

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2022

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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
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
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: SUPPLEMENTAL RET PLAN OF THE SCI SYSTEMS, INC EMPLOYEE FINANCIAL SECURITY PROGRAM
1b Three-digit plan number (PN): 002
1c Effective date of plan: 07/01/1973
2a Plan sponsor's name (employer, if for a single-employer plan): SANMINA CORPORATION
2b Employer Identification Number (EIN): 77-0228183
2c Plan Sponsor's telephone number: 408-964-3706
2d Business code (see instructions): 551112

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2022) v. 220413

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>SCI SYSTEMS, INC.</p> <p>2700 NORTH FIRST STREET SAN JOSE, CA 95134</p>	<p>3b Administrator's EIN 77-0228183</p> <p>3c Administrator's telephone number 408-964-3706</p>
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 805</p>
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 0</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 0</p>
<p>b Retired or separated participants receiving benefits</p>	<p>6b 0</p>
<p>c Other retired or separated participants entitled to future benefits.....</p>	<p>6c 0</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p>	<p>6d 0</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p>	<p>6e 0</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f 0</p>
<p>g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</p>	<p>6g</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>
<p>8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3F</p> <p>b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:</p>	
<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
<p>10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)</p>	
<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> 0 A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SUPPLEMENTAL RET PLAN OF THE SCI SYSTEMS, INC EMPLOYEE FINANCIAL SECURITY PROGRAM</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SANMINA CORPORATION</u>	D Employer Identification Number (EIN) <u>77-0228183</u>	

E Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>21414330</u>	
b Actuarial value.....	2b	<u>21414330</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>143</u>	<u>5469082</u>	<u>5469082</u>
b For terminated vested participants.....	<u>288</u>	<u>3605960</u>	<u>3605960</u>
c For active participants.....	<u>374</u>	<u>7072844</u>	<u>7095598</u>
d Total.....	<u>805</u>	<u>16147886</u>	<u>16170640</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	<u>5.15 %</u>	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	<u>0</u>	
b Expected plan-related expenses.....	6b	<u>0</u>	
c Total (line 6a + line 6b).....	6c	<u>0</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.

SIGN HERE		
	Signature of actuary	<u>04/17/2023</u> Date
	<u>COLIN J. HENTY</u> Type or print name of actuary	<u>23-07007</u> Most recent enrollment number
	<u>GALLAGHER BENEFIT SERVICES, INC.</u> Firm name	<u>952-356-0691</u> Telephone number (including area code)
	<u>3600 AMERICAN BLVD WEST SUITE 500 BLOOMINGTON, MN 55431</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	332578
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	332578
10	Interest on line 9 using prior year's actual return of <u>9.30</u> %	0	30930
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		5634114
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> %.....		298045
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		5932159
	d Portion of (c) to be added to prefunding balance.....		
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	363508

Part III Funding Percentages			
14	Funding target attainment percentage	14	130.17 %
15	Adjusted funding target attainment percentage	15	132.42 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	98.44 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/06/2022	15000	0					
10/11/2022	16000	0					
			Totals ▶	18(b)	31000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c 29826
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

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

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 29826

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

a Total (excess, if any, of line 37 over line 36)	38a	29826
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>SUPPLEMENTAL RET PLAN OF THE SCI SYSTEMS, INC EMPLOYEE FINANCIAL SECURITY PROGRAM</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SANMINA CORPORATION</u>	D Employer Identification Number (EIN) <u>77-0228183</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

SEI INVESTMENTS MANAGEMENT CO.

04-2452803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 28 19 50 21 51	INVESTMENT MANAGER	38551	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

<p style="text-align: center;">SCHEDULE H (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p style="font-size: x-small;">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).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p style="font-size: small;">This Form is Open to Public Inspection</p>
---	---	--

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
<p>A Name of plan SUPPLEMENTAL RET PLAN OF THE SCI SYSTEMS, INC EMPLOYEE FINANCIAL SECURITY PROGRAM</p>	<p>B Three-digit plan number (PN) ▶ 002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SANMINA CORPORATION</p>	<p>D Employer Identification Number (EIN) 77-0228183</p>

