
| 30  | 0.090% | 55  | 0.780% |
| 35  | 0.160% | 60  | 1.150% |
|     |        | 65+ | 1.150% |

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

### Retirement

Rates varying by age as follows:

| Age   | Rate |
|-------|------|
| 55-60 | 3%   |
| 61    | 5%   |
| 62-64 | 7%   |
| 65    | 15%  |
| 66    | 25%  |
| 67    | 20%  |
| 68    | 30%  |
| 69    | 20%  |
| 70+   | 100% |

### Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit Age 65
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

### Form of payment

100% elect life annuity (Hourly Plan)

100% elect lump sum (Woodhead Plan)

Lump sums for non-cash balance participants were valued using the substitution of the annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality.

### Percent married

70% of males, 70% of females. Used to value pre-retirement surviving spouse benefits.

### Spouse age

Wife two years younger than husband.

### Covered pay

N/A

### At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

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### Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

### Methods

#### Valuation date

First day of plan year

#### Funding target

Present value of accrued benefits as required by regulations under IRC §430.

#### Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

#### Actuarial value of assets

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

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

#### Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Molex LLC and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$5,000) in a single lump sum payment. Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2021. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

## Assumptions Rationale - Significant Economic Assumptions

|                                             |                                                                                                                                                                                                              |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>                        | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.                                         |
| <b>Cash balance interest crediting rate</b> | The plan credits interest to cash balance accounts using the 10-year Treasury rate for the month of September preceding the plan year. Molex LLC selected an expected future 10-year Treasury rate of 2.75%. |
| <b>Lump sum conversion rate</b>             | As required by IRC §430, lump sum benefits are valued using "annuity substitution," so that the interest rates assumed are effectively the same as described above for the discount rate.                    |

## Assumptions Rationale - Significant Demographic Assumptions

|                           |                                                                                                                                                                                                                   |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy mortality</b>  | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                           |
| <b>Disabled mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                           |
| <b>Termination</b>        | Termination rates were based on an experience study completed in fiscal 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. |
| <b>Retirement</b>         | Retirement rates were based on an experience study completed in fiscal 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.  |

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | Molex Hourly Employees' Pension Plan |
| EIN / PN:       | 36-2369491 / 002                     |
| Plan Sponsor:   | Molex LLC                            |
| Valuation Date: | January 1, 2021                      |

# SCHEDULE SB ATTACHMENTS

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## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

### Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2019 to September 2020 as required by IRC §430.

The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2018 to Scale MP-2019, as required by IRC §430.

The cash balance interest crediting rate was changed from 3.50% to 2.75%.

### Change in methods since prior valuation

None.

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Line 23 Information on Use of Multiple Mortality Tables

All plan participants used a substitute mortality table. The versions used for each population are described below.

| Population description | Population size | Mortality table                                                                                                                                                                                                                   |
|------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Annuitants             | 742             | Substitute Table: RP-2014 "Annuitants" table without collar or amount adjustments, adjusted to 2015 with MP-2016, increased by the applicable factor, then projected forward with generational projection using Scale MP-2019     |
| Non-Annuitants         | 1,705           | Substitute Table: RP-2014 "Non-Annuitants" table without collar or amount adjustments, adjusted to 2015 with MP-2016, increased by the applicable factor, then projected forward with generational projection using Scale MP-2019 |

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 23 Information on Use of Substitute Mortality Tables

Substitute mortality tables are used for the following plan populations: Male and female annuitants and non-annuitants (including disabled participants)

Mortality ratio used to develop tables:

- Annuitants: 1.113828
- Non-annuitants: 0.945630

Partial credibility weighting factor:

- Annuitants: 1.00000
- Non-annuitants: 0.33719

Prescribed tables are used for the following plan populations: Not applicable

The last plan year for which the IRS approval for the substitute mortality tables applies is: January 1, 2023

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

## **SCHEDULE SB ATTACHMENTS**

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### **Schedule SB, Line 24 Change in Actuarial Assumptions**

The cash balance interest crediting rate was changed from 3.50% to 2.75%.

