

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [x]
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: ELECTRON DEVICES BARGAINED PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/28/2005
2a Plan sponsor's name (employer, if for a single-employer plan): STELLANT SYSTEMS, INC.
2b Employer Identification Number (EIN): 87-6607762
2c Plan Sponsor's telephone number: 310-517-6455
2d Business code (see instructions): 334200
3100 W. LOMITA BOULEVARD TORRANCE, CA 90505

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.

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 183 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 53 |
| | 6a(2) | 9 |
| | 6b | 83 |
| | 6c | 21 |
| | 6d | 113 |
| | 6e | 5 |
| | 6f | 118 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 0 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 |
|---|--|--|

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>ELECTRON DEVICES BARGAINED PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>STELLANT SYSTEMS, INC.</u> | D Employer Identification Number (EIN) <u>87-6607762</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | <u>57388475</u> |
| | b Actuarial value | 2b | <u>59553689</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>97</u> | <u>24951710</u> |
| | b For terminated vested participants | <u>26</u> | <u>1927940</u> |
| | c For active participants | <u>60</u> | <u>13749438</u> |
| | d Total | <u>183</u> | <u>40629088</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>5.08 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>0</u> |
| | b Expected plan-related expenses | 6b | <u>300000</u> |
| | c Target normal cost | 6c | <u>300000</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>09/08/2025</u> |
| | <u>HENRY NEARING, EA, MAAA</u> | Date |
| | Type or print name of actuary | <u>23-07257</u> |
| | <u>SEGAL</u> | Most recent enrollment number |
| | Firm name | <u>860-678-3036</u> |
| | <u>30 WATERSIDE DRIVE</u> <u>SUITE 300</u> <u>FARMINGTON, CT 06032-3069</u> | Telephone number (including area code) |
| | 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 | 21557939 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 21557939 |
| 10 | Interest on line 9 using prior year's actual return of <u>7.74</u> % | 0 | 1668584 |
| 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>5.20</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 | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 23226523 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 89.41 % |
| 15 | Adjusted funding target attainment percentage | 15 | 146.57 % |
| 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 | 103.85 % |
| 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 | 19a 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c 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 62 |
| 23 Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined | <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 26 Demographic and benefit information | | | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | | | | 27 |

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

| | | | | |
|--|---------------------|--------------------|---------------|-------------------|
| Part VIII Minimum Required Contribution For Current Year | | | | |
| 31 Target normal cost and excess assets (see instructions): | | | | |
| a Target normal cost (line 6c) | | | | 31a 300000 |
| b Excess assets, if applicable, but not greater than line 31a | | | | 31b 0 |
| 32 Amortization installments: | Outstanding Balance | | Installment | |
| a Net shortfall amortization installment | 4301922 | | 391390 | |
| 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 691390 |
| | Carryover balance | Prefunding balance | Total balance | |
| 35 Balances elected for use to offset funding requirement | 0 | 691390 | 691390 | |
| 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 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | | 40 0 |

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

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

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

| | | |
|--|--|------------|
| A Name of plan ELECTRON DEVICES BARGAINED PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 STELLANT SYSTEMS, INC. | D Employer Identification Number (EIN) 87-6607762 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SEGAL

06-0839113

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 16 | NONE | 333058 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BLACKROCK

30-0587659

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 21 | NONE | 156585 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

GROOM LAW GROUP

52-1219029

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 | NONE | 110674 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

CREATIVE PLANNING HOLDCO, LLC

84-4519624

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 | NONE | 100000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

PBMARES

54-0737372

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 | NONE | 27263 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

NORTHERN TRUST COMPANY

36-1561860

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 25 | NONE | 22234 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

BAA CAPITAL ADVISORS, INC.

20-2891791

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 | NONE | 5000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

| | |
|---|----------------------------------|
| a Name: MENACHEM BRAUN | b EIN: 06-0839113 |
| c Position: CONSULTING ACTUARY | |
| d Address: 66 HUDSON BLVD E 20TH FLOOR NEW YORK, NY 10001-2192 | e Telephone: 212-251-5000 |

Explanation: THE ENROLLED ACTUARY IS NO LONGER WITH THE FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|---|
| SCHEDULE D (Form 5500) <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. |
|---|--|---|

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

| | | |
|---|--|------------|
| A Name of plan <u>ELECTRON DEVICES BARGAINED PLAN</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>STELLANT SYSTEMS, INC.</u> | D Employer Identification Number (EIN) <u>87-6607762</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) |
|---------------|--|

| | | |
|--|-------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE GOV'T BOND INDEX FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>BLACKROCK</u> | | |
| c EIN-PN <u>32-0174431-000</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9757755</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM GOV'T BOND INDEX FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>BLACKROCK</u> | | |
| c EIN-PN <u>32-0174431-000</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2745291</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LONG CORPORATE BOND FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>BLACKROCK</u> | | |
| c EIN-PN <u>32-0174431-000</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24603124</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)

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
|--|--|---|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan ELECTRON DEVICES BARGAINED PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 STELLANT SYSTEMS, INC. | D Employer Identification Number (EIN) 87-6607762 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (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) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 1997587 | 513759 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 596689 | 1795722 |
| (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) | 56836171 | 37106170 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 0 | 0 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|------------------------------|------------------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 59430447 | 39415651 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 1995986 | 505620 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 1995986 | 505620 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 57434461 | 38910031 |

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) | 201 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 201 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | -23562 | |
| (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) | | -23562 |
| (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) | 33354 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 33354 |
| (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) | | 0 |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 366585 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 376578 |

Expenses

| | | | |
|---|---------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 18126501 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 18126501 |
| 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) | 466531 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 18483 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 178819 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | 110674 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 774507 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 18901008 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -18524430 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **PBMARES, LLP**

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | X | | 3488 |
| 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 | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555742.

| | | |
|--|---|---|
| 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>ELECTRON DEVICES BARGAINED PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>STELLANT SYSTEMS, INC.</u> | D Employer Identification Number (EIN) <u>87-6607762</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): <u>36-3046063</u> | | |
| 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 | 34 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

ELECTRON DEVICES BARGAINED PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024



ASSURANCE, TAX & ADVISORY SERVICES

ELECTRON DEVICES BARGAINED PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants
Electron Devices Bargained Plan

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

We have performed audits of the financial statements of Electron Devices Bargained Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023, the related statements of changes in net assets available for benefits for the years ended December 31, 2024 (in liquidation) and 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and 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 a complete and accurate reflection of its records.

