

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide 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

<p>1a Name of plan <u>LENOVO PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LENOVO (UNITED STATES) INC.</u></p> <p style="margin-top: 20px;"><u>8001 DEVELOPMENT DR</u> <u>MORRISVILLE, NC 27560-7416</u></p>	<p>1c Effective date of plan <u>05/01/2005</u></p> <p>2b Employer Identification Number (EIN) <u>52-2449153</u></p> <p>2c Plan Sponsor's telephone number <u>919-237-8600</u></p> <p>2d Business code (see instructions) <u>334110</u></p>

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.	09/30/2025	RYAN WHITEHEAD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2025	RYAN WHITEHEAD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	415
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	17
	6a(2)	13
	6b	368
	6c	7
	6d	388
	6e	17
	6f	405
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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>LENOVO PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LENOVO (UNITED STATES) INC.</u>	D Employer Identification Number (EIN) <u>52-2449153</u>	
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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>56121652</u>
	b Actuarial value	2b	<u>56121652</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>389</u>	<u>62200888</u>
	b For terminated vested participants	<u>9</u>	<u>2068279</u>
	c For active participants	<u>17</u>	<u>5210866</u>
	d Total	<u>415</u>	<u>69480033</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>5.04 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>321883</u>
	c Target normal cost	6c	<u>321883</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>09/24/2025</u>	Date
	<u>TROY DEMPSEY</u>	<u>23-07704</u>	Most recent enrollment number
	<u>FIDELITY INVESTMENTS</u>	<u>919-458-5738</u>	Telephone number (including area code)
	<u>100 NEW MILLENNIUM WAY DURHAM, NC 27709</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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>6.63</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3351
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>5.17</u> %		173
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		3524
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.77 %
15	Adjusted funding target attainment percentage	15	80.77 %
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	80.03 %
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		
04/02/2024	370000	0					
06/27/2024	370000	0					
10/04/2024	370000	0					
01/06/2025	370000	0					
03/11/2025	1470000	0					
			Totals ▶	18(b)	2950000	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	2821725

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 61
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	321883	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	13358381	1305741	
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	1627624	
	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	1627624	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2821725	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1194101	
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 checked="" type="checkbox"/> 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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan LENOVO PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LENOVO (UNITED STATES) INC.	D Employer Identification Number (EIN) 52-2449153	

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

FIDELITY INVESTMENTS

04-2647786

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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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"/>

(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:

SCHEDULE H (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>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LENOVO PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LENOVO (UNITED STATES) INC.	D Employer Identification Number (EIN) 52-2449153

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1070000	1840000
(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)	711031	809183
(2) U.S. Government securities	1c(2)	38896920	37652663
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	15463833	13050547
(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)		
(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	56141784	53352393
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	56141784	53352393

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)	2950000	
(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)		2950000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1513	
(B) U.S. Government securities.....	2b(1)(B)	589018	
(C) Corporate debt instruments.....	2b(1)(C)	1720098	
(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)		2310629
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-2691192	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2569437

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5036945	
(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)		5036945
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	321883	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		321883
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5358828

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-2789391
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: **PBMARES, LLP**

(2) EIN: **54-0737372**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
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	
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?		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?		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		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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 551486.

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> 2024 This Form is Open to Public Inspection.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>LENOVO PENSION 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>LENOVO (UNITED STATES) INC.</u>	D Employer Identification Number (EIN) <u>52-2449153</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): 04-3275867

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	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

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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

LENOVO PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024



ASSURANCE, TAX & ADVISORY SERVICES

LENOVO PENSION PLAN

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INDEPENDENT AUDITOR'S REPORT

Lenovo Retirement Plans Committee
Lenovo Pension Plan

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

We have performed audits of the financial statements of Lenovo Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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. 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and the years ended December 31, 2024 and 2023, 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 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 (U.S. 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 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 U.S. 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 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

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 certifications, 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 U.S. 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 U.S. 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 audits.

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedule H, Line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agrees 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 information in the supplemental schedules 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).

PBMares, LLP

New Bern, North Carolina
September 26, 2025

FINANCIAL STATEMENTS

LENOVO PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value	<u>\$ 51,512,393</u>	<u>\$ 55,071,784</u>
Receivables:		
Employer's contributions	<u>1,840,000</u>	<u>1,070,000</u>
Net assets available for benefits	<u>\$ 53,352,393</u>	<u>\$ 56,141,784</u>

LENOVO PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years Ended December 31, 2024 and 2023

	2024	2023
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (2,691,192)	\$ 1,063,785
Interest	2,310,629	2,118,129
	<u>(380,563)</u>	3,181,914
Employer's contribution	2,950,000	1,715,000
	<u>2,569,437</u>	4,896,914
Deductions from net assets attributed to:		
Benefits paid to participants	5,036,945	5,183,856
Administrative expenses	321,883	307,428
	<u>5,358,828</u>	5,491,284
Net decrease in net assets available for benefits	(2,789,391)	(594,370)
Net assets available for benefits:		
Beginning of year	56,141,784	56,736,154
End of year	<u>\$ 53,352,393</u>	<u>\$ 56,141,784</u>

LENOVO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Plan Description

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

General: The Plan is a defined benefit pension plan, which was established May 1, 2005, and provides certain retirement, disability and death benefits on a noncontributory basis to employees of Lenovo, Inc. (the Company). An employee shall participate in the Plan if he or she was employed by International Business Machines Corporation (IBM) on April 30, 2005, was accruing benefits under the IBM Pension Plan – prior plan on April 30, 2005, and was transferred to and employed by the Company on May 1, 2005. The Plan is closed to newly hired or rehired employees of the Company hired after May 1, 2005. The Plan was created as the result of an asset purchase agreement and employee matters agreement dated December 7, 2004, between IBM and Lenovo Group Limited (parent company of Lenovo, Inc.) whereby the Company purchased the personal computer operations of IBM effective May 1, 2005. The Plan was most recently amended on December 13, 2019 to include that in the event that a participant, alternate payee, spouse, domestic partner or beneficiary receives a benefit payment from the Plan that is in excess of the benefit payment that should have been made or if an erroneous payment is made from the Plan, the Plan Administrator will have the right to recover the amount of excess or erroneous payment from the recipient.

Effective December 31, 2015, Plan benefits were frozen with no further benefits accruing. The Plan is administered by the Lenovo Retirement Plans Committee (the Committee), members of which are appointed by the Board of Directors of the Company. All Plan assets are held in safekeeping by Fidelity Management Trust Company (the Trustee). The Trustee maintains these assets and the related accounting records, executes transactions and distributes benefits paid by the Plan. The Plan is subject to the provisions of Employee Retirement Income Security Act of 1974 (ERISA).

Pension benefits: The Plan provides for early retirement at any age given the participant completes 30 years of eligible service. Participants are also eligible for benefits at age 55 with 15 years of eligible service and age 62 with 5 years of eligible service and at age 65. Participants may elect to receive their pension benefits in various forms including a joint and survivor annuity or as a single life annuity. If eligible, lump-sum distributions may be taken.

Death and disability benefits: The Plan provides 50% Pre-Retirement Spouse Protection (PRSP) coverage of participants' retirement benefit at no cost to all married employees. If an active participant dies prior to commencing their benefit and they are married at the time of death, the 50% PRSP provides a lifetime monthly income to the surviving spouse. The amount of the benefit will be based on 50% of the retirement benefit based on the participant's continuous service and compensation until the time of death, actuarially adjusted for early commencement and joint and survivor factors based on the age at which the spouse elects to have payments begin. If a participant dies after their retirement payments have begun, benefits will be paid to the joint and survivor annuitant in accordance with the participant's distribution election, if applicable. Under the single life annuity option, all payments cease and will not be continued to the participant's spouse or anyone else.

