

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1987
2a Plan sponsor's name (employer, if for a single-employer plan): AMPHENOL CORPORATION & AFFILIATED COMPANIES
2b Employer Identification Number (EIN): 22-2785165
2c Plan Sponsor's telephone number: 203-265-8900
2d Business code (see instructions): 334410

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor AMPHENOL CORPORATION & AFFILIATED COMPANIES 358 HALL AVENUE WALLINGFORD, CT 06492		3b Administrator's EIN 22-2785165
		3c Administrator's telephone number 203-265-8900
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	4484
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).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	531
6a(2) Total number of active participants at the end of the plan year	6a(2)	482
b Retired or separated participants receiving benefits.....	6b	1828
c Other retired or separated participants entitled to future benefits	6c	611
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	2921
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	322
f Total. Add lines 6d and 6e	6f	3243
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" 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 <u>0</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input checked="" 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>PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION</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>AMPHENOL CORPORATION & AFFILIATED COMPANIES</u>	D Employer Identification Number (EIN) <u>22-2785165</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 type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>371122282</u>
	b Actuarial value	2b	<u>405796692</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>3383</u>	<u>261320740</u>
	b For terminated vested participants	<u>730</u>	<u>33008019</u>
	c For active participants	<u>531</u>	<u>50264238</u>
	d Total	<u>4644</u>	<u>344592997</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>5.06 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1223407</u>
	b Expected plan-related expenses	6b	<u>692884</u>
	c Target normal cost	6c	<u>1916291</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>09/26/2025</u>
	<u>NORMAN E. YAMAMOTO</u>	Date
	Type or print name of actuary	<u>23-04754</u>
	<u>USI CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>860-521-8400</u>
	<u>95 GLASTONBURY BOULEVARD, SUITE 102</u>	Telephone number (including area code)
	<u>GLASTONBURY, CT 06033</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	5526891
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	5526891
10	Interest on line 9 using prior year's actual return of <u>9.30</u> %	0	514001
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.18</u> %		0
	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		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6040892

Part III Funding Percentages			
14	Funding target attainment percentage	14	115.95 %
15	Adjusted funding target attainment percentage	15	117.70 %
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	110.64 %
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		
			Totals ▶	18(b)	0	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	0
	b Contributions made to avoid restrictions adjusted to valuation date	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 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 64
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 checked="" type="checkbox"/> Yes <input 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 1916291
b Excess assets, if applicable, but not greater than line 31a				31b 1916291
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 <u>PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMPHENOL CORPORATION & AFFILIATED COMPANIES</u>	D Employer Identification Number (EIN) <u>22-2785165</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMPHENOL CORPORATION MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>AMPHENOL CORPORATION & AFFILIATED COMPANIES</u>		
c EIN-PN <u>22-2785165-099</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>334657642</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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.	<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 PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMPHENOL CORPORATION & AFFILIATED COMPANIES	D Employer Identification Number (EIN) 22-2785165

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)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	370833944	334657642
(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	370833944	334657642
Liabilities			
g Benefit claims payable.....	1g	0	-1227823
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	-1227823
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	370833944	335885465

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(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)		
(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)		9477360
(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		9477360

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	26649688	
(2) To insurance carriers for the provision of benefits	2e(2)	16112177	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		42761865
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)	45841	
(5) Investment advisory and investment management fees	2i(5)	984414	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	180835	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	452884	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1663974
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		44425839

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-34948479
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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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		10000000
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.)			
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 554257.

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>PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMPHENOL CORPORATION & AFFILIATED COMPANIES</u>	D Employer Identification Number (EIN) <u>22-2785165</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): 13-2614959

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		6
---	--	---

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: 14.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 82.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 3.2 %

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 _____.

Structured AttachmentDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule SB, line 26b
Schedule of Projection of Expected
Benefit Payments**2024****This Form is Open to**
Public Inspection

Name of Plan	PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	22-2785165	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	485785	5128539	25595765	31210089
2025	1130211	1005165	24876851	27012227
2026	1714324	1252573	24133885	27100782
2027	2191303	1438812	23369928	27000043
2028	2615412	1641422	22585109	26841943
2029	2960451	1736872	21775485	26472808
2030	3228681	1816421	20951226	25996328
2031	3447229	1931153	20106452	25484834
2032	3605704	1987112	19233890	24826706
2033	3711440	2049797	18349510	24110747
2034	3800423	2079869	17449627	23329919
2035	3883876	2123030	16536515	22543421
2036	3960584	2126689	15610842	21698115
2037	4002708	2128098	14675348	20806154
2038	4028431	2153572	13733194	19915197
2039	4039337	2179587	12787973	19006897
2040	4043058	2159266	11843712	18046036
2041	4016966	2117459	10904902	17039327
2042	3963135	2108894	9976520	16048549
2043	3920204	2081967	9063943	15066114
2044	3844261	2024925	8172886	14042072
2045	3768271	1971475	7309444	13049190
2046	3657898	1904756	6479899	12042553
2047	3555315	1834875	5690512	11080702
2048	3414770	1767052	4947342	10129164

Name of Plan	PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	22-2785165	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	3248208	1676809	4255934	9180951
2050	3082350	1579690	3620929	8282969
2051	2903795	1479937	3045729	7429461
2052	2720850	1379716	2532175	6632741
2053	2535405	1285714	2080488	5901607
2054	2352893	1192453	1689275	5234621
2055	2173073	1096642	1355686	4625401
2056	2000846	1004170	1075695	4080711
2057	1834729	915766	844343	3594838
2058	1676863	831982	656138	3164983
2059	1529252	753184	505355	2787791
2060	1391005	679587	386322	2456914
2061	1262137	611267	293659	2167063
2062	1142456	548189	222439	1913084
2063	1031446	490219	168305	1689970
2064	928550	437139	127533	1493222
2065	833231	388677	97022	1318930
2066	744971	344532	74273	1163776
2067	663295	304401	57319	1025015
2068	587800	267975	44649	900424
2069	518138	234945	35131	788214
2070	454021	205034	27922	686977
2071	395189	177998	22407	595594
2072	341423	153627	18142	513192
2073	292539	131725	14809	439073

**PENSION PLAN FOR EMPLOYEES
OF AMPHENOL CORPORATION**

FINANCIAL STATEMENTS

**AS OF AND FOR THE YEARS ENDED
DECEMBER 31, 2024 AND 2023**



CPAs | CONSULTANTS | WEALTH ADVISORS

CLAcconnect.com

PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION

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Independent Auditors' Report

Plan Administrator
Pension Plan for Employees of Amphenol Corporation
Wallingford, Connecticut

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Pension Plan for Employees of Amphenol Corporation, 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, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

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

- The information in the financial statements referred to above 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Pension Plan for Employees of Amphenol Corporation 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

Plan Administrator
Pension Plan for Employees of Amphenol Corporation


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 Pension Plan for Employees of Amphenol Corporation'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 Pension Plan for Employees of Amphenol Corporation's ability to continue as a going concern for a reasonable period of time.

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

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

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



CliftonLarsonAllen LLP

West Hartford, Connecticut
September 24, 2025

PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Interest in The Amphenol Corporation Master Trust	\$ 334,657,642	\$ 370,833,944
Refund Due From Insurance Company	<u>1,227,823</u>	<u>-</u>
Total Assets	<u>335,885,465</u>	<u>370,833,944</u>
LIABILITIES		
Accounts Payable and Accrued Expenses	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 335,885,465</u>	<u>\$ 370,833,944</u>
Plan's Interest in The Amphenol Corporation Master Trust	<u>93.49%</u>	<u>93.81%</u>

The accompanying notes are an integral part of the financial statements

PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions to Net Assets Attributed to		
Plan interest in net appreciation of The Amphenol Corporation Master Trust	\$ <u>9,477,360</u>	\$ <u>33,802,408</u>
Deductions from Net Assets Attributed to		
Benefits paid to participants	26,649,688	26,144,207
Payment to insurance company for purchase of annuities, net	16,112,177	-
Administrative expenses	<u>1,663,974</u>	<u>1,768,186</u>
Total deductions	<u>44,425,839</u>	<u>27,912,393</u>
Net Increase (Decrease) in Net Assets	(34,948,479)	5,890,015
Net Assets Available for Benefits - Beginning of Year	<u>370,833,944</u>	<u>364,943,929</u>
Net Assets Available for Benefits - End of Year	<u>\$ 335,885,465</u>	<u>\$ 370,833,944</u>
Plan's Interest in The Amphenol Corporation Master Trust - Beginning of Year	93.81%	93.83%
Net Decrease in Plan's Interest in The Amphenol Corporation Master Trust	<u>-0.32%</u>	<u>-0.02%</u>
Plan's Interest in The Amphenol Corporation Master Trust - End of Year	<u>93.49%</u>	<u>93.81%</u>