Opinion

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

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

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

Basis for Opinion

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

Emphasis of Matter - Plan Termination and Liquidation Basis

As discussed in Notes 1 and 8 to the financial statements, the Board of Directors of Stellant Systems, Inc., the Plan's sponsor, voted on October 30, 2023 to terminate the Plan, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

PBMares, LLP

New Bern, North Carolina
October 14, 2025

FINANCIAL STATEMENTS

ELECTRON DEVICES BARGAINED PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

| | 2024 | 2023 |
|--|-----------------------------|-----------------------------|
| | (Liquidation Basis) | |
| ASSETS | | |
| Investments at Fair Value | <u>\$ 38,901,892</u> | <u>\$ 57,432,860</u> |
| Receivables: | | |
| Other | <u>513,759</u> | <u>1,997,587</u> |
| Total assets | <u>39,415,651</u> | <u>59,430,447</u> |
| LIABILITIES | | |
| Other Liabilities | <u>505,620</u> | <u>1,995,986</u> |
| Net assets available for benefits | <u>\$ 38,910,031</u> | <u>\$ 57,434,461</u> |

ELECTRON DEVICES BARGAINED PLAN

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

| | 2024 (Liquidation Basis) | 2023 |
|--|-----------------------------|--------------------------|
| Additions to Net Assets Attributed to: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | \$ 343,224 | \$ 4,642,755 |
| Interest | 33,354 | 16,489 |
| | <u>376,578</u> | <u>4,659,244</u> |
| Employee contributions | - | 38,413 |
| | <u>376,578</u> | <u>4,697,657</u> |
| Deductions from Net Assets Attributed to: | | |
| Benefits paid to participants | 18,126,501 | 7,217,922 |
| Administrative expenses | 774,507 | 527,211 |
| | <u>18,901,008</u> | <u>7,745,133</u> |
| Net decrease in net assets available for benefits | (18,524,430) | (3,047,476) |
| Net Assets Available for Benefits: | | |
| Beginning of year | <u>57,434,461</u> | <u>60,481,937</u> |
| End of year | <u>\$ 38,910,031</u> | <u>\$ 57,434,461</u> |

ELECTRON DEVICES BARGAINED PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Electron Devices Bargained Plan, formerly known as L3Harris Electron Devices Pension Plan for Bargained Employees (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan was established effective February 28, 2005 in connection with the acquisition of Boeing Satellite Systems, Inc. by the Company, from Boeing Company. On that date, the Plan accepted a transfer of assets and liabilities attributable to certain employees of Boeing Satellite Systems, Inc. who participated in The Boeing Satellite Systems Retirement Plan for Bargained Employees (the Prior Plan). The Plan is a defined benefit plan covering bargaining unit employees, who are eligible to participate in the non-contributory and/or contributory benefit. Participation in the Plan commenced as of the effective date when an employee was represented by a collective bargaining agreement that specifically provided for coverage under the Plan. On June 29, 2019, L3 Technologies, Inc. completed its merger with Harris Corporation to create L3Harris Technologies, Inc. In 2019, investment assets of the Plan were maintained in the L-3 Communications Corporation Master Trust, administered by Bank of New York Mellon, as trustee through December 31, 2019. Effective December 31, 2019, the Plan's funds were transferred to the L3Harris Pension Master Trust. All Plan assets are held in safekeeping by Northern Trust Company (the Trustee). The Trustee maintains these assets and the related accounting records, executes transactions and distributes benefits paid by the Plan. The Plan is subject to the provisions of Employee Retirement Income Security Act of 1974 (ERISA).

Effective October 4, 2021, L3Harris Technologies, Inc. completed the divestiture of Electron Devices to Arlington Capital Partners, which began operating Electron Devices independently under Stellant Systems (the Company). The Plan's funds were transferred from the L3Harris Pension Master Trust to a trust in the name of Stellant Systems with assets held in safekeeping by Northern Trust Company. As of the divestiture date, the Plan name was changed from L3Harris Electron Devices Pension Plan for Bargained Employees to Electron Devices Bargained Plan.

On September 20, 2023, the Board of Directors of the Company amended the Plan to cease future benefit accruals effective September 30, 2023.

On October 30, 2023, the Board of Directors of the Company amended the Plan to terminate the Plan effective October 31, 2023. All participants became fully vested as of October 31, 2023 and will have the option to receive a lump sum payment or an annuity for the value of their accumulated benefits, upon termination.

Funding: Contributions to provide benefits under the Plan are made by the Company and eligible employees. Active employees' accumulated contributions with interest for the years ended December 31, 2024 and 2023 were \$1,062,674 and \$1,084,510, respectively. Employee contributions were credited interest at a rate of 5.01% and 4.84% for the years ended December 31, 2024 and 2023, respectively. 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 for 2024 and 2023.

Eligibility: Under the contributory benefit participation, the Plan requires employee contributions for eligible employees under the Prior Plan with active or rehired status as of February 27, 2005. Participation in the contributory benefit requires employees' contribution of 3% of pay, as defined under the Plan.

ELECTRON DEVICES BARGAINED PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

Eligibility (continued): The contributory portion of the Plan is frozen to any employee hired after the effective date of the Plan. The Plan is frozen for employees hired on or after June 1, 2007. The Plan is also frozen for all portions as of January 1, 2017 with respect to new hires who are represented by the Electronic and Space Technicians Local 1553 (“EAST”). In 2018, EAST became part of the United Brotherhood of Carpenters and Joiners of America Local 721. As such, employees hired on or after January 1, 2007, who are represented by EAST are not eligible to participate in the Plan. The Plan is frozen for all portions as of May 31, 2007 with respect to new hires who are hired on or after June 1, 2007 and are represented by the International Brotherhood of Electrical Workers Local 2295 (“IBEW 2295”).