LENOVO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies

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

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and the actuarial present value of accumulated Plan benefits as of the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated Plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated Plan benefits reported in the accompanying financial statements.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by the Trustee. See Note 4 for discussion of fair value measurements.

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

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

Funding: Contributions to provide benefits under the Plan are made solely by the Company as determined by the Committee acting on behalf of the Company as Plan Sponsor and in its settlor capacity after considering the funding policy and any valuations by independent actuaries for the Plan. The Company's funding policy is to meet or exceed the actuarially computed minimum funding requirements of ERISA each year. The Company met the minimum funding requirements for 2024 and 2023.

Payment of benefits: Benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Subsequent events: The Plan has evaluated subsequent events (events occurring after December 31, 2024) through September 26, 2025, the date the financial statements were available to be issued.

LENOVO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 3. Information Certified or Provided by Fidelity Management Trust Company (Trustee)

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements and ERISA-required supplemental schedules obtained by management and agreed to or derived from information certified by the Trustee. The Plan Administrator has obtained certifications from the Trustee as of December 31, 2024 and 2023, and for the years then ended, that information provided to the Plan Administrator by the Trustee is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information that appears throughout the financial statements and ERISA-required supplemental schedules related to the following assets:

	December 31	
	2024	2023
Investments at fair value:		
Bonds	\$ 50,362,221	\$ 53,950,089
Money market fund	1,150,172	1,121,695
	<u>\$ 51,512,393</u>	<u>\$ 55,071,784</u>

Fidelity Management Trust Company also certified to the completeness and accuracy of \$2,691,192 of net depreciation in the fair value of investments and \$2,310,629 of interest, related to the aforementioned Plan assets for the year ended December 31, 2024. Fidelity Management Trust Company also certified to the completeness and accuracy of \$1,063,785 of net appreciation in the fair value of investments and \$2,118,129 of interest, related to the aforementioned Plan assets for the year ended December 31, 2023.

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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 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 which are observable for the asset or liability; and

LENOVO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

- 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 input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

Money market fund: Valued at net asset value (NAV) per share based on quoted market prices of underlying investments.

Bonds: Valued at the closing price reported in the active market in which the bonds are traded or based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs such as current yields of similar instruments but includes adjustments for certain risk that may not be observable such as credit and liquidity risks. Bonds consist of commercial and government agency, municipal and treasury bonds.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

Description	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 1,150,172	\$ -	\$ -	\$ 1,150,172
Bonds	-	50,362,221	-	50,362,221
	<u>\$ 1,150,172</u>	<u>\$ 50,362,221</u>	<u>\$ -</u>	<u>\$ 51,512,393</u>

Description	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 1,121,695	\$ -	\$ -	\$ 1,121,695
Bonds	-	53,950,089	-	53,950,089
	<u>\$ 1,121,695</u>	<u>\$ 53,950,089</u>	<u>\$ -</u>	<u>\$ 55,071,784</u>

LENOVO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits.

Note 5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. As of December 31, 2015, the Retirement Plans Committee approved a Plan amendment to freeze the Plan prohibiting new participants to enter the Plan and to cease benefit accruals for all purposes after December 31, 2015. The Plan remains in existence as long as necessary to pay benefits accrued as of December 31, 2015.

The actuarial present value of accumulated Plan benefits is determined by Fidelity Workplace Investing LLC, independent consulting actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated Plan benefits at December 31, 2023 was:

Vested benefits:

Participants currently receiving benefits	\$ 63,790,265
Participants entitled to deferred benefits	2,108,683
Other participants	5,329,414
Actuarial present value of non-vested benefits	<u>22,243</u>

Total actuarial present value of accumulated Plan benefits	<u><u>\$ 71,250,605</u></u>
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LENOVO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Actuarial Present Value of Accumulated Plan Benefits (Continued)

During 2023, the actuarial present value of accumulated Plan benefits changed as follows:

Actuarial present value of accumulated Plan benefits, beginning of year	\$ 74,407,836
Increase (decrease) during the year attributed to:	
Decrease in discount period	3,448,622
Benefits paid	(5,183,856)
Assumption changes	(2,030,922)
Additional benefits earned, including experience gains and losses	<u>608,925</u>
Actuarial present value of accumulated Plan benefits, end of year	<u>\$ 71,250,605</u>

The effect of Plan amendments on accumulated Plan benefits is recognized during the year in which such amendments become effective. The significant actuarial assumptions used in the valuations as of December 31, 2023, the date of the latest actuarial valuation, are summarized as follows:

Interest rate – 5.10% (previously 4.80%), compounded annually.

Expected return on Plan assets – 5.10% (previously 4.80%), compounded annually.

Mortality table – Pri-2012 White Collar Mortality Table projected with Scale MP-2021 mortality improvement scale.

Retirement age – Normal retirement age or the completion of 30 years of eligible service, attainment of age 55 and 15 years of eligible service or attainment of age 62 and 5 years of eligible service.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

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

Note 6. Related Party and Parties-in-Interest Transactions

The Plan investments include funds managed by affiliates of Fidelity Management Trust Company, the Trustee. The Trustee is a trustee as defined by the Plan; therefore, these transactions qualify as parties-in-interest transactions. There were no fees directly paid by the Plan to Fidelity Management Trust Company for the years ended December 31, 2024 and 2023. The Company pays certain administrative expenses of the Plan.

LENOVO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions (if applicable), taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024, that ceiling is \$7,108 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

LENOVO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 8. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated October 14, 2014, stating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is designed, and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

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

SUPPLEMENTARY INFORMATION

LENOVO PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 52-2449153 PN: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
	Money market fund:			
BNY	BNY Collective US Govt STIF 15	\$ 1,145,978	\$ 1,150,172	
	Bonds*:			
Various	Various	52,847,741	50,362,221	
		<u>\$ 53,993,719</u>	<u>\$ 51,512,393</u>	

* See detail schedule of Bonds in Exhibit A.

The above information has been certified by Fidelity Management Trust Company, the Trustee, to be complete and accurate.

LENOVO PENSION PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2024

EIN: 52-2449153 PN: 001

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value on Transaction Date	Net Gain or (Loss)
Series of transactions by issuer in excess of 5%						
*Fidelity Investments	Lenovo Managed Separate 18611	\$ 1,812,399	\$ -	\$ 1,812,399	\$ 1,812,399	\$ -
*Fidelity Investments	Lenovo Managed Separate 18611		4,987,191	5,177,617	4,987,191	(190,426)

*Designates party-in-interest.

Transactions are measured against the December 31, 2023, net asset value of \$56,141,784

The above information has been certified by Fidelity Management Trust Company, the Trustee, to be complete and accurate.