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Part V Summary of Plan Provisions

|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |           |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------|
| Plan Name           | Molex Hourly Employees' Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                                     | Plan Effective        | 6/30/1973 |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Last Change Effective | 8/15/2016 |
| Type of Plan        | Final average pay formula and career average pay formula                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |           |
| Normal Form         | 50% joint and survivor, if married, and life annuity otherwise                                                                                                                                                                                                                                                                                                                                                                                                           |                       |           |
| Plan Eligibility    | Effective December 31, 2010, no new participants will enter the plan                                                                                                                                                                                                                                                                                                                                                                                                     |                       |           |
| Benefit Service     | From Date of Hire, frozen as of December 31, 2010                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |           |
| Pension Earnings    | Base pay plus overtime and additional compensation (see plan document) for the calendar year. Pay is frozen as of December 31, 2016.                                                                                                                                                                                                                                                                                                                                     |                       |           |
| EE Contributions    | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |           |
| Class               | All Employees of Molex LLC paid on an hourly basis, that are not covered under another pension plan due to a collectively bargaining agreement                                                                                                                                                                                                                                                                                                                           |                       |           |
| Accumulated Benefit | Generally, greater of<br>A) The sum of \$110 time service and 0.50% of career average compensation times service<br>B) 1.00% of final five-year average pay times service<br><br>For Plan Hourly employees of Molex Fiber Optics, Molex Auburn Hills, Molex New England, Molex Copper Flex Products, and Woodhead, the accrued benefit is only calculated according to B). Pay increases through December 31, 2016 only. Benefit service frozen as of December 31, 2010. |                       |           |

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | Molex Hourly Employees' Pension Plan |
| EIN / PN:       | 36-2369491 / 002                     |
| Plan Sponsor:   | Molex LLC                            |
| Valuation Date: | January 1, 2021                      |

## SCHEDULE SB ATTACHMENTS

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| Benefit           | Age | Cont Svc | Age + Memb Svc | Description                                                                                                                         |
|-------------------|-----|----------|----------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement | 65  | --       |                | AB, payable immediately                                                                                                             |
| Early             | 55  | 10       |                | AB, reduced ERF shown in the table                                                                                                  |
| Postponed         | >65 | --       |                | AB, including earnings and service to actual retirement. The accrued benefit is actuarially increased for retirements after age 65. |
| Vesting           | --  | 5        |                | AB, payable at NRD                                                                                                                  |
| Pre Ret Death     | --  | 5        |                | AB, payable at NRD for life of spouse                                                                                               |

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

### Optional Forms of Payment

In addition to the normal form of payment, participants are eligible to elect the following actuarially equivalent optional forms:

**Life Annuity** – An annuity payable for your participant's lifetime only. No monthly benefits are payable after participant's death.

**Joint and Survivor Annuity** – An annuity payable for the participant's life and upon death, an annuity payable to the beneficiary based on the percentage elected.

**Certain and Life Annuity** – An annuity payable for participant's life. If participant dies after payments begin and within the guaranteed period chosen, payments will continue to the beneficiary for the remaining period guaranteed.

**Social Security Adjustment Option** – Actuarially increased payments before the participant attains age 65 (or age 62) and reduced after that age so that payments prior to age 65 approximate the sum of the reduced plan benefits and Social Security benefits.

### Changes in Benefits Valued Since Prior Year

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

### ERF Table

| Age | Factor | Age | Factor |
|-----|--------|-----|--------|
| 64  | 0.886  | 59  | 0.508  |
| 63  | 0.788  | 58  | 0.458  |
| 62  | 0.703  | 57  | 0.414  |
| 61  | 0.629  | 56  | 0.375  |
| 60  | 0.564  | 55  | 0.340  |

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | Molex Hourly Employees' Pension Plan |
| EIN / PN:       | 36-2369491 / 002                     |
| Plan Sponsor:   | Molex LLC                            |
| Valuation Date: | January 1, 2021                      |