Pension benefits: A participant becomes fully vested in the Plan after completing 5 years of service or upon reaching age 65, regardless of the number of service years completed. If participants are terminated before completing 5 years of service, they forfeit the right to receive their accumulated benefits (unless age 65 or above). Participants are entitled to receive pension benefits beginning at the normal retirement age of 65 equal to the greatest of the Final Average Monthly Compensation Benefit, Career Average Benefit, and Minimum Benefit calculations stated in the Plan document. The Plan permits early retirement at age 55 for participants with five years of service. The benefit may begin at the date of early retirement.

Retirees may elect to receive their pension benefits in the form of a joint and survivor annuity or a life annuity payable monthly from the date of retirement. Under the joint and survivor annuity, if a vested participant dies prior to the date pension benefits commence, the surviving spouse of the deceased vested participant generally receives benefits equal to 50% of the amount which would have been payable to the retiree under the applicable joint and survivor annuity. Under the life annuity, there are no continuing payments after the death of the retiree.

Death benefits: A married employee who is a vested participant is automatically covered by the preretirement death benefit option, which will provide a benefit for the surviving spouse upon death prior to retirement. If vested, but not eligible for retirement, how the benefit is calculated depends on whether the participant deceased prior to reaching age 55 or after and is stated within the Plan document. If the participant is not vested, a lump sum of the participant contribution account is paid to the beneficiary. The surviving spouse of a married vested participant is entitled to lifetime benefit of a 50% survivor annuity, payable at what would have been the participant’s early retirement date.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: Due to the decision to terminate the plan in 2023, management determined that the liquidation of the Plan is imminent and the financial statements for 2024 have been prepared using the liquidation basis of accounting. The 2023 financial statements of the Plan were prepared as a going concern on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan’s management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated Plan benefits as of the date of the financial statements and changes therein. Actual results could differ from those estimates.

ELECTRON DEVICES BARGAINED PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Investment valuation and income recognition: All investments in the 2024 Statement of Net Assets Available for Benefits are reported at the liquidation value. All investments reported in the 2023 Statement of Net Assets Available for Benefits are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Board of Directors determines the Plan's valuation policies utilizing information provided by the investment advisors. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the liquidation basis for the year ended December 31, 2024. Interest income is recorded on the accrual basis for the year ended December 31, 2023. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits: Benefits are recorded when paid.

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

Subsequent events: The Plan has evaluated subsequent events (events occurring after December 31, 2024) through October 14, 2025, the date the financial statements were available to be issued.

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

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

| | December 31 | |
|-------------------------------|----------------------|----------------------|
| | 2024 | 2023 |
| | (Liquidation Basis) | |
| Investments at fair value: | | |
| Short-term investment | \$ 1,795,722 | \$ 596,689 |
| Common collective trust funds | 37,106,170 | 56,836,171 |
| | <u>\$ 38,901,892</u> | <u>\$ 57,432,860</u> |

Northern Trust Company also certified to the completeness and accuracy of \$343,224 of net appreciation in the fair value of investments and \$33,354 of interest, related to the aforementioned Plan assets for the year ended December 31, 2024. Northern Trust Company also certified to the completeness and accuracy of \$4,642,755 of net appreciation in the fair value of investments and \$16,489 of interest, related to the aforementioned Plan assets for the year ended December 31, 2023.

ELECTRON DEVICES BARGAINED PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Risks and Uncertainties

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

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

Note 5. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

ELECTRON DEVICES BARGAINED PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (Continued)

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

Short-term investments: Primarily comprised of short-term money market funds, which invest primarily in short-term, high quality money market securities such as government obligations, commercial paper, time deposits and certifications of deposit which are valued at cost, which approximate fair value, or valued at quoted market prices of identical instruments.

Common collective trusts: Valued at net asset value (NAV) and are arrangements in which the funds of individual trusts are pooled to avail themselves of professional investment management and achieve greater diversification of investment, stability of income, or other investment objectives. Common collective trusts are reported at NAV, as of the measurement date. NAV is used as a practical expedient to estimate fair value.

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

| Description | Assets at Fair Value as of December 31, 2024 | | | |
|---------------------------------|--|---------|---------|---------------|
| | (Liquidation Basis) | | | |
| | Level 1 | Level 2 | Level 3 | Total |
| Short-term investment | \$ 1,795,722 | \$ - | \$ - | \$ 1,795,722 |
| Investments measured at NAV (a) | | | | 37,106,170 |
| Investments at fair value | | | | \$ 38,901,892 |

| Description | Assets at Fair Value as of December 31, 2023 | | | |
|---------------------------------|--|---------|---------|---------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Short-term investment | \$ 596,689 | \$ - | \$ - | \$ 596,689 |
| Investments measured at NAV (a) | | | | 56,836,171 |
| Investments at fair value | | | | \$ 57,432,860 |

- (a) In accordance with the Fair Value Measurements topic, certain investments that were measured at NAV per share (or its equivalent) as a 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 line items presented in the statement of net assets available for benefits.

ELECTRON DEVICES BARGAINED PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (Continued)

The following table summarizes investments for which fair value is estimated using NAV per share (or its equivalent) as a practical expedient as of December 31, 2024 and 2023.

| Investment | Fair Value December 31 | | Unfunded Commitment | Redemption Frequency | Redemption Notice Period |
|---|-----------------------------|----------------------|------------------------|-------------------------|-----------------------------|
| | 2024 (Liquidation Basis) | 2023 | | | |
| Common collective trust funds: | | | | | |
| BlackRock Intermediate Government Bond Index Fund | \$ 9,757,755 | \$ 19,542,974 | None | Daily | None |
| BlackRock Long Term Government Bond Index Fund | 2,745,291 | 1,015,377 | None | Daily | None |
| BlackRock US Long Corporate Bond Fund | 24,603,124 | 27,373,720 | None | Daily | None |
| BlackRock Short-Term Investment Fund | - | 8,904,100 | None | Daily | None |
| Total | \$ 37,106,170 | \$ 56,836,171 | | | |

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

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

Note 6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries.

