

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 04/01/2024 and ending 03/31/2025

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... 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 SHARP ELECTRONICS CORPORATION PENSION PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 10/01/1980 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SHARP ELECTRONICS CORPORATION 100 PARAGON DR MONTVALE, NJ 07645 2b Employer Identification Number (EIN) 13-1968872 2c Plan Sponsor's telephone number 201-529-9280 2d Business code (see instructions) 423600

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor SHARP ELECTRONICS CORPORATION RETIREMENT COMMITTEE 100 PARAGON DR MONTVALE, NJ 07645	3b Administrator's EIN 22-3410296
	3c Administrator's telephone number 201-529-9280

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	692
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	116
a(2) Total number of active participants at the end of the plan year	6a(2)	110
b Retired or separated participants receiving benefits.....	6b	87
c Other retired or separated participants entitled to future benefits	6c	356
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	553
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	15
f Total. Add lines 6d and 6e	6f	568
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (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 _____
- (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
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

▶ **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>SHARP ELECTRONICS CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SHARP ELECTRONICS CORPORATION</u>	D Employer Identification Number (EIN) <u>13-1968872</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>61524910</u>
	b Actuarial value	2b	<u>61524910</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>65</u>	<u>14210728</u>
	b For terminated vested participants	<u>516</u>	<u>42358798</u>
	c For active participants	<u>116</u>	<u>12357737</u>
	d Total	<u>697</u>	<u>68927263</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>5.29 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>719512</u>
	c Target normal cost	6c	<u>719512</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		<u>10/01/2025</u>
	Signature of actuary	Date
	<u>BORIS CHERNYAK, EA, MAAA</u>	<u>23-06873</u>
	Type or print name of actuary	Most recent enrollment number
	<u>SCHWAB RETIREMENT PLAN SERVICES</u>	<u>234-255-8671</u>
	Firm name	Telephone number (including area code)
	<u>4150 KINROSS LAKES PARKWAY</u> <u>RICHFIELD, OH 44286</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	11260228	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2916718	
9	Amount remaining (line 7 minus line 8)	8343510	0
10	Interest on line 9 using prior year's actual return of <u>9.30</u> %	775946	0
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>5.22</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)	9119456	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	75.87 %
15	Adjusted funding target attainment percentage	15	80.33 %
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	89.53 %
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input 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 719512
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	16666583		1629500	
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 2349012
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	2349012		2349012	
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 type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan SHARP ELECTRONICS CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHARP ELECTRONICS CORPORATION	D Employer Identification Number (EIN) 13-1968872	

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50 64	NONE	133510	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)

SUN LIFE CAPITAL MGMT US LLC

04-3401283

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	68322	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)

CAPTRUST ADVISORS LLC

45-0479693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	41528	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)

PKF O'CONNOR DAVIES, LLP

27-1728945

(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 50	NONE	14500	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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 59 71	NONE	3544	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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
CHARLES SCHWAB & CO. INC. AND AFFIL	59	0
(d) Enter name and EIN (address) of source of indirect compensation SEE ATTACHMENT 04-6171663	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SEE ATTACHMENT	
(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: JAMES F. GERBIC, JR.	b EIN: 34-1479833
c Position: ENROLLED ACTUARY	
d Address: 362 LAZZARO BLVD BROADVIEW HEIGHTS, OH 44147	e Telephone: 440-241-9212

Explanation: JAMES F. GERBIC, JR. IS HEREBY REPLACED BY BORIS CHERNYAK DUE TO JAMES' RETIREMENT FROM SCHWAB RETIREMENT PLAN SERVICES, INC.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan SHARP ELECTRONICS CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHARP ELECTRONICS CORPORATION	D Employer Identification Number (EIN) 13-1968872

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 0	11098
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 1343177	1964539
(2) U.S. Government securities	1c(2) 4768209	4634832
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B) 21565037	18820277
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 33677934	24179845
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15) 170553	168413

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	61524910	49779004
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	55503	22446
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	55503	22446
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	61469407	49756558

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	70714	
(B) U.S. Government securities.....	2b(1)(B)	112901	
(C) Corporate debt instruments.....	2b(1)(C)	920497	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	10585	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1114697
(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)	838127	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		838127
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	13478436	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	14195270	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-716834
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	868438	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		716161
c Other income	2c		184020
d Total income. Add all income amounts in column (b) and enter total	2d		3004609

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14014777	
(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)		14014777
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	116998	
(4) IQPA audit fees	2i(4)	14500	
(5) Investment advisory and investment management fees	2i(5)	93305	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	477878	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		702681
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14717458

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-11712849
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: PKF O'CONNOR DAVIES, LLP

(2) EIN: 27-1728945

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 564783.

