

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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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 (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE BLACK BOX CORPORATION 401(K) SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1990
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BLACK BOX CORPORATION OF PENNSYLVANIA 1000 PARK DRIVE LAWRENCE, PA 15055-1018
2b	Employer Identification Number (EIN) 25-1272662
2c	Plan Sponsor's telephone number 724-873-6501
2d	Business code (see instructions) 454110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2023	ADRIENNE GRGURAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 3041
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 1918
a(2) Total number of active participants at the end of the plan year		6a(2) 1835
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 1175
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 3010
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 32
f Total. Add lines 6d and 6e		6f 3042
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 2824
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2S 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 THE BLACK BOX CORPORATION 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BLACK BOX CORPORATION OF PENNSYLVANIA	D Employer Identification Number (EIN) 25-1272662	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO. INC. AND AFFIL
94-1737782

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

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

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

(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?
15 26 50 64	NONE	219645	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY ADVISORS

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	5010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 THE BLACK BOX CORPORATION 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BLACK BOX CORPORATION OF PENNSYLVANIA		D Employer Identification Number (EIN) 25-1272662	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	GALLIARD RET INCOME FD CL 35
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b Name of sponsor of entity listed in (a):	WILMINGTON TRUST, N.A.
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c EIN-PN 20-5886387-082	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27423855
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>THE BLACK BOX CORPORATION 401(K) SAVINGS PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BLACK BOX CORPORATION OF PENNSYLVANIA</u>		D Employer Identification Number (EIN) <u>25-1272662</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	45556	37328
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
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)	2944914	2648292
(9) Value of interest in common/collective trusts.....	1c(9)	25880029	27423855
(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)	264564503	195453487
(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	293435002	225562962

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	293435002	225562962
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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)	1382975	
(B) Participants	2a(1)(B)	11219325	
(C) Others (including rollovers)	2a(1)(C)	1284992	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13887292
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)	111475	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		111475
(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)	6999089	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6999089
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		393855
(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)		-57727363
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-36335652
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31293001	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		31293001
f Corrective distributions (see instructions)	2f		1866
g Certain deemed distributions of participant loans (see instructions)	2g		16866
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)	5010	
(4) Other	2i(4)	219645	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		224655
j Total expenses. Add all expense amounts in column (b) and enter total	2j		31536388
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-67872040
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: **URISH POPECK & CO, LLC**

(2) EIN: **25-1306171**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		6000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 THE BLACK BOX CORPORATION 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLACK BOX CORPORATION OF PENNSYLVANIA		D Employer Identification Number (EIN) 25-1272662
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): 82-3967259		
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
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

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



The Black Box Corporation 401(k) Savings Plan

Financial Statements
As of and for the Years Ended
December 31, 2022 and 2021
Supplemental Schedule
As of December 31, 2022

The Black Box Corporation 401(k) Savings Plan

Contents

Independent Auditor's Report	1-4
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-17
Supplemental Schedule	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	18

Independent Auditor's Report

To the Participants and Plan Administrator of the
Black Box Corporation 401(k) Savings Plan
Lawrence, Pennsylvania

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

We have performed audits of the financial statements of the Black Box Corporation 401(k) Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2022, and 2021, for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

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.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

Urish Popeck & Co., LLC

Pittsburgh, Pennsylvania
October 11, 2023

The Black Box Corporation 401(k) Savings Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2022	2021
Assets		
Investments at fair value		
Mutual funds	\$ 195,453,487	\$ 264,564,503
Common collective trust	27,423,855	25,880,029
Total investments	222,877,342	290,444,532
Receivables		
Participant loans receivable	2,706,258	2,986,014
Employer contribution receivable	37,328	45,556
Total receivables	2,743,586	3,031,570
Net assets available for benefits	\$ 225,620,928	\$ 293,476,102