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

The actuarial present value of accumulated Plan benefits at January 1, 2024, was:

Vested benefits:

| | |
|---|-----------------------------|
| Participants currently receiving benefits | \$ 24,706,358 |
| Accumulated employee contributions for active participants | 1,062,674 |
| Other participants | 12,329,348 |
| Actuarial present value of non-vested benefits | <u>159,295</u> |
| Total actuarial present value of accumulated Plan benefits | <u>\$ 38,257,675</u> |

ELECTRON DEVICES BARGAINED PLAN

NOTES TO FINANCIAL STATEMENTS

Note 6. Actuarial Present Value of Accumulated Plan Benefits (Continued)

During 2024, the actuarial present value of accumulated Plan benefits changed as follows:

| | |
|--|----------------------|
| Actuarial present value of accumulated Plan benefits, beginning of year | \$ 41,960,609 |
| Increase (decrease) during the year attributed to: | |
| Benefits accumulated and other | 1,425,230 |
| Benefits paid | (7,217,922) |
| Plan amendment | 1,941,817 |
| Assumption changes | 147,941 |
| | <hr/> |
| Actuarial present value of accumulated Plan benefits, end of year | \$ 38,257,675 |

The effect of Plan amendments on accumulated Plan benefits is recognized during the year in which such amendments become effective. The significant actuarial assumptions used in the valuations as of January 1, 2024 the date of the latest actuarial valuation, are summarized as follows:

Discount rate – 5% (previously 4%), compounded annually.

Mortality table – Pri-2012 Gender-Specific Mortality Table projected with MP-2021 scale.

Retirement age – Retirement starting at 55 through 70, at varying rates, with 100% by age 70. The retirement assumption at age 65 was 25%.

Liquidation has been deemed imminent by Plan management and the actuarial present value of the accumulated plan benefits was determined at January 1, 2024 using assumptions inherent in the estimated cost to obtain a contract with an insurance entity to provide participants with their accumulated plan benefits. See Note 8 for the decision to terminate the Plan. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023 there would be no material differences.

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

Note 7. Related Party and Parties-in-Interest Transactions

Northern Trust Company is the Trustee of the Plan; therefore, transactions with the Trustee qualify as party-in-interest transactions. Fees paid by the Plan to the Trustee totaled \$22,234 and \$19,257 for the years ended December 31, 2024 and 2023, respectively.

ELECTRON DEVICES BARGAINED PLAN

NOTES TO FINANCIAL STATEMENTS

Note 7. Related Party and Parties-in-Interest Transactions (Continued)

Creative Planning Holdco, LLC and Blackrock are investment advisors of the Plan; therefore, transactions with the investment advisors qualify as party-in-interest transactions. Fees paid by the Plan to Creative Planning Holdco, LLC and Blackrock totaled \$100,000 and \$156,585, respectively, for the year ended December 31, 2024. Fees paid by the Plan to Creative Planning Holdco, LLC and Blackrock totaled \$116,667 and \$83,041, respectively, for the year ended December 31, 2023.

Certain investments were invested in securities managed by the Trustee, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included as a reduction of the return on each fund.

Segal is the actuary of the Plan and PBMares, LLP serves as Plan auditor; therefore, transactions with the actuary and the Plan auditor qualify as party-in-interest transactions. Fees paid by the Plan to the actuary and the Plan auditor totaled \$333,058 and \$27,263, respectively, for the year ended December 31, 2024. Fees paid by the Plan to the actuary and the Plan auditor totaled \$234,768 and \$52,794, respectively, for the year ended December 31, 2023. The Company also paid certain administrative expenses of the Plan.

Groom Law Group serves as the Plan attorney; therefore, transactions with the attorney qualify as party-in-interest transactions. Fees paid by the Plan to the attorney totaled \$110,674 and \$0 for the years ended December 31, 2024 and 2023, respectively.

Note 8. Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

ELECTRON DEVICES BARGAINED PLAN

NOTES TO FINANCIAL STATEMENTS

Note 8. Plan Termination (Continued)

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

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

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

On October 30, 2023, the Board of Directors of the Company amended the Plan to terminate the Plan effective October 31, 2023. All participants became fully vested as of October 31, 2023 and will have the option to receive a lump sum payment or an annuity for the value of their accumulated benefits, upon termination. On December 15, 2023, the Plan filed Form 5310 with the Internal Revenue Service (IRS) to request a termination determination. On April 26, 2024, the Plan filed the Form 500 with the PBGC. The Company received the final determination letter from the IRS on May 2, 2025. An annuity purchase agreement was executed with Principal Life Insurance Company (Principal) on June 25, 2025, with Plan assets of \$24,519,364 transferring to Principal on June 30, 2025. The accumulated benefit obligation as of January 1, 2024 and as presented in Note 6 reflects the plan termination.

Note 9. Tax Status

The Plan has received a determination letter from the IRS dated October 18, 2017, stating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is designed, and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

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

ELECTRON DEVICES BARGAINED PLAN

NOTES TO FINANCIAL STATEMENTS

Note 10. Nonexempt Transactions

During November 2022, the Company inadvertently failed to deposit \$3,488 of participant deferrals within the required timeframe as stated by the DOL regulations. The Company filed Form 5330 and paid the applicable excise taxes in 2024. The excise tax payments were made from the Company's assets and not from assets of the Plan.

SUPPLEMENTARY INFORMATION

Participants in Active Service by Age and Years of Benefit Service

Age vs Years of Credited Service

| Age | Less than 1 | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 & Over |
|--------------|-------------|----------|----------|----------|----------|----------|-----------|-----------|----------|-----------|
| Under 25 | — | — | — | — | — | — | — | — | — | — |
| 25 - 29 | — | — | — | — | — | — | — | — | — | — |
| 30 - 34 | — | — | — | — | — | — | — | — | — | — |
| 35 - 39 | — | — | — | — | — | — | — | — | — | — |
| 40 - 44 | — | — | — | — | — | — | — | — | — | — |
| 45 - 49 | — | — | — | — | — | — | 1 | 2 | — | — |
| 50 - 54 | — | — | — | 1 | — | 1 | 1 | 2 | — | — |
| 55 - 59 | — | 1 | 3 | 2 | 1 | 1 | 1 | 2 | 1 | — |
| 60 - 64 | 1 | 2 | 3 | — | 1 | 1 | 6 | 2 | 1 | 2 |
| 65 - 69 | — | 1 | — | 1 | — | 3 | 1 | 1 | 5 | — |
| 70 & Over | — | — | — | — | — | — | 2 | 3 | — | 4 |
| Total | 1 | 4 | 6 | 4 | 2 | 6 | 12 | 12 | 7 | 6 |

Actuarial Assumptions and Methodologies

Certain assumptions are prescribed as noted below. The other assumptions are estimates derived from historical and recent experience as well as market observations, combined with professional judgment about future expectations.