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.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>SHARP ELECTRONICS CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SHARP ELECTRONICS CORPORATION</u>	D Employer Identification Number (EIN) <u>13-1968872</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>82-3967259</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	121

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 _____.

**Sharp Electronics Corporation
Pension Plan**

Financial Statements

March 31, 2025 and 2024

**Sharp Electronics Corporation
Pension Plan**

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Independent Auditors' Report

***The Retirement Committee of
Sharp Electronics Corporation
Pension Plan***

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

We have performed audits of the accompanying financial statements of Sharp Electronics Corporation Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of March 31, 2024, the statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended March 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

***The Retirement Committee of
Sharp Electronics Corporation
Pension Plan***
Page 3

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of: (1) Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of March 31, 2025 and (2) Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions for the year ended March 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 Department of Labor'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 Department of Labor'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).

PKF O'Connor Davies, LLP

December 8, 2025

**The Sharp Electronics Corporation
Pension Plan**

Statements of Net Assets Available for Benefits

	March 31,	
	2025	2024
ASSETS		
Investments, at Fair Value		
Mutual funds and exchange traded funds	\$ 24,179,845	\$ 33,677,934
Corporate obligations	18,820,277	21,565,037
US Government and agency securities	4,634,832	4,768,209
Cash equivalent	1,964,539	1,343,177
Municipal obligation	168,413	170,553
Total Investments	49,767,906	61,524,910
Noninterest-bearing cash	11,098	-
Total Assets	49,779,004	61,524,910
LIABILITIES		
Accrued expenses	22,446	55,503
Net Assets Available for Benefits	\$ 49,756,558	\$ 61,469,407

See notes to financial statements

**The Sharp Electronics Corporation
Pension Plan**

Statements of Changes in Net Assets Available for Benefits

	Year Ended March 31,	
	2025	2024
ADDITIONS		
Investment Income		
Net appreciation in fair value of investments	\$ 1,051,785	\$ 4,484,147
Interest and dividends	<u>1,952,824</u>	<u>2,894,731</u>
Total Investment Income	3,004,609	7,378,878
Other income	<u>-</u>	<u>174,193</u>
Total Additions	<u>3,004,609</u>	<u>7,553,071</u>
DEDUCTIONS		
Benefits paid to participants	14,014,777	4,300,072
Purchase of annuity	-	27,628,417
Administration expenses	<u>702,681</u>	<u>862,134</u>
Total Deductions	<u>14,717,458</u>	<u>32,790,623</u>
Net Decrease	(11,712,849)	(25,237,552)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>61,469,407</u>	<u>86,706,959</u>
End of year	<u>\$ 49,756,558</u>	<u>\$ 61,469,407</u>

See notes to financial statements

**The Sharp Electronics Corporation
Pension Plan**

Statement of Accumulated Plan Benefits
March 31, 2024

Vested Accrued Benefits	
Participants currently receiving payments	\$ 13,388,431
Other vested participants	<u>51,026,649</u>
Total Vested Benefits	64,415,080
Non-vested benefits	<u>176,867</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 64,591,947</u>

Statement of Changes in Accumulated Plan Benefits
Year Ended March 31, 2024

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 97,190,419</u>
Increase (decrease) during the year attributable to:	
Increase due to the decrease in discount period	5,094,811
Benefits paid to participants	(32,138,668)
Changes in actuarial assumptions	(5,906,858)
Benefits accumulated and actuarial gains and losses	<u>352,243</u>
Net Decrease	<u>(32,598,472)</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u>\$ 64,591,947</u>

See notes to financial statements

Sharp Electronics Corporation Pension Plan

Notes to Financial Statements
March 31, 2025

1. Description of the Plan

The following description of the Sharp Electronics Corporation Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan is a collectively-bargained defined benefit plan for eligible employees of Sharp Electronics Corporation (the “Company” or “Employer”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective March 31, 2007, the Plan was amended to be frozen for participants except for eligible union employees who otherwise still satisfy the requirements of the Plan. Effective September 30, 2007, the Plan was also frozen for such eligible union employees, and under the amendments, all benefit accruals under the Plan ceased on each effective date. No person, except for eligible union employees, hired after October 1, 2005 shall become a participant in the Plan, and no eligible union employees hired after April 1, 2006 shall become a participant in the Plan.