The accompanying notes are an integral part of the financial statements

PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Pension Plan for Employees of Amphenol Corporation (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

On December 31, 1997, the Hourly Employees' Pension Plan of Amphenol Corporation, the LPL Technologies Inc. Retirement Plan, the Pension Plan for Hourly Paid Employees of Chatham Cable Company, the Pension Plan for Salaried Employees of the Sidney Division of the Amphenol Corporation, the Pension Plan for Hourly Employees of the Sidney Division of the Amphenol Corporation, the Pyle-National Retirement Plan for Salaried Employees and the Pyle-National Retirement Plan for Hourly Employees were merged into the Salaried Employees' Pension Plan of Amphenol Corporation (collectively, the Merged Plans). The Salaried Employees' Pension Plan of Amphenol Corporation (the Predecessor Plan) was then amended and renamed the Pension Plan for Employees of Amphenol Corporation. The Plan is a defined benefit pension plan covering United States employees of Amphenol Corporation (the Company), except for employees of certain acquired businesses that retain their existing benefit programs. The terms and conditions of each of the Merged Plans and the Predecessor Plan in effect prior to the merger generally continue as such under the Plan. The Pension Committee of the Board of Directors of the Company controls and manages the operation and administration of the Plan. Northern Trust Company (Northern Trust) serves as trustee of the Plan. The trustees, together with several investment managers, manage the Plan's investments. The Plan's assets are held by the trustee under a Master Trust Agreement (Master Trust) for certain retirement plans sponsored by the Company.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

The vesting and benefit provisions of the Merged Plans continue as such under the Plan. All employees covered under the Plan are fully vested after five years of continuous service, as defined by the Plan, and are entitled to monthly pension benefits upon retirement. Pension benefits are provided to participants under several types of retirement options based upon years of continuous service and age, based on the provisions of the Merged Plans. Retirement benefits are paid to pensioners and beneficiaries in various forms, and they may elect to receive their pension benefits in the form of a joint and survivor annuity; however, such election may result in reduced benefit payments. The Plan generally permits early retirement at a reduced benefit.

Effective July 1, 2017, the Plan was amended to cease accrual benefits as of June 30, 2017 for participants who are not covered by a collective bargaining agreement, as well as freeze eligibility as of July 1, 2017 for all otherwise eligible employees.

The Plan was amended effective December 31, 2018 to cease the accrual of future benefits for participants who were previously grandfathered from past plan freezes and who were highly compensated employees as of this date. For grandfathered participants who become highly compensated employees at a later date, their benefits will cease as of the date they become a highly compensated employee.

PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION

NOTES TO FINANCIAL STATEMENTS

Group Annuity Contract

The Company entered into contracts with Banner Life Insurance Company (Banner) and William Penn Life Insurance Company of New York (Penn) to purchase the annuities of certain Plan participants in order to satisfy the benefit obligations of 1,103 retirees and beneficiaries. Banner and Penn assumed the liabilities of these participants as of October 9, 2024 for annuity payments to participants to commence by the insurance companies effective January 1, 2025. The Plan made a payment to the insurance companies totaling \$17,340,000 in order to satisfy these liabilities in October 2024, subject to a true-up which was completed in May 2025, resulting in a refund due back to the Plan totaling \$1,227,823. This refund and the net payment made to the insurance companies totaling \$16,112,177 are reflected on the accompanying statements of net assets available for benefits and changes in net assets available for benefits as of and for the year ended December 31, 2024, respectively.

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 requires plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein and the actuarial present value of accumulated plan benefits and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The assets of the Plan, along with the assets of other retirement plans sponsored by the Company, are invested in the Master Trust for the purpose of investment diversification. Each participating plan has a proportionate interest in the Master Trust. The Plan's interest in the Master Trust is recorded at fair value based on its proportionate interest in the underlying fair value of the Master Trust's net assets. The investments of the Master Trust are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for financial information related to the Master Trust and the valuation methodologies used to measure the assets of the Master Trust at fair value.

The valuation methods described in Notes 5 and 6 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan and the Master Trust believe their valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan shares in the investment income, including appreciation or depreciation of the investments, and nonplan-specific expenses of the Master Trust based upon the Plan's investment in net assets in relation to the total investment in net assets held in the Master Trust, as calculated on a daily basis. The Plan's interest in the net assets of the Trust was 93.49% and 93.81% as of December 31, 2024 and 2023, respectively.

For financial reporting purposes, the Plan's interest in the Master Trust's investment income and the net appreciation or depreciation in the fair value of investments, which consists of realized gains or losses and the unrealized appreciation or depreciation of those investments, is reported in the Plan's financial statements as plan interest in net appreciation (depreciation) in the fair value of The Amphenol Corporation Master Trust.

PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION

NOTES TO FINANCIAL STATEMENTS

Payment of Benefits

Benefit payments to participants are recorded when paid.

Expenses

Administrative expenses specifically related to the Plan are charged directly against plan assets. Nonplan-specific expenses paid from the Master Trust are allocated to the Plan as described above. Administrative expenses include investment management, consulting, actuarial, audit, legal, and recordkeeping fees, as well as premiums paid to the Pension Benefit Guaranty Corporation (PBGC). The plan sponsor provides accounting and other administrative services to the Plan at no charge.

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are determined based upon certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics, all of which are subject to change. Due to uncertainties inherent in the estimation process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

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

Subsequent Events

Subsequent events were evaluated through September 24, 2025, the date the financial statements were available to be issued.

NOTE 3 - CERTIFICATION BY THE INVESTMENT TRUSTEE

Information presented in the accompanying statements as of and for the years ended December 31, 2024 and 2023 for investments and investment income was derived from information certified to be complete and accurate by Northern Trust Company, the trustee, as permitted by the election made by the plan administrator under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 4 - 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 service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to 1) retired or terminated employees or their beneficiaries, 2) beneficiaries of employees who have died, and 3) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Calculations of the present value of accumulated plan benefits were performed as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION

NOTES TO FINANCIAL STATEMENTS

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The actuarial present value of accumulated plan benefits as of December 31, 2023 is as follows:

Vested benefits:

Participants or beneficiaries currently receiving payments	\$ 249,413,029
Terminated participants	31,804,825
Active participants	<u>48,493,344</u>
	329,711,198

Nonvested benefits	<u>151,350</u>
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Total Actuarial Present Value of Accumulated Plan Benefits	\$ <u><u>329,862,548</u></u>
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The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2023 are as follows:

Actuarial present value of accumulated plan benefits - December 31, 2022	\$ 341,167,445
Increase (decrease) during the year attributable to:	
Increase due to the decrease in the discount period	18,054,866
Benefits paid	(26,144,207)
Benefits accumulated, including actuarial (gains) and losses	<u>(3,215,556)</u>
Actuarial Present Value of Accumulated Plan Benefits - December 31, 2023	\$ <u><u>329,862,548</u></u>

The significant actuarial assumptions used in the December 31, 2023 valuation were as follows:

Mortality	Pri-2012 Total Dataset Amount-Weighted with Scale MP-2021
Retirement age	Probability of retirement rates for active participants from age 55 to 71 for salaried, Sidney hourly and other hourly groups (with 62 for Sidney hourly terminated vested and 65 for other terminated vested).
Investment rate of return	5.50% per annum

There were no changes in actuarial assumptions used from the prior valuation date.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION

NOTES TO FINANCIAL STATEMENTS

NOTE 5 - FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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 that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Assets valued using the net asset value practical expedient are not required to be reported within the hierarchy. See Note 6 for information on the fair value hierarchy of the Master Trust's assets as of and for the years ended December 31, 2024 and 2023.

PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION

NOTES TO FINANCIAL STATEMENTS

NOTE 6 – INTEREST IN MASTER TRUST

The following presents the Plan's interest in the Master Trust as of and for the years ended December 31, 2024 and 2023:

Master Trust Statements of Net Assets

	December 31, 2024		December 31, 2023	
	Master Trust	Plan's Interest	Master Trust	Plan's Interest
Assets:				
Investments, at fair value:				
Mutual funds	\$ 183,794,766	\$ 171,834,675	\$ 192,827,103	\$ 180,886,701
Corporate bonds	88,035,645	82,306,895	76,834,936	72,077,098
Alternative investments	1,154,926	1,079,771	5,661,649	5,311,064
U.S. Government securities	79,748,352	74,558,881	107,328,180	100,682,114
Short-term investments	4,139,709	3,870,325	11,648,526	10,927,216
Total investments	<u>356,873,398</u>	<u>333,650,547</u>	<u>394,300,394</u>	<u>369,884,193</u>
Receivables:				
Accrued investment income	1,716,476	1,604,780	1,640,287	1,538,716
Total receivables	<u>1,716,476</u>	<u>1,604,780</u>	<u>1,640,287</u>	<u>1,538,716</u>
Total assets	<u>358,589,874</u>	<u>335,255,327</u>	<u>395,940,681</u>	<u>371,422,909</u>
Liabilities:				
Due to broker for securities purchased	450,052	420,766	319,378	299,601
Accrued administrative expenses	189,234	176,919	308,464	289,364
Total liabilities	<u>639,286</u>	<u>597,685</u>	<u>627,842</u>	<u>588,965</u>
Net Assets	<u>\$ 357,950,588</u>	<u>\$ 334,657,642</u>	<u>\$ 395,312,839</u>	<u>\$ 370,833,944</u>

PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION

NOTES TO FINANCIAL STATEMENTS

Master Trust Statements of Changes in Net Assets

	<u>2024</u>	<u>2023</u>
Interest and dividend income	\$ 7,646,031	\$ 4,987,913
Net appreciation (depreciation) in the fair value of investments	<u>2,420,311</u>	<u>31,043,312</u>
Net investment income (loss)	10,066,342	36,031,225
Administrative expenses	(1,884,701)	(1,996,587)
Transfers out	<u>(45,543,892)</u>	<u>(27,670,161)</u>
Increase (decrease) in net assets	(37,362,251)	6,364,477
Net assets - Beginning of Year	<u>395,312,839</u>	<u>388,948,362</u>
Net Assets - End of Year	<u>\$ 357,950,588</u>	<u>\$ 395,312,839</u>

The following is a description of the valuation methodology used for Master Trust assets measured at fair value.

Mutual Funds

Certain mutual funds are valued at the quoted price of shares held by the Master Trust at year end. Other mutual funds are stated at their net asset values. The net asset value, as reported by the investment manager of the fund, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying assets and liabilities at the measurement date.

Corporate Bonds

Corporate bonds are valued based on yields currently available on comparable securities of issuers with similar durations and credit ratings.

Alternative Investments

Alternative investments are valued at their net asset value based on the fair value of the underlying net assets owned by the funds. Alternative investments include investments in hedge funds including fund of fund products. The net asset value, as reported by the investment manager of the fund, is used as a practical expedient to estimate fair value.

U.S. Government Securities

U.S. Government securities are valued at the closing price reported in the active market in which the individual securities are traded.

Short-Term Investments

Short-term investments, which consist of collective trust funds, are stated at their net asset values as reported by the investment manager of the fund based on the fair value of the underlying assets and liabilities. The net asset value, as reported by the investment manager of the fund, is used as a practical expedient to estimate fair value.

There have been no changes in the methodologies used at December 31, 2024 and 2023.

PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION

NOTES TO FINANCIAL STATEMENTS

The Master Trust's 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) includes the Trust's gains and losses on investments bought and sold as well as held during the year.

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

2024					
	Level 1	Level 2	Level 3	Investments Measured at Net Asset Value (a)	Total
Mutual funds	\$ 10,271,138	\$ -	\$ -	\$ 173,523,628	\$ 183,794,766
Corporate bonds	-	88,035,645	-	-	88,035,645
Alternative investments	-	-	-	1,154,926	1,154,926
Short-term investments	-	-	-	4,139,709	4,139,709
U.S. Government securities	79,748,352	-	-	-	79,748,352
Total Assets at Fair Value	\$ 90,019,490	\$ 88,035,645	\$ -	\$ 178,818,263	\$ 356,873,398

2023					
	Level 1	Level 2	Level 3	Investments Measured at Net Asset Value (a)	Total
Mutual funds	\$ 12,248,300	\$ -	\$ -	\$ 180,578,803	\$ 192,827,103
Corporate bonds	-	76,834,936	-	-	76,834,936
Alternative investments	-	-	-	5,661,649	5,661,649
Short-term investments	-	-	-	11,648,526	11,648,526
U.S. Government securities	107,328,180	-	-	-	107,328,180
Total Assets at Fair Value	\$ 119,576,480	\$ 76,834,936	\$ -	\$ 197,888,978	\$ 394,300,394

- (a) Certain investments that are measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

There were no transfers between levels of investments during the years ended December 31, 2024 and 2023.

PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION

NOTES TO FINANCIAL STATEMENTS

Additional information regarding investments that report fair value based on net asset value per share as of December 31, 2024 and 2023 is as follows:

		Fair Value		Redemption Frequency	Redemption Notice Period	Liquidity or Other Restrictions
		2024	2023			
<i>Mutual funds:</i>						
FIAM Long Duration						
Comingled Pool	(a)	\$ 92,502,004	\$ 114,047,488	Daily	Daily	None
NTI Coll. S&P 500 Index	(b)	26,758,545	29,027,459	Daily	Daily	None
Loomis Sayles Small MidCap Core Trust	(c)	7,198,364	8,695,780	Daily	Daily	None
Mondrian All Countries World Ex-U.S. Equity	(d)	9,631,002	8,733,576	Monthly	15 days	None
IR&M Intermediate Corp. Coll. Fund	(e)	37,433,713	20,074,500	Daily	Daily	None
<i>Short-term investments:</i>						
Collective U.S. Government STIF 4	(f)	4,139,709	11,648,526	Daily	Daily	None
<i>Alternative investments:</i>						
PIMCO Tactical						18-month
Opps. Offshore Fund	(g)	1,111,412	5,618,135	Semi-annual	90 days	lockup*
Allblue Limited	(h)	43,514	43,514	Daily	Daily	None

* The lockup period for this fund has expired and, as such, there is no longer any liquidity or other restrictions other than the 90-day redemption notice.

- (a) The fund invests primarily in a diversified portfolio of investment-grade securities, with a focus on long-duration issues.
- (b) The fund invests in equities with the objective to approximate the risk and return characteristics of the S&P 500 Index.
- (c) The fund invests mainly in a diversified portfolio of small and mid-cap stocks with the objective to seek total return and to outperform the Russell 2500 Index.
- (d) The fund primarily invests in equity securities of non-U.S. issuers with the objective to achieve long-term total return.
- (e) The fund invests in various intermediate-term corporate fixed income securities.
- (f) The fund invests in various low-risk, short-term U.S. Government securities.
- (g) The fund invests primarily in performing, stressed or distressed securities and loans of any type and with any sector across the global fixed income market.
- (h) The fund invests in a diversified portfolio of underlying funds, with the objective to provide consistent, long-term growth.

PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION

NOTES TO FINANCIAL STATEMENTS

NOTE 7 - FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Certain investments of the Master Trust are managed by Northern Trust. Northern Trust is a trustee as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Other parties-in-interest include professional service firms who provide investment management, actuarial, and accounting services to the Plan. Certain employees of the Company who participate in the Plan perform administrative services to the Plan at no cost to the Plan.

NOTE 9 - INCOME TAX STATUS

The Plan obtained its latest determination letter on October 7, 2016, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the plan administrator believes the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.



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**Attachment to Schedule SB (2024 Form 5500)
Line 26a - Schedule of Active Participant Data**

**Pension Plan for Employees of Amphenol Corporation
EIN: 22-2785165 PN: 001**

Attained Age	Completed Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 and over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25																				
25 to 29	1																			
30 to 34			1																	
35 to 39	5		1				4		9		2									
40 to 44	25		1		2		2		19		14		1							
45 to 49	12		1				5		11		15		13							
50 to 54	46		1		1		1		22		14		13							
55 to 59	26		3		2				17		11		9		17		5			
60 to 64	51		2				6		16		4		9		28		6		29	
65 to 69	15		1				3		6		4		3		6		3		19	
70 & over	1				1		1				2		1		1		2		3	

Description of Actuarial Methods

Asset Valuation Method

The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a three-year period at 33.33% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 430 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40. This was first used for the 2009 valuation.