Interest for IRS funding purposes

The interest rates used for the 2024 plan year are the 24-month average corporate bond segment rates for September 2023 (a 4-month lookback) subject to funding stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average corporate bond rates) but are then constrained to be within a corridor around a 25-year average of those same bond rates. Each of the three segments of the yield curve reflecting the 25-year average rates is constrained to be no less than 5%. For 2024, the stabilization corridor is 5%. It will remain at 5% through 2030 and then increase by 5% per year beginning in 2031 until it reaches 30% for 2035. The interest rate description above reflects that the plan sponsor elected to apply the ARPA provisions beginning with the 2022 plan year. The rates are as follows:

| Assumption | Payments in the First 5 Years | Payments in Years 6 – 20 | Payments Thereafter | Effective Interest Rate |
|--|-------------------------------|--------------------------|---------------------|-------------------------|
| Current Year, reflecting stabilization | 4.75% | 4.87% | 5.59% | 5.08% |
| Current Year, without stabilization | 3.62% | 4.46% | 4.52% | 4.40% |
| Prior Year, reflecting stabilization | 4.75% | 5.00% | 5.74% | 5.20% |
| Prior Year, without stabilization | 1.41% | 3.09% | 3.58% | 3.11% |

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Electron Devices Bargained Plan
EIN 87-6607762 PN 001

Interest for PBGC premium purposes

Under the Standard Method, the interest rates used to determine the PBGC variable-rate premium for the 2024 plan year are the average corporate bond segment rates for December 2023, as follows:

| Year | Method | Payments in the First 5 Years | Payments in Years 6 – 20 | Payments Thereafter |
|--------------|---------------|--|-------------------------------------|--------------------------------|
| Current Year | Standard | 5.01% | 5.13% | 5.15% |
| Prior Year | Standard | 4.84% | 5.15% | 4.85% |

These interest rates are based on the plan sponsor's election (an election that can currently be changed) and are subject to the constraints established by law.

Mortality Rates

Pri-2012 combined employee and annuitant healthy mortality tables projected through the valuation date plus a number of years that varies by age and sex per IRC 1.430(h)(3)-1(c)(3)(ii)(A) using the Adjusted MP-2021 scale as described in the final IRS mortality regulations released in October 2023.

This assumption is one of the choices allowed by the regulations. The prior year assumption used RP-2006 combined employee and annuitant healthy mortality tables, projected through the valuation date plus a number of years that varies by age and sex per IRC 1.430(h)(3)-1(c)(3)(ii)(A) using scale MP-2021.

Salary Increases

N/A

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Electron Devices Bargained Plan
EIN 87-6607762 PN 001

Benefit Election

Contributory:

100% of active participants are assumed to elect a five-year certain annuity at retirement

Non-Contributory:

100% of active participants are assumed to elect a ten-year certain annuity at retirement

This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial equivalence for the five-year and ten-year certain payment options is based on the PPA Lump Sum mandated mortality table for the valuation year and the same interest rates as used for funding. A post-retirement cost-of-living adjustment of 4.00% is applied when converting to alternative benefit payment options under the contributory structure.

Termination Rates

None.

Based on the advanced age of the participants and the vastly greater pension benefits that apply for retirement vs termination, based on our professional judgment, we expect minimal turnover prior to retirement eligibility.

Disability Rates

None.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Electron Devices Bargained Plan
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Retirement (From Active Status) Rates

| Age | Contributory | Non-Contributory |
|------------|---------------------|-------------------------|
| 55 | 20.00% | 10.00% |
| 56-59 | 10.00% | 5.00% |
| 60-61 | 15.00% | 5.00% |
| 62 | 15.00% | 25.00% |
| 63-64 | 15.00% | 15.00% |
| 65 | 25.00% | 25.00% |
| 66-69 | 20.00% | 20.00% |
| 70 | 100.00% | 100.00% |

Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

Description of Weighted Average Retirement Age

Age 62, determined as follows: The individual weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements. The overall weighted average retirement age is the average of the weighted average retirement ages of contributory and non-contributory active participants included in the January 1, 2024 actuarial valuation.

Retirement From Inactive Status

Contributory:

Participants who met the “Rule of 75” eligibility at termination are assumed to retire immediately

Non-Contributory and Non-“Rule of 75” Contributory:

100% at Age 65

Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Electron Devices Bargained Plan
EIN 87-6607762 PN 001

Percent Married

70% male, 55% female. Spouse is assumed to be the opposite gender.

Age Difference

Male spouses are assumed to be three years older than female spouses.

Administrative Expenses

An expense assumption is required under the funding rules. Plan-related expenses of \$300,000 (previously, \$200,000) are expected to be paid by the plan during the year.

This assumption is based on recent historical data, adjusted to reflect PBGC premium changes, input from the plan sponsor, and estimated future experience and professional judgment.

Asset Method

As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 4.00% for 2022 and 5.00% for 2023, not to exceed the applicable third segment rates of 5.92% for 2022 and 5.74% for 2023.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Electron Devices Bargained Plan
EIN 87-6607762 PN 001

Funding Method and Contribution Requirement

Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.

Plan sponsors are required under Internal Revenue Code Section 430 to make a minimum level of contributions to qualified pension plans. Available credit balances can be used to satisfy this required contribution. In general, the minimum required contribution is the sum of the target normal cost and an installment that amortizes the plan's funding shortfall, offset by any plan overfunding, if applicable. If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within fifteen years. Once that is achieved, or for overfunded plans, the minimum required contribution will generally equal the target normal cost reduced by any overfunding.

Non-Prescribed Assumption Changes Since Prior Valuation

- Assumption Type: Administrative Expenses
- Current Assumption: \$300,000
- Prior Assumption: \$200,000
- Reason for Change: This assumption is based on recent historical data, adjusted to reflect estimated future experience and professional judgment.