Prior to the decision to freeze the Plan, employees were eligible to participate on either April 1 or October 1 following the later of the employee’s date of hire (provided the employee completes 1,000 hours of service in a twelve-month period beginning on such date) and the attainment of age 21.

In February of 2024, the Company purchased an annuity contract totaling \$27,628,417 with Minnesota Life Insurance Company (“Minnesota Life”). The annuity contract had an effective date of March 1, 2024. The annuity contract is for the purchase of benefits from the Plan and represents a contract under which Minnesota Life is obligated to pay benefits to named employees or their beneficiaries. Funds applied for the purchase of the annuity contract are excluded from the Plan’s assets. In December of 2024, the Plan received a payment in the amount of \$27,410 from Minnesota Life based on the adjustment to benefits to several named employees or their beneficiaries.

Funding

The Employer contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. For the years ended March 31, 2025 and 2024, the Plan has met the ERISA minimum funding requirements.

Sharp Electronics Corporation Pension Plan

Notes to Financial Statements
March 31, 2025

1. Description of the Plan (*continued*)

Pension Benefits

Under the terms of the Plan, participants are eligible for monthly benefit payments upon reaching age 65. The Plan was amended effective October 1, 2001 to change the pension formula to 1.6% of average compensation less 0.75% of the estimated Social Security benefit, multiplied by years of service up to 30 years. Average compensation is the participant's average base compensation over the highest 36 consecutive months during the participant's last 60 consecutive months of service through the date the Plan was frozen. Participants may also be eligible for reduced monthly benefit payments in the event of early retirement after age 55 and completing ten years of continuous service. Participants become 100% vested in their benefits upon completion of five years of service. All participants of the Plan are 100% vested.

The Plan also provides disability benefits and spousal death benefits for eligible participants. An employee who terminates employment prior to his or her vesting date is not entitled to any benefits under the Plan and his or her non-vested funds remain part of the Plan's assets. Effective October 1, 2001, for a participant who has a termination of employment on or after October 1, 2001, a retirement benefit commencing the first day of any month subsequent to or coinciding with such early retirement date, shall be reduced by 5% for each year by which the commencement of the early retirement benefit precedes his or her normal retirement date. An active participant in the Plan on September 30, 2001, who subsequently has a termination of employment on or after his or her early retirement date and before January 1, 2007, shall be entitled to receive the greater of (1) the retirement benefit determined in accordance with the provisions of the Plan in effect at his or her termination of employment, or (2) the retirement benefit determined as of his or her benefit commencement date using the benefit formula and the early retirement reduction factors, both as in effect on September 30, 2001. An active participant in the Plan on September 30, 2001, who has a termination of employment on or after his or her early retirement date and after December 31, 2006, shall not receive less than his or her accrued benefit determined as of December 31, 2006.

Effective October 1, 2001, a participant who has completed ten years of continuous employment and who subsequently has a termination of employment may, in lieu of the retirement benefit commencing at normal retirement date, elect to receive such retirement benefit commencing at any earlier date on or after his or her attainment of age 55, in which case such retirement benefit shall be reduced by 5% for each year by which the commencement of the early retirement benefit precedes his or her normal retirement date. Notwithstanding the foregoing, the retirement benefits of an active participant in the Plan on September 30, 2001 shall not be less than his or her retirement benefit determined as of November 30, 2001 (or as of the participant's termination of employment, if earlier).

Effective October 31, 2024, the Plan was amended to establish a temporary lump sum payment window for certain deferred vested participants who terminated employment prior to October 1, 2008. Eligible participants may elect a one-time lump sum distribution of their accrued benefit during the first quarter of 2025. 109 participants elected to take a lump sum with payments totaling \$10,144,678.69

Sharp Electronics Corporation
Pension Plan

Notes to Financial Statements
March 31, 2025

1. Description of the Plan (continued)

Pension Benefits (continued)

Effective March 31, 2007, the benefits of participants except for eligible union employees (“Frozen Participants”) are frozen, and no periods of credited service and no compensation after March 31, 2007 shall be taken into account in calculating participants’ accrued benefit. Effective September 30, 2007, benefits of eligible union employees (“Frozen Union Participants”) are also frozen, and no periods of credited service and no compensation after September 30, 2007 shall be taken into account in calculating eligible union employees’ accrued benefit.