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

The Black Box Corporation 401(k) Savings Plan

Statements of Changes in Net Assets Available for Benefits

<i>Years Ended December 31,</i>	2022	2021
(Deductions) Additions:		
Investment (loss) income		
Dividend and interest income	\$ 6,999,089	\$ 16,945,904
Net (depreciation) appreciation in fair value of investments	(57,333,508)	21,006,359
Total investment (loss) income	(50,334,419)	37,952,263
Participant loans - interest income	111,475	131,071
Contributions		
Participants	11,219,325	10,330,758
Employer	1,382,975	1,236,367
Rollovers	1,284,992	2,420,457
Total contributions	13,887,292	13,987,582
Total (deductions) additions	(36,335,652)	52,070,915
Deductions:		
Benefits paid to participants	31,294,867	30,652,925
Administrative expenses	224,655	69,076
Total deductions	31,519,522	30,722,001
Net (decrease) increase	(67,855,174)	21,348,914
Plan transfers in	-	4,642,753
Net assets available for benefits, beginning of year	293,476,102	267,484,435
Net assets available for benefits, end of year	\$ 225,620,928	\$ 293,476,102

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

The Black Box Corporation 401(k) Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

1. Plan Description

The following description of The Black Box Corporation 401(k) Savings Plan, including adopting employers, (The Plan) provides only general information. Participants should refer to the Plan document or the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a participant-directed defined contribution plan covering all eligible employees of Black Box Corporation of Pennsylvania (the Company) and additional adopting employers. There is no service or age requirement to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Company is the sponsor of the Plan and the Retirement Committee is the plan administrator. Charles Schwab Bank (Schwab Bank) is the Trustee of the Plan.

Contributions

Participating employees may contribute any percentage up to 75% of their compensation, subject to Internal Revenue Code (IRC) limitations for the calendar year as pre-tax or after tax elective contributions or after-tax Roth contributions. In addition, participants may also make rollover contributions from other qualified retirement plans. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at a non-escalating rate of 6 percent of eligible compensation and their contributions invested in a designated fund until changed by the participant. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

The Company makes a Non-Safe Harbor Matching Contribution equal to 25% of each dollar deferred by an eligible employee, up to 4% of the employee deferral, as defined. The Company may also make discretionary profit sharing contributions to the Plan. There were no discretionary profit sharing contributions for 2022 and 2021. Upon enrollment, participants may direct their elective contributions in any of the allowable investment funds offered by the Plan.

Investment Options

Upon enrollment, participants may direct their elective contributions in any one of the allowable investment funds offered by the Plan. Participants may make changes in their investment elections at any time.

The Black Box Corporation 401(k) Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

1. Plan Description (cont.)

Participant Accounts

Participant accounts are credited with the participants' contributions and an allocation of (a) the Company's discretionary contribution, (b) Plan earnings and (c) administration expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

On January 1, 2022, the Plan was amended and participants deferrals, Company discretionary matching contributions, and discretionary Company profit sharing contributions are fully vested immediately.

Participant Loans Receivable

The plan allows each participant to borrow against his or her account amounts from \$1,000 up to the lesser of the following amounts:

- a) \$50,000 reduced by any outstanding loan balance or
- b) an amount equal to 50% of the participant's current vested interest in his or her account.

Loans may be made from an active participants vested account(s). A participant may have one loan outstanding at any time. The period of payment for any loan will be determined by mutual agreement between the plan administrator and the participant, in accordance with the Plan (limited to 5 years, or 15 years if the loan is for the purchase of a principal residence), and must be repaid in equal installments through payroll deductions. Interest rates on loans outstanding as of December 31, 2022 and 2021 ranged from 3.75% to 8%.

Participant loans receivable are valued at their outstanding balances, which approximate fair value.

Payment of Benefits

Upon termination of employment, a participant may elect to receive a lump sum distribution of his or her vested account. However, if the value of the participant's vested benefit does not exceed \$5,000, the Plan will, absent an election by the participant, immediately distribute the entire account to the participant or to an IRA administered by Schwab Bank. Participants may receive an in-service withdrawal of their vested account balance upon reaching 59½ years of age.