Actuarial Models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprising both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

ELECTRON DEVICES BARGAINED PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2024

EIN: 87-6607762 PN: 001

| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value on Transaction Date | Net Gain or (Loss) |
|---|---|-------------------|------------------|------------------|--|-----------------------------|
| Series of transactions by issuer in excess of 5% | | | | | | |
| BlackRock | BlackRock Intermediate Government Bond Index Fund | \$ 2,355,620 | \$ - | \$ 2,355,620 | \$ 2,355,620 | \$ - |
| BlackRock | BlackRock Intermediate Government Bond Index Fund | - | 12,644,191 | 12,347,509 | 12,644,191 | 296,682 |
| BlackRock | BlackRock Long Term Government Bond Index Fund | 2,600,001 | - | 2,600,001 | 2,600,001 | - |
| BlackRock | BlackRock Long Term Government Bond Index Fund | - | 750,000 | 909,497 | 750,000 | (159,497) |
| BlackRock | BlackRock US Long Corporate Bond Fund | - | 2,350,000 | 2,492,795 | 2,350,000 | (142,795) |
| BlackRock | BlackRock Short-Term Investment Fund | 403,913 | - | 403,913 | 403,913 | - |
| BlackRock | BlackRock Short-Term Investment Fund | - | 9,308,013 | 9,308,013 | 9,308,013 | - |
| Northern Trust | MFB Northern Institutional Funds Government Portfolio | 29,893,049 | - | 29,893,049 | 29,893,049 | - |
| Northern Trust | MFB Northern Institutional Funds Government Portfolio | - | 28,694,016 | 28,694,016 | 28,694,016 | - |

*Designates party-in-interest.

Transactions are measured against the December 31, 2023, net asset value of \$57,434,461.

The above information has been certified by Northern Trust Company, the Trustee to be a complete and accurate reflection of its records.

| | | |
|---|--|--|
| 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 |
|---|--|--|

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 Electron Devices Bargained Plan | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Stellant Systems, Inc. | D Employer Identification Number (EIN) 87-6607762 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|---|----------------------------|---------------------------|--------------------------|
| 1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | | |
| 2 Assets: | | | |
| a Market value | 2a | 57,388,475 | |
| b Actuarial value | 2b | 59,553,689 | |
| 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 | 97 | 24,951,710 | 24,951,710 |
| b For terminated vested participants | 26 | 1,927,940 | 1,927,940 |
| c For active participants | 60 | 13,545,257 | 13,749,438 |
| d Total | 183 | 40,424,907 | 40,629,088 |
| 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 | 5.08% | |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | 0 | |
| b Expected plan-related expenses | 6b | 300,000 | |
| c Target normal cost | 6c | 300,000 | |

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 | Henry Nearing | |
| | Signature of actuary | 09/08/2025 |
| | Henry Nearing, EA, MAAA | Date |
| | Type or print name of actuary | 2307257 |
| | Segal | Most recent enrollment number |
| | Firm name | 860-678-3036 |
| | 30 Waterside Drive Suite 300 Farmington CT 06032-3069 | Telephone number (including area code) |
| | Address of the firm | |

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

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

| | | | | |
|---|---|--|-------------------------------------|---|
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | | 21b 4 |
| 22 Weighted average retirement age | | | | 22 62 |
| 23 Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined | <input 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 26 Demographic and benefit information | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | 27 | |

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

| | | | |
|--|---------------------|-------------------|--------------------|
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c)..... | 31a | 300,000 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 | |
| 32 Amortization installments: | Outstanding Balance | | Installment |
| a Net shortfall amortization installment | 4,301,922 | | 391,390 |
| 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 | 691,390 | |
| | | Carryover balance | Prefunding balance |
| 35 Balances elected for use to offset funding requirement | | 0 | 691,390 |
| 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 | 0 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

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

| |
|--|
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|--|

Attachment to 2024 Schedule SB of Form 5500
 Schedule SB, Line 22 – Description of Weighted Average Retirement Age
 Electron Devices Bargained Plan
 EIN 87-6607762 PN 001

| Non-Contributory | | | | Contributory | | | |
|-------------------|-------------|--------------------------------|--------------------------|-------------------|-------------|--------------------------------|--------------------------|
| <u>Age</u> | <u>Rate</u> | <u>Probability of Retiring</u> | <u>Age x Probability</u> | <u>Age</u> | <u>Rate</u> | <u>Probability of Retiring</u> | <u>Age x Probability</u> |
| 55 | 10.00% | 10.00% | 5.50 | 55 | 20.00% | 20.00% | 11.00 |
| 56 | 5.00% | 4.50% | 2.52 | 56 | 10.00% | 8.00% | 4.48 |
| 57 | 5.00% | 4.28% | 2.44 | 57 | 10.00% | 7.20% | 4.10 |
| 58 | 5.00% | 4.06% | 2.36 | 58 | 10.00% | 6.48% | 3.76 |
| 59 | 5.00% | 3.86% | 2.28 | 59 | 10.00% | 5.83% | 3.44 |
| 60 | 5.00% | 3.67% | 2.20 | 60 | 15.00% | 7.87% | 4.72 |
| 61 | 5.00% | 3.48% | 2.12 | 61 | 15.00% | 6.69% | 4.08 |
| 62 | 25.00% | 16.54% | 10.25 | 62 | 15.00% | 5.69% | 3.53 |
| 63 | 15.00% | 7.44% | 4.69 | 63 | 15.00% | 4.84% | 3.05 |
| 64 | 15.00% | 6.33% | 4.05 | 64 | 15.00% | 4.11% | 2.63 |
| 65 | 25.00% | 8.96% | 5.83 | 65 | 25.00% | 5.82% | 3.78 |
| 66 | 20.00% | 5.38% | 3.55 | 66 | 20.00% | 3.49% | 2.31 |
| 67 | 20.00% | 4.30% | 2.88 | 67 | 20.00% | 2.79% | 1.87 |
| 68 | 20.00% | 3.44% | 2.34 | 68 | 20.00% | 2.24% | 1.52 |
| 69 | 20.00% | 2.75% | 1.90 | 69 | 20.00% | 1.79% | 1.23 |
| 70 | 100.00% | 11.01% | 7.71 | 70 | 100.00% | 7.15% | 5.01 |
| Weighted Average: | | | 62.62 | Weighted Average: | | | 60.51 |