Plan Credit Account

The Plan and Schwab Retirement Plan Services, Inc. have entered into a revenue sharing arrangement whereby a portion of the revenue earned by the trustee from certain funds are passed through to the Plan for payment of permitted plan expenses. During 2025 and 2024, expenses were reduced by \$10,623 and \$14,281 due to revenue sharing received by the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”), which requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results could differ from those estimates.

Fair Value Measurements

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

**Sharp Electronics Corporation
Pension Plan**

Notes to Financial Statements
March 31, 2025

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Mutual funds and exchange traded funds are valued at the daily closing price as reported by the fund. The funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. These funds are deemed to be actively traded. Corporate obligations, US Government and agency securities, and municipal obligations are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted market prices are not available for identical or similar bonds, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields for similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available. The cash equivalent includes a money fund, which is a liquid asset that is valued based on a quoted price.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend dates. Net appreciation in fair value of investments 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.

Expenses

Fees paid by the Plan include: audit fees, investment management fees, record-keeping fees, and premiums paid to the Pension Benefit Guaranty Corporation (“PBGC”). All other administrative expenses incurred by the Plan are paid by the Company and are excluded from these financial statements.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is December 8, 2025.

Sharp Electronics Corporation Pension Plan

Notes to Financial Statements
March 31, 2025

3. 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 (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan were based on employees' compensation during their last five years of credited service through the date the Plan was frozen. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the date the Plan was frozen. Benefits to be provided via annuity contracts are excluded from plan assets.

The actuarial present value of accumulated plan benefits is determined by an actuary from Charles Schwab and Co. Inc. 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 significant actuarial assumptions used as of March 31, 2024 were: (a) graduated retirement from ages 55 to 70; (b) assumed mortality rate based upon published statistical data (the Society of Actuaries ("SOA") Pri-2012 White Collar base mortality table projected forward using the MP-2021 Improvement Scale; the Internal Revenue Service ("IRS") 2024 Applicable Mortality Table is used for those actives eligible for the lump sum form of payment); and (c) a discount rate of 6.50%.

All actuarial assumptions remained unchanged from the prior year valuation except for (1) the mortality table for actives eligible for the lump sum form of payment. The mortality table was updated from the IRS 2023 Applicable Mortality Table to IRS 2024 Applicable Mortality Table and (2) the discount rate was changed from 5.50% to 6.50%

The difference in benefits paid on the statement of changes in net assets available for benefits to the benefits paid on the statement of changes in accumulated plan benefits is due to the refund of annuity payment in the amount of \$210,179.

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

**Sharp Electronics Corporation
Pension Plan**

Notes to Financial Statements
March 31, 2025

4. Information Certified (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions, including investments held at March 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the years ended March 31, 2025 and 2024, was obtained by management and agreed to or is derived from information certified as complete and accurate by Charles Schwab Trust Bank, a qualified institution

5. Investments

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

	2025	2024
<i>Level 1 (Quoted Prices in Active Markets for Identical Assets)</i>		
Mutual funds and exchange traded funds	\$ 24,179,845	\$ 33,677,934
Cash equivalent	1,964,539	1,343,177
Total Level 1 Inputs	26,144,384	35,021,111
<i>Level 2 (Other Observable Inputs)</i>		
Corporate obligations	18,820,277	21,565,037
US Government and agency securities	4,634,832	4,768,209
Municipal obligation	168,413	170,553
Total Level 2 Inputs	23,623,522	26,503,799
	\$ 49,767,906	\$ 61,524,910

The following investment represents 10% or more of the Plan's net assets available for benefits at March 31:

	2025	2024
Fidelity 500 Index Fund	\$ 6,966,408	\$ 9,374,448

Sharp Electronics Corporation Pension Plan

Notes to Financial Statements
March 31, 2025

6. Plan Termination

In the event the Plan terminated, 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. 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;
- b. Other vested benefits insured by the PBGC up to the applicable limitations;
- c. All other non-forfeited benefits under the Plan; and
- d. All other non-vested benefits.

Certain benefits under the Plan are insured by the PBGC. 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.