Additionally, a participant's vested benefit will be distributable upon the occurrence of any one of the following events: (a) death or disability, (b) plan termination or (c) sale by the Company of its interest in subsidiaries or substantially all assets.

The Black Box Corporation 401(k) Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

1. Plan Description (cont.)

Participants may withdraw any part of their deferred contributions upon written notice of financial hardship as determined by the plan administrator.

Forfeited Accounts

Forfeitures are used first to restore forfeited amounts to reemployed participants and second to pay for Plan expenses or to reduce Company matching contributions. Forfeitures from the Plan for the years ended December 31, 2022 and 2021 were \$6,739 and \$6,286, respectively. In 2022 and 2021, \$5,363 and \$6,286 of forfeitures were used by the Plan to reduce Company matching contributions and pay for Plan expenses. The remaining balance of the forfeiture account as of December 31, 2022 and 2021 was \$2,417 and \$0, respectively.

Plan Expenses

A portion of expenses incurred for administration of the Plan can be paid by the Company or from forfeitures of the Plan. Fees paid by the Plan to the third-party administrator, Schwab Retirement Plan Services, Inc. (Schwab Services), an affiliate of Schwab Bank and Charles Schwab Trust Bank and a party-in-interest, for recordkeeping fees totaled \$213,095 and \$6,674 for the years ended December 31, 2022 and 2021, respectively.

Various recurring administrative service fees paid by the Plan to other service providers including legal, investment advisor and audit services amounted to \$5,010 and \$56,503 for the years ended December 31, 2022 and 2021, respectively.

Loan and hardship distribution fees paid by participants to Schwab Services during 2022 and 2021 were \$6,550 and \$5,900, respectively.

Cares Act and Plan Provisions

On March 27, 2020, the "Coronavirus Aid, Relief, and Economic Security (CARES) Act" was signed into law. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has implemented the following provisions:

- Special coronavirus distributions up to \$100,000;
- Increase the available loan amount to the lesser of \$100,000 or 100% of the participant's vested account balance;
- Permit COVID-19 impacted participants to take out loans while on furlough;
- Extend the period for loan repayments, if applicable, up to one year; and
- Required minimum distributions related to the 2020 calendar year were waived, including those scheduled to be paid after December 31, 2020 but before April 1, 2021

The Plan formally adopted the provisions above by amendment in January 2022.

The Black Box Corporation 401(k) Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The investments of the Plan are reported at fair value, including the collective investment trust, which holds indirect investments in fully benefit-responsive investment contracts. The fair value of a financial instrument is the amount 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 5).

Purchases and sales of the investments within the Plan are reflected on a trade date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

The change between years in the market value of investments and realized gains and losses through purchases and sales of investments are reflected as net (depreciation) appreciation in fair value of investments in the accompanying statements of changes in net assets available for benefits.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates and these differences could be material.

Risks and Uncertainties

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

The Black Box Corporation 401(k) Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

3. Information Certified by the Trustee

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net (depreciation) appreciation in fair value of investments, dividend and interest income from mutual funds, dividend and interest income from collective trusts, and interest from participant notes receivable for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Charles Schwab Trust Bank. The plan administrator has elected the method of annual reporting compliance permitted by 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.