Actuarial Cost Method

Funding Target Liability: Unit Credit Actuarial Cost Method.

Maximum Liability: Projected Unit Credit Actuarial Cost Method. The allocation of projected benefits between past years and future years is in proportion to the applicable rates of benefit accrual under the Plan.

Description of Actuarial Assumptions

Changes in Actuarial Assumptions as of January 1, 2024

The valuation reflects changes in the actuarial assumptions listed below. (The assumptions used before and after these changes are more fully described in the next section.)

- Mortality

With the exception of the valuation interest rate, the assumptions indicated were changed to represent the Enrolled Actuary's current best estimate of anticipated experience of the Plan.

Interest Rates

The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021. ARPA continues to use a 24-month bond averaging period methodology for determining the segmented interest rates used in the calculation of the Plan's target liability and a corridor based on a 25-year bond averaging period. However, now the corridor based on 25-year average segment rates and the applicable minimum and maximum percentages used for purposes of calculating the Plan's target liability to adjust the 24-month average segment rates has been extended. In addition, any 25-year average segment rate that is less than 5% is deemed to be 5%.

The Infrastructure Investment and Jobs Act was signed into law on November 15, 2021 that further extended funding stabilization. The corridors under the new laws are as follows:

Corridor After ARPA			
Years	Corridor	Years	Corridor
2020-2021	95% to 105% if not deferred	2020-2021	95% to 105% if not deferred
2022-2025	95%-105%	2022-2030	95%-105%
2026	90%-110%	2031	90%-110%
2027	85%-115%	2032	85%-115%
2028	80%-120%	2033	80%-120%
2029	75%-125%	2034	75%-125%
2030+	70%-130%	2035+	70%-130%

The corridor rates are used for purposes of the calculation of the Plan's minimum required contribution and the determination of the Plan's AFTAP certification, but cannot be reflected in the calculation of the Plan's maximum tax deductible contribution or the PBGC variable premium liability. This report reflects the rates under ARPA as allowed under current legislation.

Valuation: Segment rates for the 4th month preceding the Valuation Date (i.e., September). The rates are shown below.

Segment	2024		2023	
	Before Adjustment	After Adjustment	Before Adjustment	After Adjustment
1st	3.62%	4.75%	1.41%	4.75%
2nd	4.46%	4.87%	3.09%	5.00%
3rd	4.52%	5.59%	3.58%	5.74%

Interest Rates (cont.)

The rates before adjustment are the standard 24-month segment rates determined under any prior interest rate relief laws. They are used in the determination of the Plan’s maximum tax deductible contribution.

The rates after adjustment reflect the application of the applicable corridor around the 25-year average rates. They are used in the determination of the Plan’s minimum required contribution and AFTAP for benefit restriction purposes.

PBGC premium: PBGC spot segment rates for the month preceding the premium payment year. This method was last elected for the 2024 plan year. The rates are shown below.

	2024	2023
1 st segment	5.01%	4.84%
2 nd segment	5.13%	5.15%
3 rd segment	5.15%	4.85%

Expected Return for Asset Smoothing

Year	Assumption	Not to Exceed
2024	5.5%	5.59%
2023	5.5%	5.74%
2022	5.5%	5.92%
2021	6.0%	5.47%

The expected long-term rate of return on assets is estimated using the Plan Sponsor’s long-term target asset allocation and the long-term capital market assumption for each asset class in that allocation.

Mortality

Pri-2012 Mortality Table projected to valuation date with an adjusted version of Scale MP-2021. Separate tables for annuitants and non-annuitants.

Mortality Improvement

Projected to date of decrement using an adjusted version of Scale MP-2021 (generational).

Prior: Projected using Scale MP-2021 for 8 years for males, and 9 years for females, after the valuation date. Projection period is modified based upon participant’s age on valuation date.

The mortality assumption was updated to the latest approved table. The change in assumption decreased liabilities by about 1.6%.

Inflation

2.40%.

This assumption is consistent with the Social Security Administration's current best estimate of the ultimate long-term (75-year horizon) annual percentage increase in CPI, as published in the 2023 OASDI Trustees Report.

Salary Scale (including inflation)

Age	Salaried Plans
30	8.0%
35	6.0%
40	5.0%
45	4.0%
50+	2.4%

The salary scale assumption is based on the results of an actuarial experience study for the period 2015 through 2019.

Increases in IRC Sec. 401(a)(17) compensation limit

As required by law, no increases are assumed.

Increases in IRC Sec. 415(b) limit on benefits

As required by law, no increases are assumed.

Social Security taxable wage base increases

2.40%.

Social Security cost of living increases

N/A.

The set of assumptions above is based on the inflation assumption since these amounts increase with inflation.

Social Security

Social Security Benefits are estimated based on the Social Security Act in effect on the valuation date, assuming payment at the later of age 65 or attained age.

For accrued benefit purposes, wage history is estimated assuming past increases to date proportional to increases in average earnings for Social Security purposes, and assuming level wages from the valuation date forward.

For projected benefits, future salaries are assumed to increase according to the valuation salary scale, the taxable wage base is assumed to increase at 2.4% per year, and Primary Insurance Amounts are assumed to increase with 2.4% cost of living from age 62 to 65.

Retirement

Probability of Retirement:

Age	Salaried Groups	Other Hourly Groups	Sidney Hourly
55	3.5%	6.0%	2.5%
56	3.5	6.0	2.5
57	3.5	6.0	2.5
58	5.5	6.0	2.5
59	5.5	6.0	2.5
60	5.5	6.0	5.5
61	10.0	6.0	12.5
62	20.0	6.0	12.5
63	15.0	6.0	12.5
64	25.0	15.0	12.5
65	35.0	20.0	25.0
66	40.0	35.0	25.0
67	42.0	40.0	25.0
68	40.0	50.0	25.0
69	20.0	60.0	30.0
70	50.0	75.0	30.0
71	100.0	100.0	100.0

Termination prior to retirement other than for disability

Sample rates:

Age	Salaried Groups	Other Hourly Groups	Sidney Hourly
25	15.0%	35.0%	8.0%
30	12.0	30.0	4.0
35	12.0	20.0	4.0
40	8.0	15.0	3.5
45	6.5	10.0	3.0
50	6.5	8.0	3.0
55	3.0	5.0	3.0
60	3.0	5.0	3.0
65	3.0	5.0	3.0
70	3.0	5.0	3.0
71	0.0	0.0	0.0

Disability

Sample rates:

Age	Salaried Groups	Other Hourly Groups	Sidney Hourly
20	0.02%	0.02%	0.02%
25	0.02	0.02	0.02
30	0.02	0.02	0.02
35	0.02	0.02	0.02
40	0.05	0.05	0.05
45	0.08	0.08	0.08
50	0.12	0.12	0.12
55	0.20	0.20	1.00
60	0.30	0.30	1.50
65	0.50	0.50	0.00
66	0.00	0.00	0.00

The actuarial assumptions in regards to rates of decrement shown above are based on the results of an actuarial experience study for the period 2015 through 2019.

Administrative expense

Estimated administrative expenses, including for the PBGC premium, have been added to the service cost.

The estimate is based on actual expenses paid from the trust in the prior year with expectations for the upcoming year.

Percent of active employees married

85% of males and 85% of females.