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	85
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	5820000	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	12830	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	15767386	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	21600216	85
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	85
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	85
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	21600216	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	31000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		31000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	116783	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	18956641	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	18956641	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(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)		-2300297
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-2152514
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19249693	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	142172	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		19391865
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	38551	
(4) Other	2i(4)	17286	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		55837
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19447702
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-21600216
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: MOSS ADAMS LLP

(2) EIN: 91-0189318

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

- (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k	X		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 480613.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>SUPPLEMENTAL RET PLAN OF THE SCI SYSTEMS, INC EMPLOYEE FINANCIAL SECURITY PROGRAM</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SANMINA CORPORATION</u>	D Employer Identification Number (EIN) <u>77-0228183</u>	

Part I	Distributions
---------------	----------------------

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

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

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 04-2452803

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

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

3	520
---	-----

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b The corresponding number for the second preceding plan year.....	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____



*Report of Independent Auditors and
Financial Statements with Supplemental Schedule*

**Supplemental Retirement Plan of
the SCI Systems, Inc.
Employee Financial Security Program**

December 31, 2022 and 2021

Table of Contents

REPORT OF INDEPENDENT AUDITORS1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits.....6

Statements of Changes in Net Assets Available for Benefits7

Notes to Financial Statements8

SUPPLEMENTAL SCHEDULE REQUIRED BY THE DEPARTMENT OF LABOR

Schedule H, Line 4(j) – Schedule of Reportable Transactions15

Report of Independent Auditors

The Participants and Plan Administrator
Supplemental Retirement Plan
SCI Systems, Inc. Employee Financial Security Program

Report on the Audit of the Financial Statements in Liquidation

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

We have performed audits of the financial statements in liquidation of the Supplemental Retirement Plan of the SCI Systems, Inc. Employee Financial Security Program (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 (in liquidation) and 2021, and the related statements of changes in net assets available for benefits for the years ended December 31, 2022 (in liquidation) and 2021, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements in liquidation, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).

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

Basis for Opinion

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

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 1 to the financial statements, the Board of Directors of SCI Systems, Inc., resolved to terminate the Plan effective July 3, 2022 and management determined liquidation is imminent. As a result, Supplemental Retirement Plan of the SCI Systems, Inc. Employee Financial Security Program has changed its basis of accounting from the going-concern basis of accounting used in presenting the 2021 financial statements to the liquidation basis of accounting used in presenting the 2022 financial statements. Our opinion is not affected with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements in Liquidation

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Supplemental Retirement Plan of the SCI Systems, Inc. Employee Financial Security Program'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.

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

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

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

Other Matter

Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

A handwritten signature in cursive script that reads "Moss Adams LLP".

Campbell, California
June 7, 2023

Financial Statements

**Supplemental Retirement Plan of the SCI Systems, Inc.
Employee Financial Security Program
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021**

	<u>2022</u>	<u>2021</u>
	(Liquidation Basis)	(Ongoing Basis)
Assets:		
Investments, at fair value:		
Mutual funds	<u>\$ -</u>	<u>\$ 15,767,386</u>
Receivables:		
Employer's contribution	-	5,820,000
Interest receivable	<u>-</u>	<u>12,830</u>
Total receivables	<u>-</u>	<u>5,832,830</u>
Cash, noninterest-bearing	<u>85</u>	<u>-</u>
Total assets	<u>85</u>	<u>21,600,216</u>
Liabilities:		
Administrative expenses payable	<u>85</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ -</u></u>	<u><u>\$ 21,600,216</u></u>

**Supplemental Retirement Plan of the SCI Systems, Inc.
Employee Financial Security Program
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2022 and 2021**

	<u>2022</u>	<u>2021</u>
	(Liquidation Basis)	(Ongoing Basis)
Additions to net assets attributed to:		
Investment and other income:		
Dividends and interest	\$ 116,783	\$ 378,414
Net (depreciation) appreciation in fair value of investments	(2,300,297)	1,048,371
Other income	<u>-</u>	<u>19</u>
	(2,183,514)	1,426,804
Contributions:		
Employer's	<u>31,000</u>	<u>5,820,000</u>
Total additions, net of investment loss	<u>(2,152,514)</u>	<u>7,246,804</u>
Deductions from net assets attributed to:		
Withdrawals and distributions	19,391,865	2,282,431
Administrative expenses	<u>55,837</u>	<u>84,706</u>
Total deductions	<u>19,447,702</u>	<u>2,367,137</u>
Net change in net assets	(21,600,216)	4,879,667
Net assets available for benefits:		
Beginning of year	<u>21,600,216</u>	<u>16,720,549</u>
End of year	<u>\$ -</u>	<u>\$ 21,600,216</u>

Supplemental Retirement Plan of the SCI Systems, Inc.