<i>December 31,</i>	2022	2021
Mutual funds		
Vanguard Institutional Index	\$ 35,046,048	\$ 48,658,045
Harbor Capital Appreciation	21,484,923	40,128,125
Vanguard Target Retirement 2030	15,283,714	17,361,786
Vanguard Mid Cap Index Admiral	13,706,451	19,173,178
Dodge & Cox Income	13,241,444	18,300,685
PIMCO RAE US INTL	12,592,877	13,879,704
Vanguard Target Retirement 2025	10,857,747	13,859,137
Vanguard Target Retirement 2020	9,643,274	12,344,826
Euro Pacific Growth R6	9,576,895	13,033,575
Vanguard Target Retirement 2040	8,870,856	9,951,640
Vanguard Target Retirement 2035	8,678,327	9,389,056
Hoover River Small Cap Growth RET	6,641,288	10,465,530
Vanguard Infl Protected Secs	6,468,353	8,165,160
Delaware Small Cap Value R6	5,114,696	6,504,211
Vanguard Target Retirement 2045	4,394,048	5,684,636
Vanguard Target Retirement 2050	3,962,982	4,382,894
Vanguard Target Retirement Income	3,507,980	1,554,494
Cohen & Steeres Realty Inst CL	2,331,588	-
Hartford Schrod Emg Mkt Eq SDR	2,168,916	3,202,306
Vanguard Target Retirement 2055	1,353,708	1,403,647
Vanguard Target Retirement 2060	437,633	581,103
Vanguard Target Retirement 2065	86,559	32,825
Vanguard Target Retirement 2070	3,179	-
Nuveen Real Estate Securities I	-	3,250,612
Vanguard Target Retirement 2015	-	3,257,327
Total mutual funds at fair value	195,453,487	264,564,503
Common collective trust fund at contract value		
Galliard Retirement Income Fund	27,423,855	25,880,029
Participant loans receivable	\$ 2,706,258	\$ 2,986,014

The Black Box Corporation 401(k) Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

3. Information Certified by the Trustee (cont.)

<i>Years Ended December 31,</i>	2022	2021
Dividend and interest income	\$ 6,999,089	\$ 16,945,904
Interest income from participant loans	\$ 111,475	\$ 131,071

The Plan's investments (including gains and losses on investments bought, sold as well as held during the year) (depreciated) appreciated in fair value as follows:

<i>Years Ended December 31,</i>	2022	2021
Collective trust fund	\$ 393,855	\$ 265,071
Mutual Funds	(57,727,363)	20,741,288
Net appreciation in fair value of investments	\$ (57,333,508)	\$ 21,006,359

At the request of the plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

4. Concentrations of Credit Risk

The following table reflects concentrations of individual investments within the plan that were equal to or greater than 10% of the total plan net assets:

<i>December 31,</i>	2022	2021
Harbor Capital Appreciation	*	13.67%
Gilliard Reirement Income Fund	12.15%	*
Vanguard Institutional Index	15.53%	16.58%

* Fund does not exceed 10% of total assets for the indicated year.

5. Fair Value Measurements

The Plan applies the provisions of FASB Accounting Standards Codification (ASC) Topic 820, Fair Value Measurement and Disclosures, (ASC 820) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

The Black Box Corporation 401(k) Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

5. Fair Value Measurements (cont.)

Basis of Fair Value Measurement

Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 – Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation methodologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used as of December 31, 2022 and 2021. The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds

Mutual funds represent investments with various investment managers. The fair value of these investments are determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at the net asset value as of December 31, 2022 and 2021.

The trustees have implemented a trading policy on certain mutual funds in an effort to discourage short-term trading. The funds included in the trading policy restriction prohibit a participant from selling the fund and repurchasing the same fund within sixty days. This restriction is specific to the Vanguard Target, Institutional Index and Mid-Cap Index funds.

Collective Trust Fund

The assets in the Galliard Retirement Income Fund (the Fund) represent part of the Wilmington Trust Retirement and Institutional Services Company Collective Investment Trust II. This entity serves as the trustee of the Fund. Galliard Capital Management acts as a sub-adviser to the Fund. The Fund invests in the Galliard Managed Income Fund. Units held in the Fund are valued at the unit value (NAV) as reported by the trustee of the Fund as of December 31, 2022 and 2021. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to a temporary delay withdrawal from the trust in order to ensure that securities' liquidation will be carried out in an orderly business manner.