Spouse's age

Males are assumed to be 3 years older than females

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

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

▶ **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 PENSION PLAN FOR EMPLOYEES OF AMPHENOL CORPORATION	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMPHENOL CORPORATION & AFFILIATED COMPANIES	D Employer Identification Number (EIN) 22-2785165	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information				
1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:				
a Market value	2a		371,122,282	
b Actuarial value	2b		405,796,692	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	3,383	261,320,740	261,320,740	
b For terminated vested participants	730	33,008,019	33,008,019	
c For active participants	531	50,264,238	50,426,828	
d Total	4,644	344,592,997	344,755,587	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate	5	5.06%		
6 Target normal cost				
a Present value of current plan year accruals	6a	1,223,407		
b Expected plan-related expenses	6b	692,884		
c Target normal cost	6c	1,916,291		

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	09/26/2025 Date
	NORMAN E. YAMAMOTO	2304754
	Type or print name of actuary	Most recent enrollment number
	USI Consulting Group	860-521-8400
	Firm name	Telephone number (including area code)
	95 Glastonbury Boulevard, Suite 102	
	Glastonbury CT 06033	
	Address of the firm	

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

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 64
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 checked="" type="checkbox"/> Yes <input 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 1,916,291
b Excess assets, if applicable, but not greater than line 31a				31b 1,916,291
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

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

**Attachment to 2024 Form 5500 Schedule SB
Line 22 --Weighted Average Retirement Age**

Plan Name Pension Plan for Employees of Amphenol Corporation (Other Hourly Groups)
Sponsor's EIN 22-2785165
Plan No. 001

Calculation of Weighted Average Retirement Age
(ignoring other sources of terminations)

Age	Rates of Retirement	Lives	(a)	(b)
			Retirements	Retirements x Age
55	0.0600	1,000	60	3,300
56	0.0600	940	56	3,158
57	0.0600	884	53	3,022
58	0.0600	831	50	2,890
59	0.0600	781	47	2,764
60	0.0600	734	44	2,642
61	0.0600	690	41	2,525
62	0.0600	648	39	2,412
63	0.0600	610	37	2,304
64	0.1500	573	86	5,501
65	0.2000	487	97	6,332
66	0.3500	390	136	9,001
67	0.4000	253	101	6,787
68	0.5000	152	76	5,167
69	0.6000	76	46	3,146
70	0.7500	30	23	1,596
71	1.0000	8	8	539
Total			1,000	63,086

Weighted Average Retirement Age: (b) / (a) = 63

**Attachment to 2024 Form 5500 Schedule SB
Line 22 --Weighted Average Retirement Age**

Plan Name Pension Plan for Employees of Amphenol Corporation (Salaried Groups)
Sponsor's EIN 22-2785165
Plan No. 001

Calculation of Weighted Average Retirement Age
(ignoring other sources of terminations)

Age	Rates of Retirement	Lives	(a)	(b)
			Retirements	Retirements x Age
55	0.0350	1,000	35	1,925
56	0.0350	965	34	1,891
57	0.0350	931	33	1,858
58	0.0550	899	49	2,867
59	0.0550	849	47	2,756
60	0.0550	803	44	2,648
61	0.1000	758	76	4,626
62	0.2000	683	137	8,463
63	0.1500	546	82	5,160
64	0.2500	464	116	7,426
65	0.3500	348	122	7,919
66	0.4000	226	91	5,973
67	0.4000	136	54	3,638
68	0.4000	81	33	2,216
69	0.4000	49	20	1,349
70	0.5000	29	15	1,026
71	1.0000	15	15	1,041
Total			1,000	62,782

Weighted Average Retirement Age: (b) / (a) = 63

**Attachment to 2024 Form 5500 Schedule SB
Line 22 --Weighted Average Retirement Age**

Plan Name Pension Plan for Employees of Amphenol Corporation (Sidney Hourly)
Sponsor's EIN 22-2785165
Plan No. 001

Calculation of Weighted Average Retirement Age
(ignoring other sources of terminations)

Age	Rates of Retirement	Lives	(a)	(b)
			Retirements	Retirements x Age
55	0.0250	1,000	25	1,375
56	0.0250	975	24	1,365
57	0.0250	951	24	1,355
58	0.0250	927	23	1,344
59	0.0250	904	23	1,333
60	0.0550	881	48	2,908
61	0.1250	833	104	6,349
62	0.1250	729	91	5,646
63	0.1250	637	80	5,020
64	0.1250	558	70	4,462
65	0.2500	488	122	7,931
66	0.2500	366	92	6,040
67	0.2500	275	69	4,599
68	0.2500	206	51	3,500
69	0.3000	154	46	3,197
70	0.3000	108	32	2,270
71	1.0000	76	76	5,373
Total			1,000	64,067

Weighted Average Retirement Age: (b) / (a) = 64

Attachment to 2024 Form 5500 Schedule SB
Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Name Pension Plan for Employees of Amphenol Corporation
Sponsor's EIN 22-2785165
Plan No. 1

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payment	Total
2024	485,785	5,128,539	25,595,765	31,210,089
2025	1,130,211	1,005,165	24,876,851	27,012,227
2026	1,714,324	1,252,573	24,133,885	27,100,782
2027	2,191,303	1,438,812	23,369,928	27,000,043
2028	2,615,412	1,641,422	22,585,109	26,841,943
2029	2,960,451	1,736,872	21,775,485	26,472,808
2030	3,228,681	1,816,421	20,951,226	25,996,328
2031	3,447,229	1,931,153	20,106,452	25,484,834
2032	3,605,704	1,987,112	19,233,890	24,826,706
2033	3,711,440	2,049,797	18,349,510	24,110,747
2034	3,800,423	2,079,869	17,449,627	23,329,919
2035	3,883,876	2,123,030	16,536,515	22,543,421
2036	3,960,584	2,126,689	15,610,842	21,698,115
2037	4,002,708	2,128,098	14,675,348	20,806,154
2038	4,028,431	2,153,572	13,733,194	19,915,197
2039	4,039,337	2,179,587	12,787,973	19,006,897
2040	4,043,058	2,159,266	11,843,712	18,046,036
2041	4,016,966	2,117,459	10,904,902	17,039,327
2042	3,963,135	2,108,894	9,976,520	16,048,549
2043	3,920,204	2,081,967	9,063,943	15,066,114
2044	3,844,261	2,024,925	8,172,886	14,042,072
2045	3,768,271	1,971,475	7,309,444	13,049,190
2046	3,657,898	1,904,756	6,479,899	12,042,553
2047	3,555,315	1,834,875	5,690,512	11,080,702
2048	3,414,770	1,767,052	4,947,342	10,129,164
2049	3,248,208	1,676,809	4,255,934	9,180,951
2050	3,082,350	1,579,690	3,620,929	8,282,969
2051	2,903,795	1,479,937	3,045,729	7,429,461
2052	2,720,850	1,379,716	2,532,175	6,632,741
2053	2,535,405	1,285,714	2,080,488	5,901,607
2054	2,352,893	1,192,453	1,689,275	5,234,621

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payment	Total
2055	2,173,073	1,096,642	1,355,686	4,625,401
2056	2,000,846	1,004,170	1,075,695	4,080,711
2057	1,834,729	915,766	844,343	3,594,838
2058	1,676,863	831,982	656,138	3,164,983
2059	1,529,252	753,184	505,355	2,787,791
2060	1,391,005	679,587	386,322	2,456,914
2061	1,262,137	611,267	293,659	2,167,063
2062	1,142,456	548,189	222,439	1,913,084
2063	1,031,446	490,219	168,305	1,689,970
2064	928,550	437,139	127,533	1,493,222
2065	833,231	388,677	97,022	1,318,930
2066	744,971	344,532	74,273	1,163,776
2067	663,295	304,401	57,319	1,025,015
2068	587,800	267,975	44,649	900,424
2069	518,138	234,945	35,131	788,214
2070	454,021	205,034	27,922	686,977
2071	395,189	177,998	22,407	595,594
2072	341,423	153,627	18,142	513,192
2073	292,539	131,725	14,809	439,073

Summary of Plan Provisions

Amphenol Salaried

This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.

Eligible class

Salaried employees of participating divisions of Amphenol Corporation.

Participation date

First day of the month coinciding with or next following completion of 12 months of employment of at least 1,000 hours. *Participation in the plan is frozen as of December 31, 2006.*

Plan Amendment

HCEs accruing benefits as of December 31, 2018 had benefits frozen in this Plan, with additional benefits accruing in the SERP due to 12/31/2018 Plan Amendment for HCEs.

Employee contributions

None.

Vesting Service

Years of employment with the Corporation subject to break in service rules.

Accrual Service

Years and months (nearest) of employment in the Eligible Class.

Spectra Strip employees only: service prior to January 1, 1980 is not credited.

Compensation

Total excluding incentive bonuses. See Plan for specific inclusions and exclusions.

Average Monthly Compensation

Spectra Strip Employees: Average of highest 60 consecutive months of compensation out of final 120 months.

Non Spectra Strip Employees: Average of highest 5 consecutive calendar years of compensation out of final 10 years.

Accrued Benefit

Benefit is equal to the greater of (a) and (b):

Spectra Strip Employees

- (a) *Basic Formula* - 1.9% of Average Monthly Compensation for each year of accrual service up to 15 years, plus 1.5% for each year in excess of 15, up to a maximum of 15 more years, less 1.67% of the employee's estimated Primary Social Security benefit for each year of accrual service up to 30 years;
- (b) *Alternative Formula* - \$6.00 multiplied by years of benefit service.