Employee Financial Security Program

Notes to Financial Statements

NOTE 1 – THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES

General – The following description of the Supplemental Retirement Plan of the SCI Systems, Inc. Employee Financial Security Program (the Plan), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan was a noncontributory defined benefit pension plan that was established on July 1, 1973, by SCI Systems, Inc. (the Company), to provide benefits to eligible employees, as defined in the Plan. The Plan was designed to be qualified under the applicable requirements of the Internal Revenue Code (the Code) and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Freezing of the Plan – Effective December 31, 2001, the Plan was amended to freeze all future benefit accruals as of the effective date and no new participants were allowed in the Plan. However, active participants not yet vested as of December 31, 2001, were allowed to continue to accrue vesting service until vested. All participants are fully vested.

Plan termination – The Company terminated the Plan effective July 3, 2022. As a result, approximately \$11,551,000 was distributed directly to eligible participants in August of 2022. On August 22, 2022, \$6,499,000 was transferred to an insurance company to purchase a group annuity contract, transferring the risk to the insurance company for future benefit payments. Approximately \$1,300,000 was distributed to cover other pension benefit payments during 2022.

On August 19, 2022, the Company contributed \$5,820,000 to the Trust to cover the shortfall in trust funds available to complete the annuity purchase.

The disclosures below were applicable prior to the Termination Date.

Pension benefits – Employees with five or more years of service were entitled to annual pension benefits beginning at normal retirement age (65), based upon the sum of the participant's annual additions as defined in the Plan. The Plan permitted early retirement with reduced benefits to participants with ten years of vesting service who were at ages ranging from 55 to 64 years. Upon termination or early, normal, or postponed retirement, employees may have elected to receive their pension benefits in the form of a lump-sum payment, single life annuity, joint and survivor annuity, or in installments as defined under the Plan. The Plan allowed for the automatic lump-sum distribution of participant benefits that do not exceed \$1,000.

Death benefits – If a married participant died after becoming vested in any portion of their accrued benefit, but before commencement of retirement payments under the Plan, the participant's spouse would receive a death benefit equal to 50% of the normal retirement benefits accumulated as of the date of death, as provided for in the Plan. Benefits were payable to the spouse, for life, beginning on the participant's earliest retirement date.

Administration – The Company had appointed the Deferred Compensation Plans Committee to manage the operation and administration of the Plan. The Company contracted with a third-party administrator, SEI Private Trust Company (SEI), to process and maintain the records of participant data, Gallagher Actuarial Services (Gallagher) to provide actuarial services, and with SEI to act as the trustee. The Plan paid for investment management fees, and substantially all other expenses incurred for administering the Plan were paid by the Company.

Supplemental Retirement Plan of the SCI Systems, Inc.

Employee Financial Security Program

Notes to Financial Statements

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

Basis of accounting – For the year ended December 31, 2022, the financial statements have been prepared under the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). For the year ended December 31, 2021, the financial statements have been prepared in accordance with U.S. GAAP, using the accrual method of accounting.

Investment valuation and income recognition – The Plan's investments were reported at fair value. The Plan's trustee, SEI, certified the fair market value of all investments. If available, quoted market prices were used to value investments.

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 2 for discussion of fair value measurements.

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

Vesting – The Plan provided that benefits vest to participants based on years of service as follows: less than five years of vesting service, zero; five or more years of vesting service, 100%.

Income taxes – The Plan had been amended since receiving a favorable determination letter dated March 16, 2010. The Company believed that the Plan operated in accordance with, and qualified under, the applicable requirements of the Code and related state statutes, and that the trust, which formed a part of the Plan, was exempt from federal income and state franchise taxes.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax positions and does not believe the Plan had any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan was subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Subsequent events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through June 7, 2023, which is the date the financial statements were available to be issued.

Supplemental Retirement Plan of the SCI Systems, Inc.

Employee Financial Security Program

Notes to Financial Statements

NOTE 2 – FAIR VALUE MEASUREMENTS

The fair value measurements standard establishes a framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the standard are described below:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodology used for assets measured at fair value at December 31, 2021.