Exhibit A

Category Description	Security Identifier	Security Description	Contract Rate	Maturity Date	Shares/Par	Cost - Local/Book Value	Cost - Base/Book Value	Price - Local	Price - Base	Market Value - Local/Book Value	Market Value - Base/Book Value	Unrealized G/L Local	Unrealized G/L Base	Accrued Net Income Local	Accrued Net Income Base	Total Value	% of Total Assets
ASSET BACKED SECURITIES	02377BAB2	AMERICAN AIRLINES 2015-2 CLASS AA PASS THROUGH TRU		03/22/2029	179,193.9600	179,193.96	179,193.96	96.587999	96.587999	173,079.86	173,079.86	-6,114.10	-6,114.10	1,774.02	1,774.02	174,853.88	0.34%
	90932LAJ6	UNITED AIRLINES 2023-1 CLASS A PASS THROUGH TRUST		07/15/2037	53,771.1400	53,771.14	53,771.14	101.978236	101.978236	54,834.86	54,834.86	1,063.72	1,063.72	1,438.08	1,438.08	56,272.94	0.11%
ASSET BACKED SECURITIES Total							232,965.10				227,914.72		-5,050.38		3,212.10	231,126.82	0.45%
CASH ON HAND	CASH	(CASH)			-340,989.1700	-340,989.17	-340,989.17	1.000000	1.000000	-340,989.17	-340,989.17	0.00	0.00	0.00	0.00	-340,989.17	-0.66%
CASH ON HAND Total							-340,989.17				-340,989.17		0.00		0.00	-340,989.17	-0.66%
CORPORATE DEBT	00115AAM1	AEP TRANSMISSION CO LLC 3.65% 04/01/2050		04/01/1950	30,000.0000	23,028.60	23,028.60	72.227800	72.227800	21,668.34	21,668.34	-1,360.26	-1,360.26	273.75	273.75	21,942.09	0.04%
	00115AAN9	AEP TRANSMISSION CO LLC 2.75% 08/15/2051		08/15/1951	75,000.0000	46,815.00	46,815.00	60.059160	60.059160	45,044.37	45,044.37	-1,770.63	-1,770.63	779.17	779.17	45,823.54	0.09%
	00287YAM1	ABBVIE INC 4.4% 11/06/2042		11/06/2042	90,000.0000	78,869.70	78,869.70	86.551600	86.551600	77,896.44	77,896.44	-973.26	-973.26	605.00	605.00	78,501.44	0.15%
	036752BE2	ELEVANCE HEALTH INC 5.7% 02/15/2055		02/15/1955	135,000.0000	134,261.55	134,261.55	96.407044	96.407044	130,149.51	130,149.51	-4,112.04	-4,112.04	1,303.88	1,303.88	131,453.39	0.25%
	037833DW7	APPLE INC 2.65% 05/11/2050		05/11/1950	150,000.0000	114,922.50	114,922.50	62.125880	62.125880	93,188.82	93,188.82	-21,733.68	-21,733.68	552.08	552.08	93,740.90	0.18%
	03831WAE8	APPLOVIN CORP 5.95% 12/01/2054		12/01/1954	130,000.0000	129,352.60	129,352.60	98.494923	98.494923	128,043.40	128,043.40	-1,309.20	-1,309.20	558.64	558.64	128,602.04	0.25%
	040555DB7	ARIZONA PUBLIC SERVICE CO 3.35% 05/15/2050		05/15/1950	270,000.0000	184,034.10	184,034.10	67.554052	67.554052	182,395.94	182,395.94	-1,638.16	-1,638.16	1,155.75	1,155.75	183,551.69	0.35%
	04352EAB1	ASCENSION HEALTH 3.106% 11/15/2039		11/15/2039	160,000.0000	167,123.20	167,123.20	75.692950	75.692950	121,108.72	121,108.72	-46,014.48	-46,014.48	635.00	635.00	121,743.72	0.24%
	059165EH9	BALTIMORE GAS & ELECTRIC CO 3.5% 08/15/2046		08/15/2046	75,000.0000	55,484.25	55,484.25	72.266333	72.266333	54,199.75	54,199.75	-1,284.50	-1,284.50	991.67	991.67	55,191.42	0.11%
	059165EQ9	BALTIMORE GAS & ELECTRIC CO 5.4% 06/01/2053		06/01/1953	50,000.0000	49,975.50	49,975.50	95.172940	95.172940	47,586.47	47,586.47	-2,389.03	-2,389.03	225.00	225.00	47,811.47	0.09%
	06051GKDD	BANK OF AMERICA CORPORATION 2.572%/VAR 10/20/2032		10/20/2032	500,000.0000	398,315.00	398,315.00	84.377144	84.377144	421,885.72	421,885.72	23,570.72	23,570.72	2,579.06	2,579.06	424,464.78	0.82%
	06051GKK4	BANK OF AMERICA CORPORATION 2.972%/VAR 02/04/2033		02/04/2033	415,000.0000	339,244.00	339,244.00	85.953639	85.953639	356,707.60	356,707.60	17,463.60	17,463.60	4,993.24	4,993.24	361,700.84	0.70%
	06051GLU1	BANK OF AMERICA CORPORATION 5.872%/VAR 09/15/2034		09/15/2034	120,000.0000	125,577.60	125,577.60	102.704383	102.704383	123,245.26	123,245.26	-2,332.34	-2,332.34	2,102.24	2,102.24	125,347.50	0.24%
	07274EAM5	BAYER US FIN LLC 6.875% 11/21/2053 144A		11/21/1953	200,000.0000	205,880.00	205,880.00	100.812990	100.812990	201,625.98	201,625.98	-4,254.02	-4,254.02	1,527.78	1,527.78	203,153.76	0.39%
	072863AE3	BAYLOR SCOTT & WHITE HDGS 2.65% 11/15/2026		11/15/2026	115,000.0000	107,465.20	107,465.20	95.624991	95.624991	109,968.74	109,968.74	2,503.54	2,503.54	389.40	389.40	110,358.14	0.21%
	084664DB4	BERKSHIRE HATHAWAY FIN CORP 3.85% 03/15/2052		03/15/1952	40,000.0000	36,699.60	36,699.60	75.702825	75.702825	30,281.13	30,281.13	-6,418.47	-6,418.47	453.44	453.44	30,734.57	0.06%
	110122EK0	BRISTOL-MYERS SQUIBB CO 5.55% 02/22/2054		02/22/1954	220,000.0000	219,139.80	219,139.80	97.007909	97.007909	213,417.40	213,417.40	-5,722.40	-5,722.40	4,375.25	4,375.25	217,792.65	0.42%
	12189LBF7	BURLINGTON NORTHN SANTA FE LLC 3.05% 02/15/2051		02/15/1951	30,000.0000	21,643.20	21,643.20	65.652200	65.652200	19,695.66	19,695.66	-1,947.54	-1,947.54	345.67	345.67	20,041.33	0.04%
	12189LBL4	BURLINGTON NORTHN SANTA FE LLC 5.5% 03/15/2055		03/15/1955	200,000.0000	201,018.00	201,018.00	98.232850	98.232850	196,465.70	196,465.70	-4,552.30	-4,552.30	6,233.33	6,233.33	202,699.03	0.39%
	126650CZ1	CVS HEALTH CORP 5.05% 03/25/2048		03/25/2048	45,000.0000	38,340.45	38,340.45	82.454578	82.454578	37,104.56	37,104.56	-1,235.89	-1,235.89	606.00	606.00	37,710.56	0.07%
	126650DZ0	CVS HEALTH CORP 5.875% 06/01/2053		06/01/1953	45,000.0000	44,737.65	44,737.65	91.733978	91.733978	41,280.29	41,280.29	-3,457.36	-3,457.36	220.31	220.31	41,500.60	0.08%
	14215GAA4	CARILION CLINIC OBLIGATED GROUP 3.147% 07/01/2051		07/01/1951	65,000.0000	65,000.00	65,000.00	63.901692	63.901692	41,536.10	41,536.10	-23,463.90	-23,463.90	1,022.78	1,022.78	42,558.88	0.08%
	15189XBC1	CENTERPOINT ENERGY HOUSTON ELECTRIC LLC 5.3% 04/01		04/01/1953	175,000.0000	174,867.00	174,867.00	94.083880	94.083880	164,646.79	164,646.79	-10,220.21	-10,220.21	2,318.75	2,318.75	166,965.54	0.32%
	16876AAC8	CHILDRENS HOSP MED CTR 2.82% 11/15/2050		11/15/1950	145,000.0000	145,000.00	145,000.00	61.466352	61.466352	89,126.21	89,126.21	-55,873.79	-55,873.79	522.48	522.48	89,648.69	0.17%
	16876YAA0	CHILDREN'S HEALTH CARE 3.448% 08/15/2049		08/15/2049	100,000.0000	100,000.00	100,000.00	71.674670	71.674670	71,674.67	71,674.67	-28,325.33	-28,325.33	1,302.58	1,302.58	72,977.25	0.14%
	17275RBU5	CISCO SYSTEMS INC 5.3% 02/26/2054		02/26/1954	240,000.0000	239,035.20	239,035.20	97.201438	97.201438	233,283.45	233,283.45	-5,751.75	-5,751.75	4,416.67	4,416.67	237,700.12	0.46%
	172967LU3	CITIGROUP INC 3.878%/VAR 01/24/2039		01/24/2039	35,000.0000	28,783.30	28,783.30	83.359257	83.359257	29,175.74	29,175.74	392.44	392.44	593.82	593.82	29,769.56	0.06%
	17858PAA9	CITY OF HOPE 5.623% 11/15/2043		11/15/2043	125,000.0000	145,715.00	145,715.00	95.215048	95.215048	119,018.81	119,018.81	-26,696.19	-26,696.19	898.12	898.12	119,916.93	0.23%
	191216DZ0	COCA COLA CO 5.2% 01/14/2055		01/14/1955	150,000.0000	149,869.50	149,869.50	94.955073	94.955073	142,432.61	142,432.61	-7,436.89	-7,436.89	2,968.33	2,968.33	145,400.94	0.28%
	20030NDS7	COMCAST CORP 2.887% 11/01/2051		11/01/1951	200,000.0000	128,890.00	128,890.00	60.144760	60.144760	120,289.52	120,289.52	-8,600.48	-8,600.48	962.33	962.33	121,251.85	0.23%
	20030NDU2	COMCAST CORP 2.937% 11/01/2056		11/01/1956	235,000.0000	147,222.80	147,222.80	58.243728	58.243728	136,872.76	136,872.76	-10,350.04	-10,350.04	1,150.33	1,150.33	138,023.09	0.27%