Non Spectra Strip Employees

- (a) *Basic Formula* - 1.8% of Average Monthly Compensation for each year of accrual service up to 25 years, plus 1% for each year in excess of 25, less 2% of the employee's estimated Primary Social Security benefit for each year of benefit service up to 30 years;
- (b) *Alternative Formula* - 1.1% of Average Monthly Compensation multiplied by all years of accrual service.

Benefits accrued through December 31, 1985 have been fully purchased and will be paid by MONY.

Partial plan freeze

Effective December 31, 2006, accrued benefits are frozen for participants who have not attained either age 50 and 15 Years of Vesting Service or 25 Years of Vesting Service.

Normal Retirement

Eligibility: The first day of the month coincident with or next following age 65.

Benefit: Accrued benefit as of Normal Retirement Date

Early Retirement

Eligibility: *Spectra Strip Employees*: Later of age 55 and 5 years of service.

Non Spectra Strip Employees: Later of age 55 and 10 years of service

Benefit: Accrued benefit as of Early Retirement Date

Reduction factors: For Spectra Strip Post-TRA Benefit and Non Spectra Strip Benefits: 1/180 for each of the first 60 months early retirement precedes normal retirement, plus 1/360 for each of the next 60 months early retirement precedes normal retirement.

For Spectra Strip Grandfathered Benefit: 0.5% for each complete month prior to age 62.

Late retirement benefit

Accrued benefit as of actual retirement date.

Termination prior to retirement

Vesting schedule: 100% after completion of 5 years of vesting service.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Death prior to retirement

Eligibility: 5 years of vesting service. Must be married for at least 12 months prior to death.

Benefit: The surviving spouse of an active participant receives a benefit payable immediately that is 50% of the participant's accrued benefit, reduced if the difference in ages exceeds 5 years.

The surviving spouse of a terminated vested participant receives a benefit that is 50% of the benefit that would have been payable to the participant if the participant had elected to retire at earliest retirement eligibility, or date of death if later, and elected a 50% joint and survivor annuity, i.e., reduced for both early retirement and joint and survivor form of annuity.

The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date, or immediately if the participant had already satisfied early retirement eligibility.

Disability retirement

Eligibility: 10 years of service and deemed to be permanently disabled with such condition for at least 6 consecutive months

Benefit: The accrued benefit payable at NRD for grandfathered participants (i.e., those whose accrued benefits were not frozen December 31, 2006) includes imputed service and compensation while the participant is disabled and receiving LTD.

Spectra Strip employees only: the benefit described above is not reduced for early retirement.

Form of benefit

Normal form: Life annuity. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: Life annuity, 100%, 75% or 50% joint and survivor annuity or life annuity guaranteed for 5 or 10 years.

Participants in the Bunker Ramo Profit Sharing Retirement Plan prior to 1/1/76 may receive the portion of their accrued benefit funded by their account balance in a lump sum from MONY.

Automatic lump sum: Payable immediately, without participant or spousal consent, if the present value is \$5,000 or less.

Amphenol Hourly

This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.

Eligible Class

Hourly employees of participating divisions of Amphenol Corporation.

Participation Date

Date of hire.

Participation in the plan is frozen as of November 10, 2015 for CNP-Danbury.

Participation in the plan is frozen as of July 1, 2017 for union employees of Spectra Strip and Endicott (including ACD: subdivision of Endicott).

Employee contributions

None.

Vesting Service

Years of employment with the Corporation subject to break in service rules.

Accrual Service

Years and months (nearest) of employment in the Eligible Class.

Spectra Strip employees only: service prior to January 1, 1980 is not credited.

Accrual Service in the plan is frozen as of July 1, 2017 for union employees of Spectra Strip and Endicott (including ACD: subdivision of Endicott).

Accrued Benefit

Monthly benefits at each location are determined by multiplying accrual service by a flat amount according to the following chart.

Current Year

Pay Code	Location	Service Dates	Current Plan Amount
G95-1	CNP – Danbury	prior to 1/1/01	14.00
		1/1/01 and later	40.00
G59-1	AICP – Endicott	prior to 1/1/99	9.00
		1/1/99 and later	12.00
J26-1	Fiber Optics – Lisle	all	12.50
G46-1	Spectra Strip – Hamden	all	22.00

Accrued Benefit (cont.)

Prior Year

Pay Code	Location	Service Dates	Current Plan Amount
G95-1	CNP – Danbury	prior to 1/1/01	14.00
		1/1/01 and later	34.00
G59-1	AICP – Endicott	prior to 1/1/99	9.00
		1/1/99 and later	12.00
J26-1	Fiber Optics – Lisle	all	12.50
G46-1	Spectra Strip – Hamden	all	22.00

Normal Retirement

Eligibility: The first day of the month coincident with or next following age 65.

Benefit: Accrued benefit as of Normal Retirement Date

Early Retirement

Eligibility: Later of age 55 and 10 years of vesting service.

Benefit: Accrued benefit as of Early Retirement Date

Reduction factors for non-Spectra Strip employees: 1/180 for each of the first 60 months early retirement precedes normal retirement, plus 1/360 for each of the next 60 months early retirement precedes normal retirement.

Reduction factors for Spectra Strip employees: Benefit reduced 0.6% for each month early retirement precedes normal retirement.

Late retirement benefit

Accrued benefit as of actual retirement date.

Termination prior to retirement

Vesting schedule: 100% after completion of 5 years of vesting service.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Death prior to retirement

Eligibility: 5 years of vesting service. Must be married for at least 12 months prior to death.

Benefit: Surviving spouse's benefit is 50% of the benefit that would have been payable to the participant if the participant had (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity.

The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the surviving spouse's benefit is payable immediately.

For other than Spectra Strip employees only: the benefit described above is not reduced for the joint and survivor form of annuity if the employee meets the eligibility for early retirement at date of death.

Disability retirement

Eligibility: 10 years of service.

Spectra Strip employees only: participant must have been disabled with such condition for at least 6 consecutive months.

Benefit: Accrued benefit with payment at normal retirement, or commencing at earliest date participant could have retired, reduced as for early retirement.

Spectra Strip employees only: the benefit described above is not reduced early retirement.

Form of benefit

Normal form: Life annuity. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: Life annuity, 100%, 75% or 50% joint and survivor annuity or life annuity guaranteed for 5 or 10 years.

Participants in the Bunker Ramo Profit Sharing Retirement Plan prior to 1/1/76 may receive the portion of their accrued benefit funded by their account balance in a lump sum.

Automatic lump sum

Payable immediately, without participant or spousal consent, if the present value is \$5,000 or less.

Sidney Salaried

This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.

Eligible class

Salaried employees of the Amphenol Aerospace Division (Sidney), Amphenol Corporation

Participation date

Date of hire. *Participation in the plan is frozen as of December 31, 2006.*

Plan Amendment

HCEs accruing benefits as of December 31, 2018 had benefits frozen in this Plan, with additional benefits accruing in the SERP due to 12/31/2018 Plan Amendment for HCEs.

Employee contributions

None.

Vesting Service

Years of employment with the Corporation on an elapsed time basis.

Accrual Service

Years of employment in the Eligible Class calculated to the day in decimal fractions.

Compensation

Total.

Average Monthly Compensation

Average of highest 60 consecutive months compensation out of final 120 months

Accrued Benefit

Benefit is equal to the greater of (a) and (b):

- (a) *Basic Formula* - 2% of Average Monthly Compensation for each year of accrual service up to 25 years, plus 1/2% for each year in excess of 25, less 2% of the employee's estimated Primary Social Security benefit for each year of accrual service up to 25 years;
- (b) *Alternative Formula* - 3/4 of 1% of Average Monthly Compensation plus \$8.00 multiplied by years of accrual service up to a maximum of 30 years.

Partial plan freeze

Effective December 31, 2006, accrued benefits are frozen for participants who have not attained either age 50 and 15 Years of Vesting Service or 25 Years of Vesting Service.

Normal Retirement

Eligibility: The first day of the month coincident with or next following age 65.

Benefit: Accrued benefit as of Normal Retirement Date.

Early Retirement

Eligibility: Earlier of (a) and (b):

(a) Later of age 55 and 5 years of vesting service; and

(b) *If hired prior to April 1, 1990*, the point at which age plus service total at least 80.

Benefit: Accrued benefit as of Early Retirement Date

Reduction factors: 1/180 for each of the first 60 months early retirement precedes normal retirement, plus 1/360 for each of the next 60 months early retirement precedes normal retirement and further reduced by 1/360 for each month prior to 120 months (under the rule of eighty).