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

**Supplemental Retirement Plan of the SCI Systems, Inc.
Employee Financial Security Program
Notes to Financial Statements**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	2021			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 15,767,386	\$ -	\$ -	\$ 15,767,386
Total assets at fair value	\$ 15,767,386	\$ -	\$ -	\$ 15,767,386

NOTE 3 – RELATED-PARTY TRANSACTIONS

Certain plan investments were managed by SEI, the trustee of the Plan. Any purchases and sales of these funds were performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, were permitted under the provisions of the Plan and were specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits represented the estimated future periodic payments, including lump-sum distributions, under the Plan's provisions that were attributable to services rendered by employees through the valuation date. Accumulated plan benefits included 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 on career average compensation through December 31, 2001, the date the Plan was frozen, and were presented as of the valuation date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) were included, to the extent they were deemed attributable, for employee service rendered to the valuation date.

Supplemental Retirement Plan of the SCI Systems, Inc.

Employee Financial Security Program

Notes to Financial Statements

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary, Gallagher, and was that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2022 and 2021 (beginning of the Plan year), were as follows:

	2022	2021
Rate of return:	4.50%	4.50%
Mortality assumption:	IRS 2021 Static Mortality (dynamic) as published in Notice 2019-67 Pri-2012 Dataset mortality table projected with mortality improvement scale MP-2021	IRS 2020 Static Mortality (dynamic) as published in Notice 2019-26 Pri-2012 Dataset mortality table projected with mortality improvement scale MP-2020
Retirement rates:	Varying between 2.5% at age 55 to 100% by age 70+	Varying between 2.5% at age 55 to 100% by age 70+
Actuarial funding method:	Unit Credit Cost Method	Unit Credit Cost Method

Gallagher prepared the following valuation to cover the short plan year, ending September 30, 2022, due to the Plan's termination and distribution of substantially all of the Plan's assets in September 2022.

The actuarial present value of accumulated plan benefits was as follows as of December 31, 2022:

Retirees and beneficiaries currently receiving payments	\$ 5,644,129
Deferred vested participants	4,083,640
Active participants	<u>7,867,265</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 17,595,034</u>

The change in the actuarial present value of accumulated plan benefits was as follows for the year ended December 31, 2021:

Actuarial present value of accumulated plan benefits at December 31, 2020	\$ 21,789,775
Decrease during the year attributable to:	
Increase for interest due to the decrease in discount period	929,750
Benefits accumulated, including experience gains and losses	71,437
Benefits paid to participants	(2,282,431)
Assumptions change	<u>(2,913,497)</u>
Actuarial present value of accumulated plan benefits at December 31, 2021	<u>\$ 17,595,034</u>

**Supplemental Retirement Plan of the SCI Systems, Inc.
Employee Financial Security Program
Notes to Financial Statements**

NOTE 5 – FUNDING POLICY

It was the policy of the Company to fund pension costs as accrued. Annual contributions were determined by the Plan's actuary to meet the requirements of the Funding Standard Account prescribed by ERISA and the Code. There was no minimum required contribution requirement for the year ended December 31, 2021. As a result of the termination in the Plan, the Company contributed \$31,000 and \$5,820,000 for the years ended December 31, 2022 and 2021, respectively.

NOTE 6 – CERTIFIED INFORMATION

The plan administrator had elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, SEI, the trustee of the Plan, had certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021.
- Net (depreciation) appreciation in fair value of investments, and dividends and interest, reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021.
- Schedule of reportable transactions.

**SUPPLEMENTAL RETIREMENT PLAN OF THE SCI SYSTEMS, INC. EMPLOYEE
FINANCIAL SECURITY PROGRAM**

EIN#: 77-0228183 PLAN#: 002

Schedule of Active Participant Data as of January 1, 2022

Age	Years of Service										Total
	0-1	2-4	5-9	10-14	15-19	20-24	25-29	30-34	35-40	40+	
< 25	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-
40-44	4	2	3	-	-	-	-	-	-	-	9
45-49	6	8	14	4	-	-	-	-	-	-	32
50-54	11	11	18	14	5	-	-	-	-	-	59
55-59	8	16	18	23	35	2	-	-	-	-	102
60-64	14	9	20	24	28	26	-	-	-	-	121
65-69	1	4	4	8	4	5	2	1	-	-	29
> 70	2	3	5	6	4	1	1	-	-	-	22
Total	46	53	82	79	76	34	3	1	-	-	374