The PBGC guarantees vested benefits at the level in effect on the date of plan termination. However, if a plan has been in effect for less than five years before it terminates, or if benefits have been increased within five years before termination, the entire amount of the Plan's vested benefits may not be guaranteed by the PBGC. In addition, there is a ceiling on the amount of monthly benefits that the PBGC guarantees, which is adjusted periodically.

Whether all participants would 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 the financial condition of the plan sponsor.

7. Income Tax Status

The IRS has determined and informed the plan administrator by a letter dated April 23, 2014, that the Plan was designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). Although the Plan has been amended, the plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

**Sharp Electronics Corporation
Pension Plan**

Notes to Financial Statements
March 31, 2025

7. Income Tax Status (*continued*)

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

8. Party-in-Interest Transactions

The Plan's money fund is managed by an affiliate of the trustee. Therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

Schwab Retirement Plan Services, Inc. is the record-keeper as defined by the Plan. Fees paid by the Plan for record-keeping services amounted to \$116,998 and \$83,954 for the years ended March 31, 2025 and 2024.

9. Risks and Uncertainties

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

Plan contributions and the actuarial present value of accumulated plan benefits are prepared 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.

The value of the Plan's investments has a direct impact on its funded status. The actual impact on the Plan's funded status and future required contributions cannot be determined at this time.

**Sharp Electronics Corporation
Pension Plan**

Supplemental Schedules

March 31, 2025

**The Sharp Electronics Corporation
Pension Plan**

Schedule Pursuant to Department of Labor Requirements
March 31, 2025

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 13-1968872
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	MUTUAL FUNDS AND EXCHANGE TRADED FUNDS	SHARES		
	Fidelity 500 Index Fund	35,641	\$ 3,902,637	\$ 6,966,408
	Fidelity International Index Fund	47,230	1,974,866	2,423,824
	American Funds EuroPacific Growth Fund Class F-3	37,645	2,069,559	2,077,618
	Cliffwater Corporate Lending I	167,362	1,773,126	1,815,873
	FPA New Income Fund	167,886	1,603,040	1,667,104
	Schwab Fundamental US Large Company Index	47,864	1,197,054	1,335,408
	PIMCO Income Fund Inst	119,841	1,361,903	1,282,294
	Bluerock Total Income Real Est CL I	40,188	1,268,251	1,069,412
	Fidelity Emerging Mkts Index	91,467	1,009,578	994,246
	Versus Capital Real Assets Fund LLC UN Part	32,283	847,889	911,983
	PIMCO StocksPLUS Small Inst	113,487	954,938	804,621
	Ishares Russell Small/MidCap Index Instl	49,629	854,747	772,234
	GMO Quality I	23,660	688,524	760,659
	GQG Partners International Quality Dividend Income	61,450	660,902	669,186
	JPMorgan Large Cap Growth Cl I	8,555	490,444	628,975
	Total Mutual Funds and Exchange Traded Funds		<u>20,657,458</u>	<u>24,179,845</u>
	CORPORATE OBLIGATIONS			
	Bank of America C VA 6/14/29	390,000	339,959	360,498
	Citigroup Comme 3.91 3.915% 4/15/50	320,000	305,130	304,134
	Apple Inc. 4.375% 5/13/45	315,000	326,909	278,938
	BMO 2022-C2 MT 4.97 4.974% 7/17/54	280,000	275,415	276,169
	BMO 2023-C7 MTG 6.16% 12/15/56	240,000	248,073	257,224
	Amazon.com Inc. 2.5% 6/3/50	410,000	354,753	246,706
	Anheuser-Busch I 5.45% 1/23/39	240,000	241,918	243,782
	Branch Banking 2.636%29	225,000	221,546	219,135
	Comcast Corp. 3.4% 7/15/46	290,000	307,749	206,789
	Berkshire Hathaway Finance 4.3% 5/15/43	220,000	268,796	194,623
	Comcast Corporate 4.25% 1/15/33	205,000	204,053	194,467
	BP Capital Mark 2.721% 1/12/32	215,000	200,205	188,198
	Citigroup Inc. VA 1/29/31	200,000	194,938	180,270
	Ameren Illinois C 3.7000% 12/1/47	230,000	240,475	172,575
	Commonwealth EDIS 3.7000% 3/1/45	215,000	197,185	165,963
	BBCMS Mortgage 7.126	140,000	144,643	155,858
	Borgwarner In 4.9500% 8/15/29	155,000	157,152	154,874
	Conagra Brands 1.3750% 11/1/27	165,000	164,469	151,554
	Capital One Financial V5/10/28	150,000	150,012	150,257
	Cisco Systems Inc. 5.5% 1/15/40	145,000	205,976	149,033
	Anthem In 4.1% 5/15/32	155,000	154,656	146,787
	BHP Billiton Finance 4.90000% 2/28/33	145,000	147,165	143,586
	Aercap Ireland 3% 10/29/28	150,000	139,384	140,832
	Burlington Northern Santa Fe 5.15% 9/1/43	145,000	178,439	140,153
	CenterPoint Energy 1.75% 10/1/30	155,000	139,378	132,702
	Cigna Corp 2.4000% 3/15/30	140,000	141,833	125,279
	AvalonBay Communitites 5.35% 6/1/34	120,000	124,138	121,514
	Chubb INA Holdings 5% 3/15/34	120,000	124,094	119,889
	Carried forward		<u>5,898,443</u>	<u>5,321,789</u>