Headcount

| | |
|------------------|-----------|
| Non-Contributory | 37 |
| Contributory | <u>23</u> |
| | 60 |

Weighted Average

$(62.62 * 37 + 60.51 * 23) / 60$ **61.81**

ELECTRON DEVICES BARGAINED PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2024

EIN: 87-6607762 PN: 001

| Participant Contributions Transferred Late to Plan | Totals That Constitute Non-Exempt Prohibited Transactions | | | |
|---|---|--|--|--|
| Check Here if Late Participant Loan Repayments are Included [] | Contributions not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| 2022 | \$ - | \$ 3,488 | \$ - | \$ - |

Participant contributions were not remitted timely during November 2022, but were subsequently deposited into the Plan. The Company deposited lost earnings into the Plan, filed Form 5330 and paid applicable excise taxes in 2024.

Summary of Plan Provisions

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

BENEFIT ACCRUALS FROZEN EFFECTIVE 09/30/2023

Normal Retirement

- Age Requirement: 65
- Service Requirement: None
- Amount:

Contributory Benefit Structure:

Greatest of the following, including COLA:

1. Final Average Monthly Compensation Benefit:

- a. $1\frac{3}{4}\%$ of Final Average Earnings per year of Benefit Accrual Service, less
- b. Social Security Primary Insurance Amount at Normal Retirement age times a factor of $1\frac{1}{2}\%$ of Total Accrual Service (up to 33-1/3 years), times the ratio of Benefit Accrual Service over Total Accrual Service. For retirements prior to age 62, the factor is not greater than:

| Age at Separation | Maximum Factor |
|-------------------|----------------|
| 55 | .37 |
| 56 | .39 |
| 57 | .42 |
| 58 | .44 |
| 59 | .47 |
| 60 | .49 |
| 61 | .50 |

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Electron Devices Bargained Plan
EIN 87-6607762 PN 001

2. Career Average Benefit:
 - a. 1/24 of total Participant contributions through 12/1/1985 (net of unrepaid withdrawals), *plus*
 - b. Accrued Benefit as of 12/31/75 less 1/24th of Participant contributions as of 12/31/75, *plus*
 - c. 1/12th of [1% of first \$3,600 of annual pay plus 2% of annual pay over \$3,600] for all Benefit Accrual Service years after 1985 until September 30, 2023.
3. Minimum Benefit:
\$20 + ½% of Final Average Earnings per year of Benefit Accrual Service
4. Equivalent Mandatory Contributions:
Actuarial equivalent of mandatory employee contributions with interest

Non-Contributory Benefit Structure:

Monthly benefit equal to 1., plus 2., less 3., reduced per Early Retirement reductions if Normal Retirement is before Social Security Normal Retirement:

1. 1 ½% of Final Average Earnings per year of Benefit Accrual Service included in the first 35 years of Total Accrual Service, *plus*
2. ½% of Final Average Earnings per year of Benefit Accrual Service included in the Total Benefit Accrual Service in excess of 35 years, *less*
3. 0.6% of Final Average Earnings not in excess of Social Security Covered Compensation per year of Benefit Accrual Service included in the first 35 years of Total Accrual Service

Early Retirement

- Age Requirement: 55
- Service Requirement: 5 years of vesting service
- Amount:

Regular Early Retirement Benefit:

Benefit determined as for Normal Retirement, based on credited service to early retirement date. Vested Accrued Benefit payable immediately with a reduction equal to 6% for each year (and a proportional reduction for partial years) that the participant's early retirement date precedes age 65.

COLA applies for Contributory benefit structure participants.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Electron Devices Bargained Plan
EIN 87-6607762 PN 001

Early Retirement Benefits:

1. *50/15 Early Retirement Benefit (Contributory Benefit Structure; applicable post-1990 layoffs only)*: Benefit determined as for normal retirement, based on credited service to early retirement date, payable immediately, with reduction of 1½% for each month from the date benefits commence to age when they would have fulfilled the rule of 75, but no less than Actuarial Equivalent, including COLA.
2. *62/10 Early Retirement Benefit (Non-Contributory Benefit Structure only)*: Benefit determined as for normal retirement, based on credited service to early retirement date, payable immediately without reduction as long as the Participant has reached age 62.
3. *Rule of 75 Early Retirement Benefit (Contributory Benefit Structure only)*: Benefit determined as for normal retirement, based on credited service to early retirement date, payable immediately without reduction, including COLA.

Late Retirement

- Amount:

Contributory Benefit Structure:

Benefit determined as for normal retirement, based on employee's credited service to actual retirement date with an actuarial equivalent adjustment for the accrued benefit derived from participant contributions, including COLA.

Non-Contributory Benefit Structure:

Normal Retirement Benefit payable immediately with Benefit Accrual Service, Social Security Covered Compensation and Final Average Compensation determined as of the Late Retirement Date.

Disability

- None

Vesting

- Eligibility: The earlier of five years of vesting service and age 65

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Electron Devices Bargained Plan
EIN 87-6607762 PN 001

Pre-Retirement Death Benefits

- Amount:

Contributory Benefit Structure:

1. If not vested, a lump sum of the Participant contribution account is paid to the beneficiary
2. If vested, but not eligible for retirement, the surviving spouse of a married Participant is entitled to a choice of a lifetime benefit of a 50% Survivor Annuity, without COLA, or a lump sum of the Participant Contributions Account and 50% Survivor Annuity of Employer paid benefit, without COLA. Payments commence on the first day of the month following death or, if later, the earliest date on which the employee would have been eligible to retire based on service at death
3. If vested, and eligible for retirement, the surviving spouse of a married Participant is entitled to a choice of a lifetime benefit of a 100% Survivor Annuity, with COLA, or a lump sum of the Participant Contributions Account and 100% Survivor Annuity of Employer paid benefit, with COLA. Payments commence on the first day of the month following death or, if later, the earliest date on which the employee would have been eligible to retire based on service at death.
4. If a former Participant dies before age 55, the surviving spouse is entitled to a choice of a lifetime benefit of 50% survivor annuity, without COLA, or a lump sum of the Participant Contributions Account and 50% Survivor Annuity of Employer paid benefit, without COLA.
5. If a former Participant dies after age 55, the surviving spouse is entitled to a choice of a lifetime benefit of 100% survivor annuity, without COLA, or a lump sum of the Participant Contributions Account and 100% Survivor Annuity of Employer paid benefit, without COLA.