**SUPPLEMENTAL RETIREMENT PLAN OF THE SCI SYSTEMS, INC. EMPLOYEE
FINANCIAL SECURITY PROGRAM**

EIN#: 77-0228183 PLAN#: 002

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

Actuarial Assumptions

- | | |
|---------------------------|---|
| 1. Funding Interest Rates | Adjusted Segment Rates (reflecting American Rescue Plan Act funding relief) |
| Segment 1 | 4.75% |
| Segment 2 | 5.18% |
| Segment 3 | 5.92% |
| | Unadjusted Segment Rates – January 2022 |
| Segment 1 | 0.88% |
| Segment 2 | 2.61% |
| Segment 3 | 3.27% |
| 2. ASC 960 Interest Rate | 4.50% |
| 3. ASC 960 Lump Sum Basis | Unadjusted Segment Rates – July 2022 |
| Segment 1 | 3.67% |
| Segment 2 | 4.67% |
| Segment 3 | 4.73% |

- | | |
|-----------------|---|
| 3. Mortality | |
| Minimum Funding | IRS 2021 Static Mortality (dynamic), updated to reflect mortality updates issued by the IRS |
| ASC 960 | Pri-2012 Dataset mortality table projected with mortality improvement scale MP-2021 |

- | | |
|---------------------|--|
| 4. Retirement rates | Participants are assumed to retire at the following rates: |
|---------------------|--|

Age	Rate
55-57	2.5%
58-61	5.0%
62-65	25.0%
66-69	15.0%
70+	100.0%

- | | |
|----------------------|-------------------------|
| 5. Termination rates | See sample rates below: |
|----------------------|-------------------------|

Age	Rate
25	18.75%
30	14.02%
35	10.44%
40	8.41%
45	5.83%
50	4.48%
55	3.32%
60	1.66%
65	0.00%

Supplemental Retirement Plan of the SCI Systems, Inc.
Employee Financial Security Program
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year ended December 31, 2022

Sponsor Name: Sanmina Corporation
Employer Identification Number: 77-0228183
Plan Number: 002
Schedule H, Line 4(j)

SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER
17128

REPORTABLE TRANSACTIONS WORKSHEET
1/1/22 THROUGH 12/31/22
SANMINA-RETIREMENT PLAN

PAGE 58

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			15,767,385.65			
COMPARATIVE VALUE (5%)			788,369.28			
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
05/12/22 B	12,804,683	1.000	0	12,804,683.00	12,804,683	
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
08/12/22 S	11,551,449	1.000	0	11,551,449.00	11,551,449	0
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
08/19/22 B	5,820,000	1.000	0	5,820,000.00	5,820,000	
ISSUE: 783965593 - GOVERNMENT FUND (SEOXX)						
08/22/22 S	6,478,674	1.000	0	6,478,674.00	6,478,674	0
ISSUE: 783980626 - SEI S&P 500 IDX-A (SPINX)						
05/12/22 S	155,053	19.360	0	3,001,832.00	1,920,175	1,081,657
ISSUE: 783980675 - SEI ULTRA SH DURATION BD FD (SUSAX)						
05/12/22 S	140,229	9.820	0	1,377,046.00	1,405,050	-28,004
ISSUE: 783980717 - SEI OPPORTUNISTIC INC FD-A (ENIAX)						
05/12/22 S	172,315	7.950	0	1,369,905.00	1,418,572	-48,667
ISSUE: 783980774 - SEI WORLD EQUITY EX-US FUND (WEUSX)						
05/12/22 S	245,567	10.900	0	2,676,677.00	2,970,989	-294,312
ISSUE: 783980790 - SEI LONG DURATION FUND (LDRAX)						
05/12/22 S	368,697	6.830	0	2,518,201.00	3,167,670	-649,469
GRAND TOTAL			0	47,598,467	47,537,262	61,206

**Supplemental Retirement Plan of the SCI Systems, Inc.
Employee Financial Security Program
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year ended December 31, 2022**

Sponsor Name: Sanmina Corporation
Employer Identification Number: 77-0228183
Plan Number: 002
Schedule H, Line 4(j)

SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER
17128

REPORTABLE TRANSACTIONS WORKSHEET
1/1/22 THROUGH 12/31/22
SANMINA-RETIREMENT PLAN

PAGE 59

DATE BOUGHT/SOLD -----	SHARES PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH EX -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
------------------------------	------------------------------	------------------------	------------------------------	-------------------------------	------------------------------	--------------------------------

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

Supplemental Retirement Plan of the SCI Systems, Inc.
Employee Financial Security Program
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year ended December 31, 2022

Sponsor Name: Sanmina Corporation
Employer Identification Number: 77-0228183
Plan Number: 002
Schedule H, Line 4(j)

SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER
17128

REPORTABLE TRANSACTIONS WORKSHEET
1/1/22 THROUGH 12/31/22
SANMINA-RETIREMENT PLAN

PAGE 60

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE						
ISSUE: 783980626 - SEI S&P 500 IDX-A (SPINX)						
04/07/22 R	582	22.030	0	12,828	12,828	
SUB-TOTAL OF REINVS # 1			0	12,828	12,828	
02/08/22 S	87	22.060	0	1,913	1,071	842
03/01/22 S	1,440	21.650	0	31,022	17,776	13,246
03/30/22 S	1,915	22.840	0	43,745	23,650	20,095
04/01/22 S	2,554	22.350	0	57,082	31,537	25,545
04/22/22 S	729	21.610	0	15,759	9,031	6,728
05/02/22 S	1,815	20.320	0	36,879	22,476	14,403
05/12/22 S	155,053	19.360	0	3,001,832	1,920,175	1,081,657
SUB-TOTAL OF SALES # 7			0	3,188,232	2,025,716	1,162,516
SUB-TOTAL			0	3,201,060	2,038,544	1,162,516
ISSUE: 783980675 - SEI ULTRA SH DURATION BD FD (SUSAX)						
01/03/22 R	109	9.970	0	1,082	1,082	
02/01/22 R	103	9.940	0	1,028	1,028	
03/01/22 R	103	9.910	0	1,019	1,019	
04/01/22 R	116	9.850	0	1,145	1,145	
05/02/22 R	131	9.820	0	1,289	1,289	
SUB-TOTAL OF REINVS # 5			0	5,563	5,563	
01/28/22 S	1,446	9.950	0	14,385	14,487	-101
02/01/22 S	2,280	9.940	0	22,659	22,841	-183
02/08/22 S	381	9.940	0	3,785	3,815	-31
02/25/22 S	1,434	9.910	0	14,214	14,372	-158
03/01/22 S	3,907	9.910	0	38,721	39,151	-430
03/30/22 S	389	9.850	0	3,829	3,895	-66
04/01/22 S	275	9.850	0	2,706	2,753	-47
04/22/22 S	805	9.830	0	7,916	8,069	-153
04/28/22 S	2,241	9.830	0	22,030	22,455	-426
05/02/22 S	3,341	9.820	0	32,804	33,472	-668
05/11/22 S	906	9.820	0	8,900	9,081	-181

**Supplemental Retirement Plan of the SCI Systems, Inc.
Employee Financial Security Program
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year ended December 31, 2022**

Sponsor Name: Sanmina Corporation
Employer Identification Number: 77-0228183
Plan Number: 002
Schedule H, Line 4(j)

SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER	REPORTABLE TRANSACTIONS WORKSHEET						PAGE 61
17128	1/1/22 THROUGH 12/31/22						
	SANMINA-RETIREMENT PLAN						
DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
05/12/22 S	140,229	9.820	0	1,377,048	1,405,050	-28,004	
SUB-TOTAL OF SALES # 12			0	1,548,995	1,579,441	-30,447	
SUB-TOTAL			0	1,554,558	1,585,004	-30,447	
ISSUE: 783980717 - SEI OPPORTUNISTIC INC FD-A (ENIAX)							
04/07/22 R	1,234	8.020	0	9,894	9,894		
SUB-TOTAL OF REINVS # 1			0	9,894	9,894		
01/28/22 S	1,096	8.130	0	16,229	16,436	-207	
02/01/22 S	3,124	8.120	0	25,365	26,721	-1,356	
02/08/22 S	516	8.120	0	4,194	4,253	-59	
02/25/22 S	1,800	8.070	0	14,526	14,821	-295	
03/01/22 S	4,736	8.080	0	38,267	38,996	-729	
03/30/22 S	581	8.050	0	4,674	4,751	-77	
04/01/22 S	484	8.060	0	3,904	3,988	-84	
04/22/22 S	1,077	8.010	0	8,529	8,588	-59	
04/28/22 S	2,814	8.000	0	22,514	23,168	-654	
05/02/22 S	4,195	7.990	0	33,516	34,533	-1,017	
05/11/22 S	1,060	7.860	0	8,435	8,723	-288	
05/12/22 S	172,315	7.950	0	1,369,906	1,418,672	-48,667	
SUB-TOTAL OF SALES # 12			0	1,550,158	1,602,860	-52,703	
SUB-TOTAL			0	1,560,052	1,612,754	-52,703	
ISSUE: 783980774 - SEI WORLD EQUITY EX-US FUND (WEUSX)							
01/10/22 B	4	12.990	0	58	58		
SUB-TOTAL OF BUYS # 1			0	58	58		
01/28/22 S	907	12.290	0	11,142	10,969	174	
02/01/22 S	643	12.560	0	8,074	7,777	297	
02/08/22 S	658	12.640	0	8,322	7,955	367	
02/25/22 S	1,321	12.080	0	15,955	15,980	-24	
03/01/22 S	4,081	12.260	0	50,034	49,375	659	
03/30/22 S	56	12.440	0	701	692	19	
04/01/22 S	1,440	12.250	0	17,641	17,423	218	
04/22/22 S	490	11.900	0	5,828	5,923	-97	

**Supplemental Retirement Plan of the SCI Systems, Inc.
Employee Financial Security Program
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year ended December 31, 2022**

Sponsor Name: Sanmina Corporation
Employer Identification Number: 77-0228183
Plan Number: 002
Schedule H, Line 4(j)

SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER
17128

REPORTABLE TRANSACTIONS WORKSHEET
1/1/22 THROUGH 12/31/22
SANMINA-RETIREMENT PLAN

PAGE 62

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
05/02/22 S	594	11.450	0	6,806	7,191	-385
05/12/22 S	245,567	10.900	0	2,676,677	2,970,989	-294,312
SUB-TOTAL OF SALES # 10			0	2,801,178	3,094,274	-293,096
SUB-TOTAL			0	2,801,236	3,094,332	-293,096
ISSUE: 783980790 - SEI LONG DURATION FUND (LDRA)						
01/03/22 R	908	8.630	0	7,840	7,840	
02/01/22 R	967	8.200	0	7,929	7,929	
03/01/22 R	918	7.950	0	7,299	7,299	
04/01/22 R	1,161	7.650	0	8,883	8,883	
05/02/22 R	1,175	6.900	0	8,106	8,106	
SUB-TOTAL OF REINVS # 5			0	40,057	40,057	
02/01/22 S	1,046	8.200	0	8,581	9,002	-421
05/12/22 S	368,697	6.830	0	2,518,201	3,167,670	-649,469
SUB-TOTAL OF SALES # 2			0	2,526,782	3,176,672	-649,890
SUB-TOTAL			0	2,566,839	3,216,729	-649,890
GRAND TOTAL			0	11,683,745	11,547,363	136,381

**Supplemental Retirement Plan of the SCI Systems, Inc.
Employee Financial Security Program
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year ended December 31, 2022**

Sponsor Name: Sanmina Corporation
Employer Identification Number: 77-0228183
Plan Number: 002
Schedule H, Line 4(j)

SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER
17128

REPORTABLE TRANSACTIONS WORKSHEET
1/1/22 THROUGH 12/31/22
SANMINA-RETIREMENT PLAN

PAGE 63

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
------------------------------	------------------------------	------------------------	------------------------------	-------------------------------	------------------------------	--------------------------------

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SUPPLEMENTAL RET PLAN OF THE SCI SYSTEMS, INC EMPLOYEE FINANCIAL SECURITY PROGRAM		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Sanmina Corporation		D Employer Identification Number (EIN) 77-0228183	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1	Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2	Assets:		
	a Market value		
	b Actuarial value	2a	21,414,330
3	Funding target/participant count breakdown	2b	21,414,330
		(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	143	5,469,082
	b For terminated vested participants.....	288	3,605,960
	c For active participants	374	7,072,844
	d Total.....	805	16,147,886
	(3) Total Funding Target		16,170,640
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.15%
6	Target normal cost.....		
	a Present value of current plan year accruals.....	6a	0
	b Expected plan-related expenses	6b	0
	c Total (line 6a + line 6b)	6c	0