The Black Box Corporation 401(k) Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

5. Fair Value Measurements (cont.)

The fund and its participants are subject to certain restrictions, for example, withdrawals prompted by certain events such as withdrawals to transfer assets to a competing fund, withdrawals of 10% or more of the Plan's assets invested in the Fund and excessive trading. There were no unfunded commitments as of December 31, 2022 and 2021.

The valuation methods described above may provide a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. While the Plan believes its valuation methods are appropriate and consistent with other market participants, it is possible that different fair value measurements may arise due to the use of different methodologies or assumptions in determining the fair value measurement at the reporting date.

The following tables set forth, by level within the fair value hierarchy, the Plan investment assets at fair value as of December 31, 2022 and 2021. As required by ASC 820, assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan had no material financial liabilities as of December 31, 2022 and 2021.

Investment Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 195,453,487	\$ -	\$ -	\$ 195,453,487
Collective trust fund *	-	-	-	27,423,855
Total investments	\$ 195,453,487	\$ -	\$ -	\$ 222,877,342

Investment Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 264,564,503	\$ -	\$ -	\$ 264,564,503
Collective trust fund *	-	-	-	25,880,029
Total investments	\$ 264,564,503	\$ -	\$ -	\$ 290,444,532

* Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

The Black Box Corporation 401(k) Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

5. Fair Value Measurements (cont.)

Fair value of investments in entities that use NAV as a practical expedient:

2022				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust fund	\$ 27,423,855	\$ -	Daily	30 Day

2021				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust fund	\$ 25,880,029	\$ -	Daily	30 Day

6. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan in certain circumstances to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, all account balances are fully vested, nonforfeitable and would be distributed to participants, as defined by the Plan, within a reasonable time following termination.

7. Terminated Participants

As of December 31, 2022 and 2021, there were 1581 and 1162 terminated participants who had not withdrawn their account balances totaling \$86,114,235 and \$104,309,664, respectively.

8. Related Party and Party in Interest Transactions

Certain Plan investments are managed by Charles Schwab Trust Bank. Charles Schwab Trust Bank is the trustee and Schwab Services is the record keeper for the Plan and, therefore, these transactions qualify as party in interest transactions.

The Black Box Corporation 401(k) Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

9. Related Party and Party in Interest Transactions (cont.)

Effective March 31, 2016, an amendment was adopted to the Charles Schwab Services Agreement which, among other things, allows Schwab Services and/or Charles Schwab Trust Bank to refund excess mutual fund fees to the Plan. If revenue earned by Schwab Services and/or Charles Schwab Trust Bank from the mutual fund investments is in excess of a weighted average basis point calculation, the excess is remitted to the Plan's trust on a quarterly basis. The excess fees are first applied to reduce trust expenses with the remainder to plan participants. For the year ended December 31 2021, \$52,548 of excess fees were remitted to the Plan. Effective October 1, 2021, the plan adopted a new fee agreement with Charles Schwab that no longer includes revenue share and standard fees will apply.

The excess fees are deposited into the Galliard Retirement Income Fund. For the years ended December 31, 2022 and 2021, \$87,074 and \$57,444 of excess fees were used by the Plan to offset expenses of the Plan, respectively. At December 31, 2022 and 2021, the balance in this account was \$0 and \$33,232, respectively.

10. Tax Status

The Plan's document has been amended and restated effective January 1, 2022 to comply with recent regulations and is a 401(k) prototype profit sharing plan of Schwab Trust Bank, which received an opinion letter from the Internal Revenue Service (IRS) dated September 21, 2020. The opinion letter states that the form of the Prototype Plan was acceptable under Section 401(a) of the IRC for use by adopting employers and that an employer adopting the Plan could rely on the opinion letter with respect to the qualification of the Plan under Section 401(a) of the IRC. The Plan has been amended since receiving the opinion letter. The Plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

Generally accepted accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the relevant taxing authority. The tax positions taken include the Plan status as a qualified plan. The plan administrator believes that the Plan, as amended, has operated in a manner that did not jeopardize this status.