202795JT8	COMMONWEALTH EDISON CO 3.125% 03/15/2051		03/15/1951	50,000.0000	33,946.00	33,946.00	64.771320	64.771320	32,385.66	32,385.66	-1,560.34	-1,560.34	460.07	460.07	32,845.73	0.06%
228027AB4	VESSEL MANAGEMENT SERVICES INC 3.477% 01/16/2037		01/16/2037	309,000.0000	309,000.00	309,000.00	89.443463	89.443463	276,380.30	276,380.30	-32,619.70	-32,619.70	4,924.30	4,924.30	281,304.60	0.54%
25731VAB0	DOMINION ENERGY SOUTH CAROLINA INC 6.25% 10/15/205		10/15/1953	105,000.0000	104,405.70	104,405.70	107.615114	107.615114	112,995.87	112,995.87	8,590.17	8,590.17	1,385.42	1,385.42	114,381.29	0.22%
26442CAM6	DUKE ENERGY CAROLINAS LLC 4.25% 12/15/2041		12/15/2041	150,000.0000	159,588.68	159,588.68	84.752400	84.752400	127,128.60	127,128.60	-32,460.08	-32,460.08	283.33	283.33	127,411.93	0.25%
26442CAN4	DUKE ENERGY CAROLINAS LLC 4% 09/30/2042		09/30/2042	70,000.0000	57,123.50	57,123.50	81.215086	81.215086	56,850.56	56,850.56	-272.94	-272.94	707.78	707.78	57,558.34	0.11%
26442CBK9	DUKE ENERGY CAROLINAS LLC 5.35% 01/15/2053		01/15/1953	100,000.0000	98,773.00	98,773.00	95.130240	95.130240	95,130.24	95,130.24	-3,642.76	-3,642.76	2,466.94	2,466.94	97,597.18	0.19%
26442RAD3	DUKE ENERGY PROGRESS LLC 4.15% 12/01/2044		12/01/2044	100,000.0000	108,054.00	108,054.00	81.368530	81.368530	81,368.53	81,368.53	-26,685.47	-26,685.47	345.83	345.83	81,714.36	0.16%
26442UAB0	DUKE ENERGY PROGRESS LLC 4.2% 08/15/2045		08/15/2045	100,000.0000	99,493.00	99,493.00	81.023720	81.023720	81,023.72	81,023.72	-18,469.28	-18,469.28	1,586.67	1,586.67	82,610.39	0.16%
29365TAN4	ENERGY TEX INC 5.8% 09/01/2053		09/01/1953	100,000.0000	99,656.00	99,656.00	100.011880	100.011880	100,011.88	100,011.88	355.88	355.88	1,933.33	1,933.33	101,945.21	0.20%
29379VAM5	ENTERPRISE PRODS OPER LLC 7.55% 04/15/2038		04/15/2038	85,000.0000	96,412.95	96,412.95	117.082259	117.082259	99,519.92	99,519.92	3,106.97	3,106.97	1,354.81	1,354.81	100,874.73	0.19%
29670GAG7	ESSENTIAL UTILITIES INC 5.3% 05/01/2052		05/01/1952	45,000.0000	42,723.45	42,723.45	90.910889	90.910889	40,909.90	40,909.90	-1,813.55	-1,813.55	397.50	397.50	41,307.40	0.08%
30036FAB7	EVERGY KANSAS CENTRAL 5.7% 03/15/2053		03/15/1953	145,000.0000	144,677.70	144,677.70	98.205179	98.205179	142,397.51	142,397.51	-2,280.19	-2,280.19	2,433.58	2,433.58	144,831.09	0.28%
30303M8J4	META PLATFORMS INC 4.45% 08/15/2052		08/15/1952	220,000.0000	185,557.63	185,557.63	84.278568	84.278568	185,412.85	185,412.85	-144.78	-144.78	3,698.44	3,698.44	189,111.29	0.37%
30303M8V7	META PLATFORMS INC 5.4% 08/15/2054		08/15/1954	45,000.0000	44,820.45	44,820.45	96.836622	96.836622	43,576.48	43,576.48	-1,243.97	-1,243.97	958.50	958.50	44,534.98	0.09%
309601AG7	FARMERS INSURANCE EXCHANGE 7%/VAR 10/15/2064 144A		10/15/1964	140,000.0000	140,000.00	140,000.00	103.096700	103.096700	144,335.38	144,335.38	4,335.38	4,335.38	2,262.34	2,262.34	146,597.72	0.28%
341081ET0	FLORIDA PWR & LT CO 4.95% 06/01/2035		06/01/2035	350,000.0000	380,030.00	380,030.00	97.280577	97.280577	340,482.02	340,482.02	-39,547.98	-39,547.98	1,443.75	1,443.75	341,925.77	0.66%
38148YAA6	GOLDMAN SACHS GROUP INC (THE) 4.017%/VAR 10/31/203		10/31/2038	125,000.0000	103,521.25	103,521.25	84.681032	84.681032	105,851.29	105,851.29	2,330.04	2,330.04	859.99	859.99	106,711.28	0.21%
401378AC8	GUARDIAN LIFE INSURANCE CO OF AMERICA/THE 4.85% 01		01/24/1977	137,000.0000	149,960.06	149,960.06	83.002723	83.002723	113,713.73	113,713.73	-36,246.33	-36,246.33	2,897.74	2,897.74	116,611.47	0.23%
42218SAM0	HEALTH CARE SVCS CORP 5.875% 06/15/2054 144A		06/15/1954	105,000.0000	104,675.55	104,675.55	96.798743	96.798743	101,638.68	101,638.68	-3,036.87	-3,036.87	274.17	274.17	101,912.85	0.20%
437076DF6	HOME DEPOT INC 5.3% 06/25/2054		06/25/1954	105,000.0000	103,356.75	103,356.75	95.793752	95.793752	100,583.44	100,583.44	-2,773.31	-2,773.31	92.75	92.75	100,676.19	0.19%
454889AU0	INDIANA MICHIGAN POWER CO 3.25% 05/01/2051		05/01/1951	75,000.0000	51,189.75	51,189.75	65.680867	65.680867	49,260.65	49,260.65	-1,929.10	-1,929.10	406.25	406.25	49,666.90	0.10%
46590XAQ9	JBS USA HOLDING LUX/ JBS USA FOOD CO/ JBS LUX CO S		02/02/1952	125,000.0000	97,547.50	97,547.50	75.364576	75.364576	94,205.72	94,205.72	-3,341.78	-3,341.78	2,263.45	2,263.45	96,469.17	0.19%
46590XAX4	JBS USA HOLDING LUX/ JBS USA FOOD CO/ JBS LUX CO S		12/01/1952	50,000.0000	49,147.00	49,147.00	101.722160	101.722160	50,861.08	50,861.08	1,714.08	1,714.08	270.83	270.83	51,131.91	0.10%
46625HJ87	JPMORGAN CHASE & CO 5.6% 07/15/2041		07/15/2041	150,000.0000	154,494.00	154,494.00	100.956233	100.956233	151,434.35	151,434.35	-3,059.65	-3,059.65	3,873.33	3,873.33	155,307.68	0.30%
46647PBN5	JPMORGAN CHASE & CO 3.109%/VAR 04/22/2051		04/22/1951	40,000.0000	40,000.00	40,000.00	66.186675	66.186675	26,474.67	26,474.67	-13,525.33	-13,525.33	242.57	242.57	26,717.24	0.05%
46647PCU8	JPMORGAN CHASE & CO 2.963%/VAR 01/25/2033		01/25/2033	85,000.0000	70,782.05	70,782.05	86.437365	86.437365	73,471.76	73,471.76	2,689.71	2,689.71	1,095.02	1,095.02	74,566.78	0.14%
46647PER3	JPMORGAN CHASE & CO 4.946%/VAR 10/22/2035		10/22/2035	150,000.0000	149,412.35	149,412.35	96.352240	96.352240	144,528.36	144,528.36	-4,883.99	-4,883.99	1,447.11	1,447.11	145,975.47	0.28%
539830CB3	LOCKHEED MARTIN CORP 5.2% 02/15/2055		02/15/1955	90,000.0000	89,802.90	89,802.90	94.199778	94.199778	84,779.80	84,779.80	-5,023.10	-5,023.10	1,768.00	1,768.00	86,547.80	0.17%
55903VBE2	WARNER MEDIA HOLDINGS INC 5.141% 03/15/2052		03/15/1952	295,000.0000	233,223.40	233,223.40	74.300427	74.300427	219,186.26	219,186.26	-14,037.14	-14,037.14	4,465.53	4,465.53	223,651.79	0.43%
571748BT8	MARSH & MCLENNAN COS INC 5.45% 03/15/2053		03/15/1953	80,000.0000	79,542.40	79,542.40	96.552963	96.552963	77,242.37	77,242.37	-2,300.03	-2,300.03	1,283.78	1,283.78	78,526.15	0.15%
589331AS6	MERCK & CO INC 3.6% 09/15/2042		09/15/2042	150,000.0000	147,616.50	147,616.50	77.632100	77.632100	116,448.15	116,448.15	-31,168.35	-31,168.35	1,590.00	1,590.00	118,038.15	0.23%
595620AN5	MIDAMERICAN ENERGY CO 4.4% 10/15/2044		10/15/2044	400,000.0000	415,311.00	415,311.00	85.486743	85.486743	341,946.97	341,946.97	-73,364.03	-73,364.03	3,715.56	3,715.56	345,662.53	0.67%
595620AU9	MIDAMERICAN ENERGY CO 4.25% 07/15/2049		07/15/2049	150,000.0000	149,085.00	149,085.00	81.054447	81.054447	121,581.67	121,581.67	-27,503.33	-27,503.33	2,939.58	2,939.58	124,521.25	0.24%
595620AY1	MIDAMERICAN ENERGY CO 5.85% 09/15/2054		09/15/1954	80,000.0000	79,907.20	79,907.20	101.630675	101.630675	81,304.54	81,304.54	1,397.34	1,397.34	1,378.00	1,378.00	82,682.54	0.16%
61747YEL5	MORGAN STANLEY 2.943%/VAR 01/21/2033		01/21/2033	190,000.0000	155,948.02	155,948.02	85.676811	85.676811	162,785.94	162,785.94	6,837.92	6,837.92	2,476.46	2,476.46	165,262.40	0.32%
644188BH6	NEW ENGLAND POWER CO 5.936% 11/25/2052 144A		11/25/1952	250,000.0000	254,137.50	254,137.50	100.858460	100.858460	252,146.15	252,146.15	-1,991.35	-1,991.35	1,484.00	1,484.00	253,630.15	0.49%
649322AD6	NEW YORK & PRESBYTERIAN HOSP 4.063% 08/01/2056		08/01/1956	206,000.0000	205,991.76	205,991.76	78.218150	78.218150	161,129.39	161,129.39	-44,862.37	-44,862.37	3,487.41	3,487.41	164,616.80	0.32%
64952GAT5	NEW YORK LIFE INSURANCE CO 3.75% 05/15/2050 144A		05/15/1950	335,000.0000	284,409.15	284,409.15	72.813701	72.813701	243,925.90	243,925.90	-40,483.25	-40,483.25	1,605.21	1,605.21	245,531.11	0.47%
665772CQ0	NORTHERN STATES POWER CO (MN) 3.6% 09/15/2047		09/15/2047	170,000.0000	145,924.60	145,924.60	73.883818	73.883818	125,602.49	125,602.49	-20,322.11	-20,322.11	1,802.00	1,802.00	127,404.49	0.25%