See independent auditors' report

**The Sharp Electronics Corporation
Pension Plan**

Schedule Pursuant to Department of Labor Requirements
March 31, 2025

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 13-1968872
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Brought forward		5,898,443	5,321,789
	BlackStone Private 2.625% 12/15/26	115,000	97,577	110,165
	Arthur 5.15% 2/15/35	95,000	93,728	94,321
	Abbvie In 5.2% 3/15/35	80,000	79,953	81,147
	American Honda Finance 4.4% 9/5/29	80,000	79,916	78,887
	Brighthouse Financial 3.7000% 6/22/27	80,000	78,572	78,214
	Ares Cap Corp. 7.000% 1/15/27	65,000	65,587	66,978
	Alexandria Real 2.95% 3/15/34	70,000	57,965	58,512
	American Honda F 5.85% 10/4/30	45,000	47,968	47,166
	Astrazeneca PLC 3% 5/28/51	70,000	49,603	46,521
	JPMorgan Chase 3.85 3.8575% 3/17/50	625,000	598,240	582,040
	PNC Bank N.A. Pit 4.05% 7/26/28	350,000	354,272	342,761
	JPMorgan Chase & VA 3.882% 7/24/38	360,000	329,453	313,797
	Exeter Automobile 4.5 4.56% 7/17/28	300,000	287,309	297,930
	Microsoft Corp. 2.921% 3/17/52	420,000	322,532	280,689
	GSK Consumer He 3.625% 3/24/32	300,000	275,864	275,669
	Manufacturers TRA 3.4% 8/17/27	275,000	266,672	265,975
	Public Service E 3.95% 5/1/42	310,000	302,094	257,595
	Johnson & Johnson 3.5% 1/15/48	310,000	331,793	238,172
	Florida Power 4.05% 10/1/44	260,000	329,345	214,914
	Corebridge Financial 6.8750% 12/15/52	210,000	218,728	214,586
	Natwest Group 1.6420% 6/14/27	200,000	200,297	192,999
	JPMorgan Chase 3.98 3.986% 10/19/48	185,000	175,164	182,521
	General Motors Financial 4.3% 4/6/29	185,000	169,196	178,213
	DTE Electric Co. 2.95% 3/1/50	270,000	238,278	176,867
	Pfizer Investment Enterprises 5.3% 5/19/53	175,000	181,335	166,119
	Consolidated Edison 4.4500% 3/15/44	190,000	207,440	164,063
	Omnicom Group Inc. 2.6000% 8/1/31	185,000	168,873	161,731
	Conocophillips 5.3% 5/15/53	170,000	169,228	160,139
	Oncor Electric Delivery 3.8% 6/1/49	210,000	209,277	157,487
	Manulife Financial 4.061% 2/24/32	160,000	164,933	157,412
	Corporate Office PR 2% 1/15/29	175,000	164,244	156,409
	Edison International 4.875% 2/1/27	155,000	155,312	155,613
	HCA Healthcare, I 5.2% 6/1/28	145,000	149,988	146,304
	Midamern Energy C 4.8% 9/15/43	160,000	174,995	145,545
	Philip Morris International 4.75% 11/1/31	145,000	142,663	144,231
	CVS Health Corp. 1.75% 8/21/30	165,000	145,486	139,593
	Mastercard Inc. 3.6500% 6/1/49	180,000	200,897	138,086
	General Dynamics 4.25% 4/1/40	145,000	163,855	128,911
	OGE Energy Corp. 5.45% 5/15/29	125,000	132,162	127,916
	Oracle Corp. 6.5% 4/15/38	115,000	121,876	124,392
	Prologis, Inc. 5% 3/15/34	125,000	126,722	124,102
	Eastern Energy GA 5.8% 1/15/35	120,000	121,645	123,867
	O'Reilly Automot 1.75% 3/15/31	145,000	141,774	121,702
	Entergy Texas, I 5.25% 4/15/35	115,000	114,694	114,710
	Drive Auto Recei 4.9 4.94% 5/17/32	110,000	109,992	109,042
	Carried forward		14,215,940	12,965,802