The Plan is subject to routine audits by taxing jurisdictions. There are currently no audits for any tax periods in progress.

The Black Box Corporation 401(k) Savings Plan

Notes to Financial Statements December 31, 2022 and 2021

11. Reconciliation to Form 5500

The following is a reconciliation of amounts in the financial statements to Form 5500 as of December 31, 2022 and 2021 and for the years then ended:

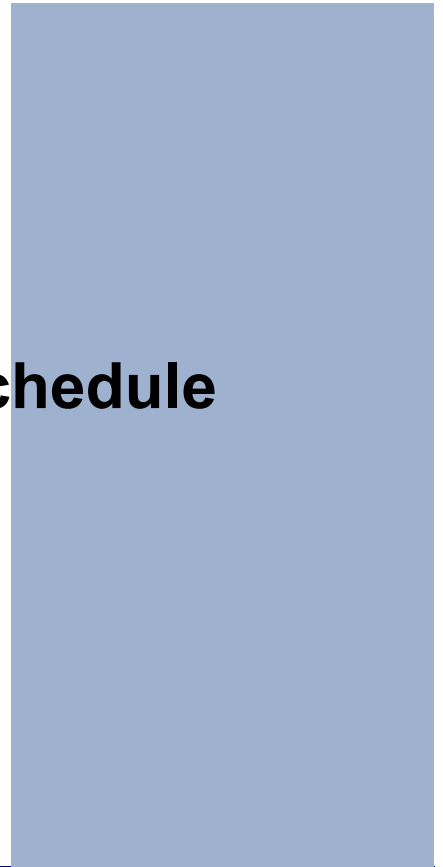
<i>December 31,</i>	2022	2021
Net assets available for benefits per the financial statements	\$ 225,620,928	\$ 293,476,102
Deemed distributions recorded on Form 5500 but not in financial statements	(57,966)	(41,100)
Total net assets per Form 5500	\$ 225,562,962	\$ 293,435,002

<i>Years Ended December 31,</i>	2022	2021
Total additions per the financial statements	\$ (36,335,652)	\$ 52,070,915
Total income per Form 5500	\$ (36,335,652)	\$ 52,070,915
Total deductions per the financial statements	\$ 31,519,522	\$ 30,722,001
Deemed distributions recorded on Form 5500 but not in financial statements	16,866	-
Total expenses per Form 5500	\$ 31,536,388	\$ 30,722,001

12. Subsequent Events

Subsequent events have been evaluated through the date of the independent auditor's report. Management did not identify any events requiring recording in or disclosure to the financial statements as of and for the year ended December 31, 2022.

Supplemental Schedule



The Black Box Corporation 401(k) Savings Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2022