Late retirement benefit

Accrued benefit as of actual retirement date.

Termination prior to retirement

Vesting schedule: 100% after completion of 5 years of vesting service.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Death prior to retirement

Eligibility: 5 years of vesting service. Must be married for at least 12 months prior to death.

Benefit: The surviving spouse of an active participant receives a benefit payable immediately that is 50% of the participant's accrued benefit, reduced if the difference in ages exceeds 5 years.

The surviving spouse of a terminated vested participant receives a benefit that is 50% of the benefit that would have been payable to the participant if the participant had elected to retire at earliest retirement eligibility, or date of death if later, and elected a 50% joint and survivor annuity, i.e., reduced for both early retirement and joint and survivor form of annuity.

The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date, or immediately if the participant had already satisfied early retirement eligibility.

Disability retirement

Eligibility: Deemed to be permanently disabled with such condition for at least 5 consecutive months

Benefit: The accrued benefit payable at NRD for grandfathered participants (i.e., those whose accrued benefits were not frozen December 31, 2006) includes imputed service and compensation while the participant is disabled and receiving LTD.

A frozen disability benefit determined under the terms of the plan prior to January 1, 2007 is payable from date of disability to NRD while the participant is disabled and receiving LTD.

Special Age 65 Benefit

Any normal, early or disabled retired member or spouse age 65 or older (excluding deferred vested retirements) who commenced retirement benefits prior to January 1, 2007 is eligible to receive an additional benefit of \$8.20 per month as a reimbursement to cover Medicare Part B premiums.

Form of benefit

Normal form: Life annuity. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: Life annuity, 100%, 75%, 66-2/3% or 50% joint and survivor annuity.

Automatic lump sum: Payable immediately, without participant or spousal consent, if the present value is \$5,000 or less.

Sidney Hourly

This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.

Eligible class

Hourly employees of the Amphenol Aerospace Division (Sidney), Amphenol Corporation

Participation Date

Date of hire. Participation in the Plan is frozen as of October 28, 2013.

Employee contributions

None.

Vesting Service

One year of service for each plan year with 1,000 Hours of Service or more. In the event that Vesting Service based on 1,000 Hours of Service is less than Accrual Service, Vesting Service is set equal to Accrual Service.

Accrual Service

One year of service for each plan year in the Eligible Class in which at least 1,700 hours are worked. Partial credit is given for completed 12ths based on the actual number of hours worked divided by 141.67.

Accrued Benefit

For Termination On or After	Benefit Level per Year of Accrual Service
11/01/93	\$19.00/month
1/01/97	20.00/month
1/01/98	20.50/month
1/01/99	23.50/month
1/01/02	26.50/month
1/01/05	30.00/month
1/01/08	34.00/month
12/01/10	37.00/month
1/01/14	40.00/month
1/01/17	42.50/month
1/01/20	45.00/month
1/01/23	48.00/month

Normal Retirement

Eligibility: The first day of the month coincident with or next following age 65.

Benefit: Accrued benefit as of Normal Retirement Date

Early Retirement

Eligibility: Earlier of (a) and (b):

(a) Later of age 60 and 5 years of service; and

(b) Later of age 55 and 30 years of service.

Benefit: Accrued benefit as of Early Retirement Date

Reduction factors: 5/9% for each of the first 60 months early retirement precedes age 62, and 5/18% for each additional month over 60 months. No reduction if after age 62.

For participants who retire prior to age 62, an additional benefit of \$300 per months reduced by 5/9% for each of the first 60 months early retirement precedes age 62 plus 5/18% for each additional month in excess of 60 is payable until age 62.

Late retirement benefit

Accrued benefit as of actual retirement date.

Termination prior to retirement

Vesting schedule: 100% after completion of 5 years of vesting service.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Death prior to retirement

Eligibility: 5 years of vesting service. Must be married for at least 12 months prior to death.

Benefit: Surviving spouse's benefit is 55% of the benefit that would have been payable to the participant if the participant had (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 55% joint and survivor annuity.

The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the surviving spouse's benefit is payable immediately.

For terminated vested participants who terminated prior to 1/1/99: death benefit coverage may be waived with spousal consent. If not waived, accrued benefit is reduced .025% for each month of coverage.

Disability retirement

Eligibility: 5 years of service and deemed to be permanently disabled and who have had such condition for at least 26 weeks.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Special Age 65 Benefit

Any normal, early or disabled retired member or spouse age 65 or older (excluding deferred vested retirements) is eligible to receive an additional benefit of \$10.70 per month as a reimbursement to cover Medicare Part B premiums. This benefit is also available if the retiree is under age 65 and enrolled in voluntary "Medicare" coverage.

Form of benefit

Normal form: Life annuity. For married participants, payable as an actuarially equivalent 55% joint and survivor annuity.

Optional forms: Life annuity, 100%, 75%, 66²/₃% or 50% joint and survivor annuity.

Automatic lump sum: Payable immediately, without participant or spousal consent, if the present value is \$5,000 or less.

Pyle Salaried

This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.

Eligible class

Salaried employees of Pyle-National who were participants on the date of the merger with the Sine Companies (July 1, 1997). All other salaried employees of Sine Systems * Pyle Connectors are ineligible.

Participation date

January 1 or July 1 following age 21 and completion of 12 months of employment.

Employee contributions

None.

Vesting Service

Years of employment with the Corporation during which an employee is credited with 1,000 hours of service.

Accrual Service

Years of employment in the Eligible Class.

Compensation

Pay including shift differentials but excluding bonuses, commissions, incentive compensation and other forms of compensation.

Average Monthly Compensation

Average of highest 60 consecutive months compensation out of final 120 months.

Accrued Benefit

Benefit is equal to the greater of (a) and (b):

(a) *Basic Formula* - 1% of Average Monthly Compensation for each year of accrual service up to 35 years;

(b) *Alternative Formula* - 1.6% of Average Monthly Compensation less 1.4% of the employee's estimated Primary Social Security benefit for each year of accrual service up to 35 years.

Normal Retirement

Eligibility: The first day of the month coincident with or next following age 65.

Benefit: Accrued benefit as of Normal Retirement Date.

Early Retirement

Eligibility: Later of age 55 and 10 years of service.

Reduction factors: 1/180 for each of the first 60 months early retirement precedes normal retirement, plus 1/360 for each of the next 60 months early retirement.

Late retirement benefit

Accrued benefit as of actual retirement date.

Termination prior to retirement

Vesting schedule: 100% after completion of 5 years of vesting service.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Death prior to retirement

Eligibility: 5 years of vesting service.

Benefit: *For married participants:* The surviving spouse will receive a benefit which is equal to 50% of the benefit that would have been payable to the participant if the participant had terminated immediately before death, elected early retirement, and elected a 50% joint and survivor annuity.

For unmarried participants who are vested: A designated beneficiary will receive a monthly benefit for 5 years which is calculated as if the participant had:

- (1) terminated immediately before death,
- (2) elected early retirement, and
- (3) elected a 5 year certain and life option.

The death benefits are first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the benefit is payable immediately.

Disability retirement

Eligibility: Qualify for Social Security disability benefits.

Benefit: Additional accrual service and imputed compensation are earned during period of disability. Benefit is payable at Normal Retirement Date

Form of benefit

Normal form: Life annuity. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: Life annuity, 100%, 75% or 50% joint and survivor annuity or life annuity guaranteed for 5 or 10 years.

Automatic lump sum: Payable immediately, without participant or spousal consent, if the present value is \$5,000 or less.

Pyle Hourly

This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.

NOTE: The Pyle-National plant was closed in 1997. There are no active employees.

Eligible class

Hourly-paid employees of Pyle National who are represented by the General Service Union, Local No. 73.

Participation date

First day of the calendar quarter following age 21 and completion of one year of employment during which 1,000 hours were worked, and election to make the required contributions.

Employee contributions

3% of monthly compensation up to \$500 and 5% thereafter.

Vesting Service

Years of employment with the Corporation during which an employee is credited with 1,000 hours of service subject to age requirements, contribution requirements, and vesting service rules prior to December 31, 1984.

Accrual service

Years of active participation in the plan calculated in decimal fractions.

Compensation

Basic earnings divided by number of hours worked during the year and multiplied by 2,080.

Average Monthly Compensation

Average of highest 5 consecutive years of compensation out of the final 10 years of employment.

Accrued Benefit

1.175% of Average Monthly Compensation for each year of accrual service. Accrued benefit is reduced 0.5% for each full and partial year that the spouse is covered under the pre-retirement survivor annuity death benefit.