See independent auditors' report

**The Sharp Electronics Corporation
Pension Plan**

Schedule Pursuant to Department of Labor Requirements
March 31, 2025

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 13-1968872
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Brought forward		14,215,940	12,965,802
	Morgan Stanley Va 4/28/32	125,000	99,602	105,022
	Paypal Holdings 5.15% 6/1/34	90,000	91,526	90,154
	MidAmerican Energy 4.25% 7/15/49	110,000	90,402	89,665
	Exxon Mobil Corp. 3.095% 8/16/49	130,000	95,680	88,085
	Eli Lilly and Co. 3.95% 3/15/49	110,000	87,642	87,998
	Pepsico, Inc. 2.875% 10/15/49	125,000	81,299	81,984
	LPL Holdings, Inc. 5.2% 3/15/30	80,000	80,140	80,340
	Energy Transfer Partners LP 6.4% 12/1/30	70,000	76,933	74,907
	Kimberly-Clark Co. 3.9% 5/4/47	90,000	87,150	71,501
	Kinder Morgan, Inc. 5.10% 8/1/29	70,000	72,206	70,677
	John Deere Capital Corp. 5.05% 6/12/34	50,000	49,772	50,253
	NSTAR Electric Co. 5.2% 3/1/35	45,000	44,933	44,885
	Motorola Solution 5.4% 4/15/34	40,000	39,967	40,376
	MPLX LP 5.4% 4/1/35	40,000	39,771	39,282
	Enterprise Products Operating 2.8% 1/31/30	40,000	36,107	36,934
	Johnson & Johnson 3.55% 3/1/36	15,000	13,415	13,392
	National Rural Utilities 5.8% 1/15/33	10,000	10,906	10,460
	Santander Drive 4.8 4.86% 8/15/29	580,000	579,901	578,336
	Santander Drive 6.0 6.04% 12/15/31	410,000	409,910	422,210
	Reynolds America 4.4500% 6/12/25	345,000	341,790	344,493
	UnitedHealth Group 4.625% 7/15/35	320,000	351,119	309,132
	Santander Drive Auto 5% 11/15/29	295,000	294,893	296,268
	The Goldman Sachs VA 1/27/32	345,000	312,527	292,512
	Verizon Communications 4.4% 11/1/34	285,000	310,062	268,166
	Walmart Inc. 4.5% 9/9/52	240,000	216,426	212,034
	Simon Property Group 3.8% 7/15/50	270,000	187,667	199,050
	The Home Depot, Inc. 4.5% 12/6/48	220,000	265,105	189,059
	0.0 7/22/28	170,000	170,007	169,867
	Santander Holdings 3.244% 10/5/26	155,000	147,919	151,528
	State Street Corp. Va 5/18/34	150,000	149,972	150,858
	The Bank of Nova Scotia 2.45% 2/2/32	175,000	166,299	150,849
	Trinity Health 2.6320% 12/1/40	200,000	190,438	145,230
	United Parcel Service 3.75% 11/15/47	175,000	155,315	133,823
	The Toronto-Dominion 4.4560% 6/8/32	130,000	128,553	125,484
	Virginia Electric 5.3% 8/15/33	105,000	102,657	106,584
	Satoil Asa 3.95% 5/15/43	125,000	116,190	104,790
	T-Mobile USA Inc. 5.15% 4/15/34	90,000	90,016	89,826
	Totalenergies 4.7240% 9/10/34	75,000	74,831	73,559
	Travelers Compan 4.05% 3/7/48	90,000	88,972	72,811
	Vici Properties 5.125% 11/15/31	55,000	54,824	54,331
	Welltower Inc. 2.8% 6/1/31	55,000	47,993	48,812
	Wells Fargo Coml TR 4.4367% 12/17/59	50,000	50,877	48,742
	T-Mobile USA, I 5.125% 5/15/32	25,000	24,982	25,106
	Vulcan Materials 5.35 12/1/34	15,000	14,996	15,100
	Total Corporate Obligations		<u>20,357,632</u>	<u>18,820,277</u>