Statement by Enrolled Actuary

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

SIGN HERE	Colin J. Henty CSH	04/17/2023
	Signature of actuary	Date
Colin J. Henty	Type or print name of actuary	2307007
Gallagher Benefit Services, Inc.	Firm name	Most recent enrollment number
3600 American Blvd West Suite 500 Bloomington MN 55431	Address of the firm	952-356-0691
		Telephone number (including area code)

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.

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 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				
26 Demographic and benefit information				
a 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 Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 0
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement				0
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 29,826
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 29,826
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

**SUPPLEMENTAL RETIREMENT PLAN OF THE SCI SYSTEMS, INC. EMPLOYEE
FINANCIAL SECURITY PROGRAM**

EIN#: 77-0228183 PLAN#: 002

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

Retirement Age	Rate of Retirement	Weighting Factor
55	.025	.025
56	.025	.024
57	.025	.024
58	.050	.046
59	.050	.044
60	.050	.042
61	.050	.040
62	.250	.189
63	.250	.142
64	.250	.106
65	.250	.080
66	.150	.036
67	.150	.030
68	.150	.026
69	.150	.022
70	1.000	.124

Average Weighted Retirement Age: 63

**SUPPLEMENTAL RETIREMENT PLAN OF THE SCI SYSTEMS, INC. EMPLOYEE
FINANCIAL SECURITY PROGRAM**

EIN#: 77-0228183 PLAN#: 002

Schedule SB, Part V – Summary of Plan Provisions

Annual Accrual:

An annual benefit equal to [a+b]:

- a) 0.5% of Annual Earnings up to \$10,000;
- b) 1.0% (0.5% after Participant attains 35 Years of Service) of Annual Earnings in excess of \$10,000;

For employees hired after January 1, 1987, accruals do not begin until the Participant attains age 21. The Plan was frozen as of December 31, 2001.

Annual Earnings:

Sum of all compensation less bonus payments, not to exceed the statutory limit, paid to the Participant during the Plan Year.

Actuarial Equivalent:

7%, 1983 Group Annuity Mortality table weighted 90% male and 10% female. Lump Sum Distributions are determined using the Applicable Interest Rate and Applicable Mortality Table prescribed by the IRS.

Death Benefit:

For Participants with 5 Years of Service, 50% of the Participant's accrued vested retirement benefit reduced for early retirement and for the 50% Joint and Survivor form of benefit commencing on date Participant would have been first eligible to retire and payable for the life of the surviving spouse.

Early Retirement Benefit:

Sum of Annual Accruals to Early Retirement Date reduced 5/9 of 1% per month for the first 60 months and 5/18 of 1% for the next 60 months by which the date of the first payment precedes the first day of the first day of the month following Normal Retirement Date.

Early Retirement Date:

- 1) Age 55;
- 2) 10 Years of Service.

Effective Date:

July 1, 1973

Eligibility:

- 1) Age 21;
- 2) 1 Year of Service

**SUPPLEMENTAL RETIREMENT PLAN OF THE SCI SYSTEMS, INC. EMPLOYEE
FINANCIAL SECURITY PROGRAM**

EIN#: 77-0228183 PLAN#: 002

Schedule SB, Part V – Summary of Plan Provisions

Normal Form of Benefit:

Unmarried Participants will receive a life only annuity payable monthly. Married Participants will receive a 50% Joint and Survivor annuity which is the actuarial equivalent of the life only annuity payable monthly unless waived by their spouse.

Normal Retirement Benefit:

Sum of Annual Accruals from date of hire to retirement or benefit freeze date.

Normal Retirement Date:

1. Age 65;
2. 5 Years of Service.

Plan Year:

January 1 through December 31

Termination Benefit:

For Participants with 5 Years of Service, sum of Annual Accruals to date of termination. Benefits are reduced for payment before age 65.

Vesting:

Years of Service	Vested Percentage of Scheduled Benefits
Less than 5	0%
5 or more	100%