## SCHEDULE SB ATTACHMENTS

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|                  |                                                                                                                                  |                       |           |
|------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------|
| Plan Name        | Retirement Plan for Employees of Woodhead Industries Inc. & Affiliated Companies                                                 | Plan Effective        | 10/1/1973 |
|                  |                                                                                                                                  | Last Change Effective | 9/30/2009 |
| Type of Plan     | Final average pay formula                                                                                                        |                       |           |
| Normal Form      | 50% joint and survivor, if married, and life annuity otherwise                                                                   |                       |           |
| Plan Eligibility | Effective September 30, 2009, the Woodhead Plan merged into the Molex Hourly Employees' Pension Plan                             |                       |           |
| Credited Service | From Date of Hire, frozen as of December 31, 2007                                                                                |                       |           |
| Pension Earnings | Compensation for the calendar year limited to the Social Security Wage Base                                                      |                       |           |
| EE Contributions | None                                                                                                                             |                       |           |
| Class            | All employees of Woodhead Industries, that are not covered under another pension plan due to a collectively bargaining agreement |                       |           |

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | Molex Hourly Employees' Pension Plan |
| EIN / PN:       | 36-2369491 / 002                     |
| Plan Sponsor:   | Molex LLC                            |
| Valuation Date: | January 1, 2021                      |

## SCHEDULE SB ATTACHMENTS

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### Accumulated Benefit

Generally, greater of

- A) 1.2% of average monthly compensation less 0.6% of covered compensation up to 30 years (offset cannot exceed 0.6% of final average compensation times service up to 30 years)
- B) \$2.50 times service

Participants employed by Advanced Interconnect, Inc. shall be entitled to a monthly pension that is the Actuarial Equivalent of a Participant's Cash Balance Account, commencing at his Normal Retirement Date, determined as follows:

Cash Balance Account: A Participant's Cash Balance Account shall be the sum of the Compensation Credits and Interest Credits credited to his Cash Balance Account.

Compensation Credits: The Participant's Cash Balance Account shall be credited with a Compensation Credit equal to 3.0% of the Participant's Compensation for the Plan Year.

Interest Credits: The Participant's Cash Balance Account shall be credited with an Interest Credit equal to the Participant's Cash Balance Account balance as of the first day of such Plan Year times the Interest Credit Rate for such Plan Year. The Interest Credit Rate for any Plan Year is the annual interest rate on ten-year Treasury Constant Maturities for the month of September preceding, or in which occurs, the first day of the Plan Year.

The Plan was frozen as of December 31, 2007 with no further accruals.

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | Molex Hourly Employees' Pension Plan |
| EIN / PN:       | 36-2369491 / 002                     |
| Plan Sponsor:   | Molex LLC                            |
| Valuation Date: | January 1, 2021                      |

## SCHEDULE SB ATTACHMENTS

| Benefit           | Age | Cont Svc | Age + Memb Svc | Description                                                                                                          |
|-------------------|-----|----------|----------------|----------------------------------------------------------------------------------------------------------------------|
| Normal Retirement | 65  | 5        |                | AB, payable immediately                                                                                              |
| Early             | 55  | 10       |                | AB, reduced 6.7% per year to age 60 and 3.3% to age 55.                                                              |
| Postponed         | >65 | --       |                | AB, including earnings and service to actual retirement                                                              |
| Vesting           | --  | 5        |                | AB, payable at NRD                                                                                                   |
| Disability        | --  | 5        |                | AB, payable at age 55 or date of disability                                                                          |
| Pre Ret Death     | --  | 5        |                | AB, payable at age 55 or date of death with no reduction for commencement prior to age 55 for the life of the spouse |

### Optional Forms of Payment

In addition to the normal form of payment, participants are eligible to elect the following actuarially equivalent optional forms:

**Life Annuity** – An annuity payable for your participant's lifetime only. No monthly benefits are payable after participant's death.

**Joint and Survivor Annuity** – An annuity payable for the participant's life and upon death, an annuity payable to the beneficiary based on the percentage elected.