665772CV9	NORTHERN STATES POWER CO (MN) 4.5% 06/01/2052	06/01/1952	135,000.0000	134,026.65	134,026.65	83.886748	83.886748	113,247.11	113,247.11	-20,779.54	-20,779.54	506.25	506.25	113,753.36	0.22%
668138AC4	NORTHWESTERN MUT LIFE INS CO 3.625% 09/30/2059 144	09/30/1959	90,000.0000	99,891.90	99,891.90	66.908667	66.908667	60,217.80	60,217.80	-39,674.10	-39,674.10	824.69	824.69	61,042.49	0.12%
67021CAS6	NSTAR ELEC CO 4.55% 06/01/2052	06/01/1952	50,000.0000	43,624.00	43,624.00	83.717100	83.717100	41,858.55	41,858.55	-1,765.45	-1,765.45	189.58	189.58	42,048.13	0.08%
678858BY6	OKLAHOMA GAS & ELECTRIC CO 5.6% 04/01/2053	04/01/1953	145,000.0000	144,547.45	144,547.45	97.319462	97.319462	141,113.22	141,113.22	-3,434.23	-3,434.23	2,030.00	2,030.00	143,143.22	0.28%
68233JCM4	ONCOR ELEC DELIVERY CO LLC 4.95% 09/15/2052	09/15/1952	75,000.0000	70,910.79	70,910.79	89.315413	89.315413	66,986.56	66,986.56	-3,924.23	-3,924.23	1,093.13	1,093.13	68,079.69	0.13%
68389XB1	ORACLE CORP 4.125% 05/15/2045	05/15/2045	105,000.0000	104,568.45	104,568.45	79.021276	79.021276	82,972.34	82,972.34	-21,596.11	-21,596.11	553.44	553.44	83,525.78	0.16%
693304BD8	PECO ENERGY COMPANY 4.6% 05/15/2052	05/15/1952	80,000.0000	74,310.98	74,310.98	85.872925	85.872925	68,698.34	68,698.34	-5,612.64	-5,612.64	470.22	470.22	69,168.56	0.13%
69351UBB8	PPL ELEC UTILS CORP 5.25% 05/15/2053	05/15/1953	100,000.0000	97,832.00	97,832.00	95.388720	95.388720	95,388.72	95,388.72	-2,443.28	-2,443.28	670.83	670.83	96,059.55	0.19%
70213HAF5	MASS GENERAL BRIGHAM INC 3.342% 07/01/2060	07/01/1960	205,000.0000	206,466.59	206,466.59	65.117922	65.117922	133,491.74	133,491.74	-72,974.85	-72,974.85	3,425.55	3,425.55	136,917.29	0.26%
716973AG7	PFIZER INVESTMENT ENTERPRISES PTE LTD 5.3% 05/19/2	05/19/1953	95,000.0000	94,858.45	94,858.45	93.632284	93.632284	88,950.67	88,950.67	-5,907.78	-5,907.78	587.42	587.42	89,538.09	0.17%
74456QB2	PUBLIC SERVICE ELEC & GAS CO 4% 06/01/2044	06/01/2044	250,000.0000	250,376.50	250,376.50	78.725248	78.725248	196,813.12	196,813.12	-53,563.38	-53,563.38	833.33	833.33	197,646.45	0.38%
75063MAA5	RADY CHILDRENS HOSPITAL SD CA 3.154% 08/15/2051	08/15/1951	170,000.0000	170,000.00	170,000.00	66.762241	66.762241	113,495.81	113,495.81	-56,504.19	-56,504.19	2,025.57	2,025.57	115,521.38	0.22%
771196CM2	ROCHE HLDGS INC 5.218% 03/08/2054 144A	03/08/1954	95,000.0000	95,000.00	95,000.00	95.565642	95.565642	90,787.36	90,787.36	-4,212.64	-4,212.64	1,555.98	1,555.98	92,343.34	0.18%
81728XAA6	SENTARA HEALTHCARE 2.927% 11/01/2051	11/01/1951	100,000.0000	100,000.00	100,000.00	63.870050	63.870050	63,870.05	63,870.05	-36,129.95	-36,129.95	487.83	487.83	64,357.88	0.12%
819892AL4	SHARP HEALTHCARE 2.68% 08/01/2050	08/01/1950	150,000.0000	150,000.00	150,000.00	61.245280	61.245280	91,867.92	91,867.92	-58,132.08	-58,132.08	1,675.00	1,675.00	93,542.92	0.18%
822582CL4	SHELL INTL FIN B V 3% 11/26/2051	11/26/1951	50,000.0000	39,781.00	39,781.00	63.281240	63.281240	31,640.62	31,640.62	-8,140.38	-8,140.38	145.83	145.83	31,786.45	0.06%
875127BU0	TAMPA ELECTRIC CO 3.45% 03/15/2051	03/15/1951	100,000.0000	69,129.00	69,129.00	68.057400	68.057400	68,057.40	68,057.40	-1,071.60	-1,071.60	1,015.83	1,015.83	69,073.23	0.13%
878091BG1	TEACHERS INS&ANNUITY ASSN AMER 3.3% 05/15/2050 144	05/15/1950	330,000.0000	292,228.81	292,228.81	66.632197	66.632197	219,886.25	219,886.25	-72,342.56	-72,342.56	1,391.50	1,391.50	221,277.75	0.43%
882508CJ1	TEXAS INSTRUMENTS INC 5.15% 02/08/2054	02/08/1954	120,000.0000	118,826.00	118,826.00	93.611900	93.611900	112,334.28	112,334.28	-6,491.72	-6,491.72	2,454.83	2,454.83	114,789.11	0.22%
89838LAH7	TRUSTEES BOSTON COLLEGE 3.042% 07/01/2057	07/01/1957	135,000.0000	135,000.00	135,000.00	61.048830	61.048830	82,415.92	82,415.92	-52,584.08	-52,584.08	2,053.35	2,053.35	84,469.27	0.16%