December 31, 2022

EIN: 25-1272662

Plan Number: 001

(b) Identity of Issue, Borrower, Lessor (a) or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Vanguard Institutional Index	Registered Investment Company	a	\$ 35,046,048
Harbor Capital Appreciation	Registered Investment Company	a	21,484,923
Dodge & Cox Income	Registered Investment Company	a	13,241,444
Vanguard Target Retirement 2030	Registered Investment Company	a	15,283,714
Euro Pacific Growth R6	Registered Investment Company	a	9,576,895
Vanguard Target Retirement 2025	Registered Investment Company	a	10,857,747
Vanguard Target Retirement 2020	Registered Investment Company	a	9,643,274
Vanguard Infl Protected Secs	Registered Investment Company	a	6,468,353
Vanguard Target Retirement 2040	Registered Investment Company	a	8,870,856
Vanguard Target Retirement 2035	Registered Investment Company	a	8,678,327
Vanguard Target Retirement 2045	Registered Investment Company	a	4,394,048
Vanguard Target Retirement 2050	Registered Investment Company	a	3,962,982
Vanguard Target Retirement Income	Registered Investment Company	a	3,507,980
Vanguard Target Retirement 2055	Registered Investment Company	a	1,353,708
Vanguard Target Retirement 2060	Registered Investment Company	a	437,633
Delaware Small Cap Value R6	Registered Investment Company	a	5,114,696
Hartford Schrod Emg Mkt Eq SDR	Registered Investment Company	a	2,168,916
PIMCO RAE US INTL	Registered Investment Company	a	12,592,877
Hoover River Small Cap Growth RET	Registered Investment Company	a	6,641,288
Vanguard Target Retirement 2065	Registered Investment Company	a	86,559
Vanguard Mid Cap Index Admiral	Registered Investment Company	a	13,706,451
Cohen & Steeres Realty Inst CL	Registered Investment Company	a	2,331,588
Vanguard Target Retirement 2070	Registered Investment Company	a	3,179
Galliard Retirement Income Fund	Collective Trust Fund	a	27,423,855
* Participant loans	Loans receivable from Plan participants. The loans have maturity dates which vary between 1 and 5 years. Interest rates are prime plus .50% and are collateralized by the participants' balances in the Plan. Maturity value is principal plus accrued interest. Interest rates range from 3.75% to 8%	-	2,706,258
Total			\$ 225,583,600

* - Party-in-interest as defined by ERISA

a - The cost of participant-directed funds is not required to be disclosed.

See accompanying Independent Auditors' Report.

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

NAME OF PLAN SPONSOR:	Black Box Corporation of Pennsylvania
NAME OF PLAN:	The Black Box Corporation 401(k) Savings Plan
EIN:	25-1272662
PLAN NUMBER:	001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (3.75% - 8.00%)		2,648,292
	GALLIARD RET INCOME FD CL 35	Common Collective Trust Fund		27,423,855
	COHEN & STEERS REALTY INST CL	Registered Investment Company		2,331,588
	DELAWARE SMALL CAP VALUE R6	Registered Investment Company		5,114,696
	DODGE & COX INCOME FUND	Registered Investment Company		13,241,444
	EUROPACIFIC GROWTH R6	Registered Investment Company		9,576,895
	HARBOR CAP APPRECIATION RTMT	Registered Investment Company		21,484,923
	HARTFORD SCHROD EMG MKT EQ SDR	Registered Investment Company		2,168,916
	HOOD RIVER SMLL CAP GROWTH RET	Registered Investment Company		6,641,288
	PIMCO RAE US INTL	Registered Investment Company		12,592,877
	VANGUARD INFL PROTECTED SECSIN	Registered Investment Company		6,468,353
	VANGUARD INSTITUTIONAL INDEX	Registered Investment Company		35,046,049
	VANGUARD MIDCAP INDEX INSTL	Registered Investment Company		13,706,451
	VANGUARD TARGET RETIREMNT 2020	Registered Investment Company		9,643,274
	VANGUARD TARGET RETIREMNT 2025	Registered Investment Company		10,857,747
	VANGUARD TARGET RETIREMNT 2030	Registered Investment Company		15,283,714
	VANGUARD TARGET RETIREMNT 2035	Registered Investment Company		8,678,327
	VANGUARD TARGET RETIREMNT 2040	Registered Investment Company		8,870,856
	VANGUARD TARGET RETIREMNT 2045	Registered Investment Company		4,394,048
	VANGUARD TARGET RETIREMNT 2050	Registered Investment Company		3,962,982
	VANGUARD TARGET RETIREMNT 2055	Registered Investment Company		1,353,708
	VANGUARD TARGET RETIREMNT 2060	Registered Investment Company		437,633
	VANGUARD TARGET RETIREMNT 2065	Registered Investment Company		86,559
	VANGUARD TARGET RETIREMNT 2070	Registered Investment Company		3,179
	VANGUARD TARGET RETMT INCOME	Registered Investment Company		3,507,980

* Party-in-interest