**Certain and Life Annuity** – An annuity payable for participant's life. If participant dies after payments begin and within the guaranteed period chosen, payments will continue to the beneficiary for the remaining period guaranteed.

**Lump Sum** – Single payment paid to participant who meets plan requirements.

**Social Security Adjustment Option** – Actuarially increased payments before the participant attains age 65 (or age 62) and reduced after that age so that payments prior to age 65 approximate the sum of the reduced plan benefits and Social Security benefits.

### Changes in Benefits Valued Since Prior Year

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

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | Molex Hourly Employees' Pension Plan |
| EIN / PN:       | 36-2369491 / 002                     |
| Plan Sponsor:   | Molex LLC                            |
| Valuation Date: | January 1, 2021                      |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2021

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29        | 2                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 2     |
| 30-34        | 8                                               | 15  | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 23    |
| 35-39        | 18                                              | 16  | 15  | 2     | 0     | 0     | 0     | 0     | 0     | 0         | 51    |
| 40-44        | 6                                               | 21  | 20  | 29    | 1     | 0     | 0     | 0     | 0     | 0         | 77    |
| 45-49        | 11                                              | 30  | 24  | 41    | 11    | 1     | 0     | 0     | 0     | 0         | 118   |
| 50-54        | 7                                               | 48  | 23  | 54    | 26    | 2     | 1     | 0     | 0     | 0         | 161   |
| 55-59        | 10                                              | 37  | 22  | 51    | 23    | 8     | 7     | 1     | 0     | 0         | 159   |
| 60-64        | 8                                               | 34  | 19  | 33    | 22    | 7     | 7     | 1     | 0     | 0         | 131   |
| 65-69        | 2                                               | 7   | 2   | 11    | 0     | 1     | 1     | 2     | 0     | 0         | 26    |
| 70 & over    | 3                                               | 2   | 2   | 1     | 0     | 0     | 0     | 0     | 0     | 0         | 8     |
| Total        | 75                                              | 210 | 127 | 222   | 83    | 19    | 16    | 4     | 0     | 0         | 756   |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Moxel Hourly Employees' Pension Plan  
 EIN / PN: 36-2369491 / 002  
 Plan Sponsor: Moxel LLC  
 Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2021**

| Age                             | Retirement Rate | Assumed<br>Number<br>Eligible | Assumed<br>Number<br>Retiring | Age *<br>Number<br>Retiring |
|---------------------------------|-----------------|-------------------------------|-------------------------------|-----------------------------|
| 55                              | 3%              | 1000                          | 30                            | 1,650                       |
| 56                              | 3%              | 970                           | 29                            | 1,624                       |
| 57                              | 3%              | 941                           | 28                            | 1,596                       |
| 58                              | 3%              | 913                           | 27                            | 1,566                       |
| 59                              | 3%              | 886                           | 27                            | 1,593                       |
| 60                              | 3%              | 859                           | 26                            | 1,560                       |
| 61                              | 5%              | 833                           | 42                            | 2,562                       |
| 62                              | 7%              | 791                           | 55                            | 3,410                       |
| 63                              | 7%              | 736                           | 52                            | 3,276                       |
| 64                              | 7%              | 684                           | 48                            | 3,072                       |
| 65                              | 15%             | 636                           | 95                            | 6,175                       |
| 66                              | 25%             | 541                           | 135                           | 8,910                       |
| 67                              | 20%             | 406                           | 81                            | 5,427                       |
| 68                              | 30%             | 325                           | 98                            | 6,664                       |
| 69                              | 20%             | 227                           | 45                            | 3,105                       |
| 70                              | 100%            | 182                           | 182                           | 12,740                      |
|                                 |                 |                               | 1000                          | 64,930                      |
|                                 |                 |                               |                               | / 1,000                     |
| Weighted Average Retirement Age |                 |                               |                               | 65                          |