898813AV2	TUCSON ELECTRIC POWER CO 5.5% 04/15/2053	04/15/1953	100,000.0000	98,457.00	98,457.00	95.343850	95.343850	95,343.85	95,343.85	-3,113.15	-3,113.15	1,161.11	1,161.11	96,504.96	0.19%
90353TAQ3	UBER TECHNOLOGIES INC 5.35% 09/15/2054	09/15/1954	110,000.0000	109,786.60	109,786.60	92.990945	92.990945	102,290.04	102,290.04	-7,496.56	-7,496.56	1,830.89	1,830.89	104,120.93	0.20%
90781REC8	UNION PACIFIC CORP 3.875% 02/01/2055	02/01/1955	200,000.0000	156,876.00	156,876.00	75.084520	75.084520	150,169.04	150,169.04	-6,706.96	-6,706.96	3,229.17	3,229.17	153,398.21	0.30%
90781RFZ6	UNION PACIFIC CORP 3.5% 02/14/2053	02/14/1953	140,000.0000	104,841.00	104,841.00	70.458100	70.458100	98,641.34	98,641.34	-6,199.66	-6,199.66	1,864.72	1,864.72	100,506.06	0.19%
91324PEF5	UNITEDHEALTH GROUP INC 3.25% 05/15/2051	05/15/1951	320,000.0000	229,004.80	229,004.80	66.015150	66.015150	211,248.48	211,248.48	-17,756.32	-17,756.32	1,328.89	1,328.89	212,577.37	0.41%
91324PEK4	UNITEDHEALTH GROUP INC 4.75% 05/15/2052	05/15/1952	200,000.0000	182,758.00	182,758.00	85.679740	85.679740	171,359.48	171,359.48	-11,398.52	-11,398.52	1,213.89	1,213.89	172,573.37	0.33%
91324PFL1	UNITEDHEALTH GROUP INC 5.625% 07/15/2054	07/15/1954	110,000.0000	109,781.10	109,781.10	97.070636	97.070636	106,777.70	106,777.70	-3,003.40	-3,003.40	2,681.25	2,681.25	109,458.95	0.21%
94106LCF4	WASTE MANAGEMENT INC DEL 5.35% 10/15/2054	10/15/1954	115,000.0000	114,952.85	114,952.85	96.056330	96.056330	110,464.78	110,464.78	-4,488.07	-4,488.07	974.15	974.15	111,438.93	0.22%
94980VAG3	WELLS FARGO BK NATL ASSN 5.95% 08/26/2036	08/26/2036	650,000.0000	700,052.68	700,052.68	102.940309	102.940309	669,112.01	669,112.01	-30,940.67	-30,940.67	13,428.82	13,428.82	682,540.83	1.32%
983024ANO	WYETH LLC 5.95% 04/01/2037	04/01/2037	200,000.0000	246,440.00	246,440.00	104.394655	104.394655	208,789.31	208,789.31	-37,650.69	-37,650.69	2,975.00	2,975.00	211,764.31	0.41%
CORPORATE DEBT Total					14,009,886.65			12,649,319.05		-1,360,567.60		170,101.23		12,819,420.28	24.77%
GOVERNMENT OBLIGATIONS															
912797MW4	UST BILLS 0% 01/07/2025	01/07/2025	1,000,000.0000	993,277.00	993,277.00	99.943162	99.943162	999,431.62	999,431.62	6,154.62	6,154.62	0.00	0.00	999,431.62	1.93%
912810UD8	UNITED STATES TREASURY BOND 4.125% 08/15/2044	08/15/2044	1,025,000.0000	1,028,915.67	1,028,915.67	90.496979	90.496979	927,594.03	927,594.03	-101,321.64	-101,321.64	15,970.36	15,970.36	943,564.39	1.82%
912810UE6	UNITED STATES TREASURY BOND 4.5% 11/15/2054	11/15/1954	7,875,000.0000	7,667,602.19	7,667,602.19	95.342800	95.342800	7,259,899.50	7,259,899.50	-407,702.69	-407,702.69	45,221.27	45,221.27	7,305,510.65	14.59%
912810UF3	UNITED STATES TREASURY BOND 4.625% 11/15/2044	11/15/2044	3,135,000.0000	3,182,179.72	3,182,179.72	96.960988	96.960988	3,039,726.97	3,039,726.97	-142,452.75	-142,452.75	18,825.16	18,825.16	3,058,552.13	5.91%
91282CLW9	UST NOTES 4.25% 11/15/2034	11/15/2034	4,825,000.0000	4,805,785.93	4,805,785.93	97.393659	97.393659	4,699,244.05	4,699,244.05	-106,541.88	-106,541.88	26,624.14	26,624.14	4,725,868.19	9.13%
91282CLY5	UST NOTES 4.25% 11/30/2026	11/30/2026	5,610,000.0000	5,616,433.95	5,616,433.95	99.980115	99.980115	5,608,884.45	5,608,884.45	-7,549.50	-7,549.50	19,650.41	19,650.41	5,628,534.86	10.87%
91282CMA6	UST NOTES 4.125% 11/30/2029	11/30/2029	8,275,000.0000	8,239,469.97	8,239,469.97	98.863879	98.863879	8,180,985.99	8,180,985.99	-58,483.98	-58,483.98	29,573.08	29,573.08	8,210,559.07	15.86%
91282CMB4	UST NOTES 4% 12/15/2027	12/15/2027	1,320,000.0000	1,316,824.50	1,316,824.50	99.241990	99.241990	1,309,994.27	1,309,994.27	-6,830.23	-6,830.23	2,465.93	2,465.93	1,312,460.20	2.54%
91282CME8	UST NOTES 4.25% 12/31/2026	12/31/2026	1,700,000.0000	1,699,605.29	1,699,605.29	100.008215	100.008215	1,700,139.66	1,700,139.66	534.37	534.37	198.49	198.49	1,700,338.15	3.29%
GOVERNMENT OBLIGATIONS					34,550,094.22			33,725,900.54		-824,193.68		158,528.84		33,884,819.26	65.94%