Normal Retirement

Eligibility: The first day of the month coincident with or next following age 65.

Benefit: Accrued benefit as of Normal Retirement Date.

Early Retirement

Eligibility: Later of age 55 and 10 years of vesting service.

Reduction factors: 1/240 for each 60 month early retirement precedes the earlier of normal retirement or the later of the date he would attain age 62 or have completed 30 years of service if he had continued in employment.

Late retirement benefit

Accrued benefit at normal retirement reduced for pre-retirement survivor annuity coverage and increased by a late retirement factor which is based on the number of months late retirement follows normal retirement.

Termination prior to retirement

Vesting schedule: 100% after completion of 5 years of vesting service.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Death prior to retirement

Eligibility: 5 years of vesting service, married for at least 12 months prior to death, and did not waive pre-retirement survivor annuity coverage.

Benefit: Surviving spouse's benefit is 50% of the benefit that would have been payable to the participant if the participant had (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity.

Return of contributions: The beneficiaries of participants who are not eligible for the pre-retirement survivor annuity will receive single sum death benefit which will be equal to the sum of the participant's accumulated employee contributions with interest and the participant's transfer value.

Form of benefit

Normal form: Life annuity with 10 years guaranteed. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: Life annuity, 100%, 75%, 66²/₃% or 50% joint and survivor annuity or life annuity guaranteed for 5, 10, or 15 years.

Automatic lump sum: Payable immediately, without participant or spousal consent, if the present value is \$5,000 or less.

LPL Technologies

This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.

Eligible class

Salaried employees of Times Fiber Communication, and Amphenol Corporation Headquarters, excluding any Amphenol Operations employee hired prior to June 1, 1987.

Participation date

Effective January 1, 2002: First of the month coincident with or next following later of age 21 and completion of a year of service. Participation in the plan is frozen as of December 31, 2006.

Effective January 1, 2000: Later of January 1, 2000 and the first of the month coincident with or next following date of hire.

Prior to January 1, 2000: First of the month coincident with or next following later of age 21, completion of a year of service, and agreement to make member contributions.

Plan Amendment

HCEs accruing benefits as of December 31, 2018 had benefits frozen in this Plan, with additional benefits accruing in the SERP due to 12/31/2018 Plan Amendment for HCEs.

Employee contributions

None. (*Prior to January 1, 2000:* 2% of regular compensation in excess of \$15,000 per year.)

Vesting Service

Years of employment with the Corporation subject to the Plan's break in service rules.

Accrual service

Years of participation, to the nearest twelfth of a year.

Compensation

For salesmen on straight commission, two-thirds of gross commission. For all others, total compensation.

Average Monthly Compensation

Greater of average of compensation during 60 consecutive months or average of five consecutive calendar years during final 10 years of employment during which compensation was highest.

Accrued benefit

[(a) - (b)] x (c) where:

(a) 2% of Average Monthly Compensation.

(b) 2% of social security benefit.

(c) years of accrual service, up to 25 years.

Average Monthly Compensation (cont.)

Minimum benefit effective 1/1/97: (a) x (b)

(a) 1.5% of Average Monthly Compensation.

(b) years of accrual service up to 15 years.

Benefits for some participants are partially funded under Aetna contract GA-0255 (the Insilco plan) and under Aetna contract GA-7646.

Partial plan freeze

Effective December 31, 2006, accrued benefits are frozen for participants who have not attained either age 50 and 15 Years of Vesting Service or 25 Years of Vesting Service.

Normal Retirement

Eligibility: The first day of the month coincident with or next following age 65.

Benefit: Accrued benefit as of Normal Retirement Date.

Early Retirement

Eligibility: Later of age 55 and 10 years of service.

Benefit: Accrued benefit as of early retirement date.

Reduction factors: 1/180 for each of the first 60 months early retirement precedes normal retirement, plus 1/360 for each of the next 60 months early retirement precedes normal retirement.

Late retirement

Accrued benefit as of late retirement date.

Termination prior to retirement

Employee-provided portion of accrued benefit: A participant is always 100% vested in the portion of the accrued benefit derived from his/her own member contributions.

Employer-provided portion of accrued benefit: 100% after completion of 5 years of vesting service or attainment of age 65.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Death prior to retirement

Eligibility: 5 years of vesting service, must be married for at least 12 months prior to death.

Benefit: The surviving spouse of an active participant receives a benefit payable immediately that is 50% of the participant's accrued benefit, reduced if the difference in ages exceeds 5 years.

The surviving spouse of a terminated vested participant receives a benefit that is 50% of the benefit that would have been payable to the participant if the participant had elected to retire at earliest retirement eligibility, or date of death if later, and elected a 50% joint and survivor annuity, i.e., reduced for both early retirement and joint and survivor form of annuity.

Death prior to retirement

The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date, or immediately if the participant had already satisfied early retirement eligibility.

Return of contributions: The beneficiaries of participants who are not eligible for the pre-retirement survivor annuity will receive single sum death benefit equal to the sum of the participant's accumulated employee contributions with interest.

Disability

Eligibility: Entitled to a Social Security disability benefit and payments from the Corporation's LTD plan.

Benefit: The accrued benefit payable at NRD for grandfathered participants (i.e., those whose accrued benefits were not frozen December 31, 2006) includes imputed service and compensation while the participant is disabled and receiving LTD.

Form of benefit

Normal form: Life annuity with 5 years guaranteed. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity with 5 years guaranteed.

Optional forms: Life annuity, 50%, 75% or 100% joint and survivor annuity with or without 5 or 10 years guaranteed.

Automatic lump sum: Payable immediately, without participant or spousal consent, if the present value is \$5,000 or less.

TFC Hourly - Chatham

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Eligible class

Hourly-paid employees of Times Fiber Corporation

Participation Date

Date of hire. Participation in the Plan is frozen as of September 1, 2013.

Employee contributions

None.

Vesting Service

Years of employment with the Corporation on an elapsed time basis. Whole years of 365 days on this basis are counted while periods less than 365 days are disregarded.

Accrual Service

Years of employment in the Eligible Class, calculated to the day in decimal fractions, maximum 30 years.

Accrued Benefit

Location	Termination Date	Benefit Level per Year of Accrual Service
Chatham	Prior to 1/1/97	\$12.00
	1/1/97 – 12/31/98	13.00
	1/1/99 – 12/31/99	14.25
	1/1/00 – 12/31/00	15.25
	1/1/01 – 12/31/01	16.25
	1/1/02 – 12/31/02	17.25
	1/1/03 – 12/31/04	18.25
	1/1/05 – 12/31/10	20.00
	1/1/11 – 12/31/13	21.00
	1/1/14 – 12/31/16	23.00
	1/1/17 – 12/31/19	24.00
	1/1/20 – 12/31/22	25.00
	1/1/23 and later	27.00
Liberty, NC	Prior to 1/1/2005	18.00
	1/1/2005 and later	20.00

Normal Retirement

Eligibility: The first day of the month coincident with or next following age 65.

Benefit: Accrued benefit as of Normal Retirement Date

Early Retirement

Eligibility: Later of age 60 and 10 years of vesting service.

Benefit: Accrued benefit as of Early Retirement Date.

Reduction factors: .5% for each month early retirement precedes normal retirement.

Late retirement benefit

Accrued benefit as of actual retirement date.

Termination prior to retirement

Vesting schedule: 100% after completion of 5 years of vesting service.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Death prior to retirement

Eligibility: 5 years of vesting service. Must be married for at least 12 months prior to death.

Benefit: Surviving spouse's benefit is 50% of the benefit that would have been payable to the participant if the participant had (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity.

The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the surviving spouse's benefit is payable immediately.

Disability retirement

Eligibility: Deemed to be disabled after 3 months of employment

Benefit: Additional accrual service is earned during period of disability, beginning 6 months after disability commences. Benefit payable at Normal Retirement Date is determined using benefit level in effect on date of termination of active employment.

Form of benefit

Normal form: Life annuity. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: Life annuity, 100%, 75% or 50% joint and survivor annuity or life annuity guaranteed for 10 years.

Automatic lump sum: Payable immediately, without participant or spousal consent, if the present value is \$5,000 or less.

Schedule SB, line 32 – Schedule of Amortizations Bases

Date Established	Type of Base	Amortization Installment	Years Remaining	Present Value of Remaining Installments as of 1/1/2024
1/1/2024	Shortfall	0	15	0
Total		0		0