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                      |
|--------------------------|--------------------------------------|
| <b>Plan Sponsor</b>      | Molex LLC                            |
| <b>EIN/PN</b>            | 36-2369491 / 002                     |
| <b>Plan Name</b>         | Molex Hourly Employees' Pension Plan |
| <b>Valuation Date</b>    | January 1, 2021                      |
| <b>Enrolled Actuary</b>  | Corey Bruno                          |
| <b>Enrollment Number</b> | 20-07695                             |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Part V Summary of Plan Provisions

|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |           |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------|
| Plan Name           | Molex Hourly Employees' Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                                     | Plan Effective        | 6/30/1973 |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Last Change Effective | 8/15/2016 |
| Type of Plan        | Final average pay formula and career average pay formula                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |           |
| Normal Form         | 50% joint and survivor, if married, and life annuity otherwise                                                                                                                                                                                                                                                                                                                                                                                                           |                       |           |
| Plan Eligibility    | Effective December 31, 2010, no new participants will enter the plan                                                                                                                                                                                                                                                                                                                                                                                                     |                       |           |
| Benefit Service     | From Date of Hire, frozen as of December 31, 2010                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |           |
| Pension Earnings    | Base pay plus overtime and additional compensation (see plan document) for the calendar year. Pay is frozen as of December 31, 2016.                                                                                                                                                                                                                                                                                                                                     |                       |           |
| EE Contributions    | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |           |
| Class               | All Employees of Molex LLC paid on an hourly basis, that are not covered under another pension plan due to a collectively bargaining agreement                                                                                                                                                                                                                                                                                                                           |                       |           |
| Accumulated Benefit | Generally, greater of<br>A) The sum of \$110 time service and 0.50% of career average compensation times service<br>B) 1.00% of final five-year average pay times service<br><br>For Plan Hourly employees of Molex Fiber Optics, Molex Auburn Hills, Molex New England, Molex Copper Flex Products, and Woodhead, the accrued benefit is only calculated according to B). Pay increases through December 31, 2016 only. Benefit service frozen as of December 31, 2010. |                       |           |

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | Molex Hourly Employees' Pension Plan |
| EIN / PN:       | 36-2369491 / 002                     |
| Plan Sponsor:   | Molex LLC                            |
| Valuation Date: | January 1, 2021                      |

## **SCHEDULE SB ATTACHMENTS**

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### **Schedule SB, Line 24 Change in Actuarial Assumptions**

The cash balance interest crediting rate was changed from 3.50% to 2.75%.

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Line 23 Information on Use of Multiple Mortality Tables

All plan participants used a substitute mortality table. The versions used for each population are described below.

| Population description | Population size | Mortality table                                                                                                                                                                                                                   |
|------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Annuitants             | 742             | Substitute Table: RP-2014 "Annuitants" table without collar or amount adjustments, adjusted to 2015 with MP-2016, increased by the applicable factor, then projected forward with generational projection using Scale MP-2019     |
| Non-Annuitants         | 1,705           | Substitute Table: RP-2014 "Non-Annuitants" table without collar or amount adjustments, adjusted to 2015 with MP-2016, increased by the applicable factor, then projected forward with generational projection using Scale MP-2019 |

Plan Name: Molex Hourly Employees' Pension Plan  
EIN / PN: 36-2369491 / 002  
Plan Sponsor: Molex LLC  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 23 Information on Use of Substitute Mortality Tables

Substitute mortality tables are used for the following plan populations: Male and female annuitants and non-annuitants (including disabled participants)

Mortality ratio used to develop tables:

- Annuitants: 1.113828
- Non-annuitants: 0.945630

Partial credibility weighting factor:

- Annuitants: 1.00000
- Non-annuitants: 0.33719

Prescribed tables are used for the following plan populations: Not applicable

The last plan year for which the IRS approval for the substitute mortality tables applies is: January 1, 2023

|                 |                                      |
|-----------------|--------------------------------------|
| Plan Name:      | Molex Hourly Employees' Pension Plan |
| EIN / PN:       | 36-2369491 / 002                     |
| Plan Sponsor:   | Molex LLC                            |
| Valuation Date: | January 1, 2021                      |