Plan Name	Lenovo Pension Plan
Plan Sponsor EIN	52-2449153
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

Plan Name	Lenovo Pension Plan
Plan Sponsor EIN	52-2449153
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

Attachment to 2024 Form 5500
 Schedule SB, Line 26a – Schedule of Active Participant Data
 Plan Name: Lenovo Pension Plan
 Plan Sponsor's Name: Lenovo (United States), Inc.

EIN: 52-2449153
 Plan Number: 001

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2024

Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	5	5
65-69	0	0	0	0	0	0	0	0	1	8	9
Over 69	0	0	0	0	0	0	0	0	1	2	3
Total	0	0	0	0	0	0	0	0	2	15	17

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Lenovo Pension Plan **EIN:** 52-2449153
Plan Sponsor's Name Lenovo (United States), Inc. **PN:** 001

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

Purpose	2024 Plan Year		2023 Plan Year	
	Minimum	Maximum	Minimum	Maximum
Interest Rate Type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	4.75%	3.62%	4.75%	1.41%
Next 15 years	4.87%	4.46%	5.00%	3.09%
Over 20 years	5.59%	4.52%	5.74%	3.58%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Salary Scale: Not applicable.

Increase in Consumer Price Index (CPI): 3.00%. This is based on long-term historical inflation rates of about 3.80%, adjusted lower by 0.80% to reflect forward-looking inflation forecasts.

Administrative Expenses included in Target Normal Cost: Estimated based on the PBGC premiums for the current plan year and included in the Target Normal Cost

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Lenovo Pension Plan **EIN:** 52-2449153
Plan Sponsor's Name Lenovo (United States), Inc. **PN:** 001

Actuarial Assumptions and Methods for Funding and ASC 960 Purposes (continued)

Mortality: ERISA: IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables. (Previously IRS 2023 Static Mortality Table.) This plan does not have a large enough population to vary from the standard tables.

Retirement Rates: Rates varying by age and Social Security Normal Retirement Age (SSNRA): For active participants, rates varying by age and year as projected when the plan was established in 2005 and updated based on an experience study completed in February 2021. Sample rates are as follows:

<u>Age</u>	<u>Rate</u>
55	12.00%
60	12.00%
62	22.00%
65	37.50%
70	100%

Termination Rates: Terminated vested participants are assumed to commence benefits immediately if they terminated within the two years immediately preceding the valuation date, otherwise they are assumed to retire according to the retirement rates prescribed for active participants. This assumption was updated based on an experience study conducted in February 2021.

Marital Status: 80 percent of males and females are assumed married, with females 3 years younger than males. We complete a gain/loss analysis each year and have not noted any significant pattern of consistent gains or losses over the years.

Maximum Benefit: \$275,000 for 2024.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Lenovo Pension Plan **EIN:** 52-2449153
Plan Sponsor's Name Lenovo (United States), Inc. **PN:** 001

Actuarial Assumptions and Methods for Funding and ASC 960 Purposes (continued)

Form of Payment: Single Life Annuity. If married, the actuarially equivalent 50 percent Joint and Survivor Annuity.

40% of participants eligible for a lump sum distribution are assumed to take that optional form of payment while 60% are assumed to elect a single life annuity. This assumption was updated based on an experience study completed in February 2021.

For funding purposes, lump sums are based on the PPA funding discount rates, consistent with the September 2021 segment rates, excluding phase-in and the 2023 IRS applicable mortality table as required under IRC 417(e).