Non-Contributory Benefit Structure:

The surviving spouse of a married vested Participant is entitled to a lifetime benefit of a 50% survivor annuity, payable at what would have been the Participant's Early Retirement Date.

Participation

- Eligibility: An Employee who is 1) represented by a collective bargaining agent, and 2) covered by the terms of a collective bargaining agreement that specifically provide coverage for the Employee is eligible to participate in this Plan. An Employee covered by any other defined benefit plan maintained by a member of the Controller Group is not eligible to participate in this Plan.

Eligibility for the contributory benefit structure was a closed group when L3 purchased the plan.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Electron Devices Bargained Plan
EIN 87-6607762 PN 001

Benefit Accrual Service

- Amount:

Contributory Benefit Structure:

Months of service when Employee contributions were made by the participant, or as a participant in the Income Insurance Plan.

Non-Contributory Benefit Structure:

Months of service while employed by the Company plus applicable service while employed by appropriate Hughes divisions prior to February 28, 2005.

- Effective 09/30/2023, active accruing participants immediately prior to the freeze were granted an additional 5 years of benefit accrual service.

Total Accrual Service

- Amount: Benefit Accrual Service in this Plan, plus the appropriate Benefit Accrual Service pursuant to the Boeing Satellite Systems Retirement Plan

Forms of Benefit

- Normal Form: Single life annuity, if single; 50% joint and survivor, if married.

- Optional Forms:

Contributory Benefit Structure: 66 2/3% Joint and Survivor Annuity; 75% Joint and Survivor Annuity; 100% Joint and Survivor Annuity; 5, 10, or 15 Certain Only Annuity (benefits are converted to a certain only form of payment based on factors that assume 4% COLA); 10 Year Certain and Life Annuity (benefits are converted to a certain only form of payment based on factors that assume 4% COLA); Accelerated Income option

Non-Contributory Benefit Structure: 75% Joint and Survivor Annuity; 100% Joint and Survivor Annuity; 10 Year Certain Only Annuity; 10 Year Certain and Life Annuity

- Lump Sum Benefit: Benefits with a present value less than or equal to \$1,000 are automatically cashed out. Benefits with a present value greater than \$1,000 but less than or equal to \$5,000 are eligible for a lump sum distribution but it will not be paid to the participant prior to

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Electron Devices Bargained Plan
EIN 87-6607762 PN 001

his Normal Retirement Age without the participant's consent. If the present value of the benefit is greater than \$5,000 but less than or equal to \$15,000, the participant may elect to receive a lump sum with the spouse's consent.

- Actuarial Equivalence:

Joint and Survivor: GA71 (80/20) Male with 4% interest rate

Other Forms: GAR94 (50/50) projected to 2002 with 6% interest rate

Final Average Compensation

- Amount: Average Monthly Compensation for five highest years out of the final 10 years while an Eligible Employee until 09/30/2023

Cost of Living Adjustment (COLA)

- Amount:

Contributory Benefit Structure:

Annual cost of living adjustments of 1.04.

Non-Contributory Benefit Structure:

None

Employee Contributions

- None

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Electron Devices Bargained Plan
EIN 87-6607762 PN 001

Recent Plan Amendments

The Plan has been restated as of January 1, 2020.

Plan Amendment: Number One

- Effective Date: August 31, 2020
- Reflected in 2024 Actuarial Valuation: Yes

Plan Amendment: Number Two

- Effective Date: September 30, 2023
- Includes cessation of future benefit accruals, granting of five additional years of benefit service, and setting the COLA for future benefit increases at 4%
- Reflected in 2024 Actuarial Valuation: Yes

Plan Amendment: Number Three

- Effective Date: October 31, 2023
- Includes plan termination amendment
- Reflected in 2024 Actuarial Valuation: Yes

ELECTRON DEVICES BARGAINED PLAN

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

December 31, 2024

EIN: 87-6607762 PN: 001

| (a) | (b) | (c) | (d) | (e) |
|------------------|--|---|----------------------|----------------------|
| | Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | Cost | Current Value |
| | | Short-term investment: | | |
| * Northern Trust | | MFB Northern Institutional Funds Government Portfolio | \$ 1,795,722 | \$ 1,795,722 |
| | | Common collective trust funds: | | |
| BlackRock | | BlackRock Intermediate Government Bond Index Fund | 9,503,935 | 9,757,755 |
| BlackRock | | BlackRock Long Term Government Bond Index Fund | 2,871,619 | 2,745,291 |
| BlackRock | | BlackRock US Long Corporate Bond Fund | 26,213,673 | 24,603,124 |
| | | | <u>38,589,227</u> | <u>37,106,170</u> |
| | | | <u>\$ 40,384,949</u> | <u>\$ 38,901,892</u> |

* Designates party-in-interest.

The above information has been certified by Northern Trust Company, the Trustee, to be a complete and accurate reflection of its records.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases
Electron Devices Bargained Plan
EIN 87-6607762 PN 001

Schedule of Shortfall Amortization Bases as of January 1, 2024

| Year Established | Original Base | Present Value of Remaining Installments | Years Remaining | Shortfall Amortization Installment |
|------------------|---------------|---|-----------------|--|
| 2024 | \$4,301,922 | \$4,301,922 | 15 | \$391,390 |
| Total | | \$4,301,922 | | \$391,390 |

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions
Electron Devices Bargained Plan
EIN 87-6607762 PN 001

Change in Actuarial Assumptions

Non-Prescribed Assumption Changes Since Prior Valuation

- Assumption Type: Administrative Expenses
- Current Assumption: \$300,000
- Prior Assumption: \$200,000
- Reason for Change: This assumption is based on recent historical data, adjusted to reflect estimated future experience and professional judgment.