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to the market value of assets (including discounted employer contributions receivable) on the valuation date.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

Attachment to 2024 Form 5500
Schedule SB, line 32 – Schedule of Amortization Bases

Plan Name Lenovo Pension Plan **EIN:** 52-2449153
Plan Sponsor's Name Lenovo (United States), Inc. **PN:** 001

Schedule of Amortization Bases

<u>Type of Base</u>	<u>Present Value of Any Remaining Installments</u>	<u>Valuation Date</u>	<u>Years Remaining</u>	<u>Amortization Installment</u>
2024 Shortfall	\$ (114,418)	January 1, 2024	15	\$ (10,410)
2023 Shortfall	\$ 7,842,657	January 1, 2023	14	\$ 748,525
2022 Shortfall	\$ 5,443,762	January 1, 2022	13	\$ 547,742
2021 Shortfall	\$ 186,380	January 1, 2021	12	\$ 19,884
Total	\$ 13,358,381			\$ 1,305,741

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 LENOVO PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LENOVO (UNITED STATES) INC.	D Employer Identification Number (EIN) 52-2449153	
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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
a	Market value	2a	56,121,652
b	Actuarial value	2b	56,121,652
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
a	For retired participants and beneficiaries receiving payment	389	62,200,888
b	For terminated vested participants	9	2,068,279
c	For active participants	17	5,210,866
d	Total	415	69,480,033
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.04%
6	Target normal cost		
a	Present value of current plan year accruals	6a	0
b	Expected plan-related expenses	6b	321,883
c	Target normal cost	6c	321,883

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	<u>TAD</u> Signature of actuary	<u>09/24/2025</u> Date
	<u>TROY DEMPSEY</u> Type or print name of actuary	<u>2307704</u> Most recent enrollment number
	<u>FIDELITY INVESTMENTS</u> Firm name	<u>919-458-5738</u> Telephone number (including area code)
	<u>100 NEW MILLENNIUM WAY</u> <u>DURHAM NC 27709</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 V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59% <input type="checkbox"/> N/A, full yield curve used
b	Applicable month (enter code).....		21b	4
22	Weighted average retirement age			22 61
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 321,883
b	Excess assets, if applicable, but not greater than line 31a			31b 0
32	Amortization installments:		Outstanding Balance	Installment
a	Net shortfall amortization installment		13,358,381	1,305,741
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 1,627,624
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance	Total balance
36	Additional cash requirement (line 34 minus line 35).....			36 1,627,624
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 2,821,725
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)			38a 1,194,101
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 checked="" type="checkbox"/> 2021			

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Lenovo Pension Plan **EIN:** 52-2449153
Plan Sponsor's Name Lenovo (United States), Inc. **PN:** 001

Name of Plan: Lenovo Pension Plan.

Employer Identification Number / Plan Number: 52-2449153 / 001.

Effective Date: May 1, 2005.

Participation: Lenovo employees as of May 1, 2005 who transferred from IBM as part of the "in-scope" population and were IBM Grandfathered (Choice) Employees, who were accruing benefits in accordance with Article A-3 of the IBM Personal Pension Plan (Prior Plan) immediately prior to May 1, 2005.

Definitions:

Vesting service: As of the effective date, all members of this plan are 100% vested.

Continuous service: Length of service measured on the elapsed time basis from date of first hour of service.

Benefit service: The sum of Benefit Service as defined under Section 2.7 of the IBM Personal Pension Plan document as of the Effective Date plus Continuous Service with Lenovo, frozen as of 12/31/15.

Eligibility service: The sum of Eligibility Service under section 2.21 of the IBM Personal Pension Plan document as of the Effective Date plus Continuous Service with Lenovo.

Disability service: A participant will continue to earn service while disabled if the participant meets the following conditions:

- a) The participant had at least five years of continuous service at the date of disability.
- b) The participant qualifies for coverage under Lenovo's long-term disability plan.

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: At least 30 years of eligibility service, attained age 55 and 15 years of eligibility service, or attained age 62 and 5 years of eligibility service.

Deferred vested: All participants are currently eligible for vested termination benefits.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Lenovo Pension Plan **EIN:** 52-2449153
Plan Sponsor's Name Lenovo (United States), Inc. **PN:** 001

Plan Provisions (continued)

Pre-retirement death: 5 years of Continuous Service and participant has a spouse or domestic partner at the time of death.

Payment of Benefits:

Normal forms of payment: Single Life Annuity. If married, the actuarially equivalent 50% joint and survivor annuity.

Optional forms of payment: 75% joint and survivor annuity or a 100% joint and survivor annuity. Effective January 1, 2016, a lump sum option is available as an optional form of payment for all Participants in the Plan (previously, a lump sum was only available for Participants with actuarial equivalent value of retirement benefit less than \$50,000).

Amount of Benefits:

Eligible earnings: Compensation prior to the effective date is defined in Section 2.14(b) of the IBM Personal Pension Plan document. After the effective date and before the freeze date of 12/31/2015 eligible compensation will reflect W-2 paid compensation plus any voluntary employee deferrals under Section 125, 132(f)(4) or 401(k) plan. Eligible compensation will not include separation allowances, moving expenses, special awards or cash payment for unused vacation pay. Compensation will include actual commissions.

Final average earnings: The monthly average of a participant's eligible earnings for any 5 consecutive calendar years or the participant's last 60 months, whichever produces the highest average.

Normal retirement date (NRD): Age 65.

Normal retirement benefits: A monthly straight-life annuity calculated in the following manner: (a) + (b) + (c) - (d), where:

- a) Final average earnings x 1.6 percent x years of benefit service to a maximum of 7; plus
- b) Final average earnings x 1.2 percent x years of benefit service in excess of 7, but no more than 23; plus
- c) Final average earnings in excess of covered compensation x 0.25 percent x years of benefit service to a maximum of 30; less
- d) Prior plan offset amount calculated at a benefit determination date equal to the participant's normal retirement date.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Lenovo Pension Plan **EIN:** 52-2449153
Plan Sponsor's Name Lenovo (United States), Inc. **PN:** 001

Plan Provisions (continued)

Prior plan offset amount: The equivalent value of the benefit paid from the prior plan at any benefit determination date is equal to (a) + [(b) / (c)]:

- a) The amount payable to the participant under the prior plan assuming that the participant began to commence benefits from such plan in the form of a straight life annuity immediately as of May 1, 2005, under the applicable provisions of the prior plan;
- b) The present value of the payments that would have been made in (a) above from the effective date to a benefit determination date; determined by accumulating interest at 5 percent from the date of each payment to such benefit commencement date;
- c) The straight-life annuity factor using 5 percent and the Revenue Ruling 2001-62 Mortality table calculated at the participant's age on the benefit determination date.

Early retirement reduction: Normal retirement benefit less 2 percent for each year the age of the participant on benefit determination date is prior to age 60.

Terminated vested reduction: Normal retirement benefit less 3 percent for each year the age of the participant on benefit determination date is prior to age 65.

Pre-retirement death reduction: If the participant has attained early retirement age at the time of death, his or her spouse or domestic partner (as defined in Section 2.19 of the prior plan) receives a monthly lifetime pension equal to 50 percent of the reduced amount the participant would have received if he or she had retired the day before his death and elected the 50 percent joint and survivor option.

If the participant is under early retirement age at the time of death, his or her spouse or domestic partner will receive a monthly lifetime pension commencing on the first day of the month after the participant would have attained early retirement age equal to 50 percent of the reduced amount he or she would have received if he or she had terminated employment as of the date of his death, survived to early retirement age, and retired with the 50 percent joint and survivor option.