See independent auditors' report

**The Sharp Electronics Corporation
Pension Plan**

Schedule Pursuant to Department of Labor Requirements
March 31, 2025

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 13-1968872
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
US GOVERNMENT AND AGENCY SECURITIES				
	US Treas Strip	945,000	381,094	386,343
	US Treasury 4.75%	345,000	347,789	352,655
	US Treas SEC Stripped INT P	995,000	427,202	351,826
	US Treas SEC Strip	735,000	333,298	303,877
	US Treas Strip	765,000	309,053	297,155
	US Treas SEC Strip	740,000	335,995	274,089
	US Treasury 4.125%	290,000	284,304	271,739
	US Treas SEC Strip	925,000	281,878	267,961
	US Treas SEC Strip	735,000	348,362	235,430
	US Treas Strip	810,000	290,867	225,155
	US Treas SEC Strip	555,000	189,612	198,629
	US Treas Strip	670,000	199,565	184,355
	US Treas Strip	480,000	162,799	184,050
	US Treas Strip	615,000	178,743	161,389
	US Treas SEC Strip	520,000	236,267	158,844
	US Treas Strip	310,000	120,377	131,266
	US Treasury 4.625%	125,000	122,814	125,195
	US Treas SEC Strip	385,000	122,604	121,576
	US Treas NTS Strip	325,000	104,971	105,295
	US Treas SEC Strip	275,000	89,335	85,938
	US Treas SEC Strip	220,000	120,565	73,975
	Private Export FU 4. 4.6% 2/15/34	70,000	69,876	70,378
	US Treas SEC Strip	200,000	59,841	52,219
	US Treas NT 4.625%	15,000	15,575	15,493
	Total US Government and Agency Securities		<u>5,132,786</u>	<u>4,634,832</u>
CASH EQUIVALENT				
*	Schwab Government Money Fund	1,964,539	<u>1,964,539</u>	<u>1,964,539</u>
MUNICIPAL OBLIGATION				
	California State	145,000; 7.30%; 10/01/39	202,972	168,413
	Total Investments		<u>\$ 48,315,387</u>	<u>\$ 49,767,906</u>

* - Denotes a party-in-interest as defined by ERISA.

See independent auditors' report

**The Sharp Electronics Corporation
Pension Plan**

Schedule Pursuant to Department of Labor Requirements
Year Ended March 31, 2025

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN #: 13-1968872
Plan #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
Series of Transactions by Issue in Excess of 5% of the Current Value of the Plan Assets								
Charles Schwab Trust Bank	Fidelity 500 Index Fund	\$ -	\$ 3,670,980	\$ -	\$ -	\$ 2,055,627	\$ 3,670,980	\$ 1,615,353
Charles Schwab Trust Bank	Schwab Government Money Fund	12,653,851	-	-	-	12,653,851	12,653,851	-
Charles Schwab Trust Bank	Schwab Government Money Fund	-	12,773,899	-	-	12,773,899	12,773,899	-
Series of Transactions by Broker in Excess of 5% of the Current Value of the Plan Assets								
Charles Schwab Trust Bank	Fidelity 500 Index Fund	\$ -	\$ 3,670,980	\$ -	\$ -	\$ 2,055,627	\$ 3,670,980	\$ 1,615,353
Charles Schwab Trust Bank	Schwab Government Money Fund	12,653,851	-	-	-	12,653,851	12,653,851	-
Charles Schwab Trust Bank	Schwab Government Money Fund	-	12,773,899	-	-	12,773,899	12,773,899	-

Sharp Electronics Corporation Pension Plan

EIN/PN 13 – 1968872 / 001



Schedule SB, line 26a – Schedule of Active Participant Data

	Service										Total
	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	1	-	-	-	-	-	-	-	1
45 to 49	-	3	7	1	-	-	-	-	-	-	11
50 to 54	-	7	6	7	-	-	-	-	-	-	20
55 to 59	-	7	14	9	2	-	-	-	-	-	32
60 to 64	-	8	10	9	5	7	-	-	-	-	39
65 to 69	-	1	5	-	2	3	-	-	-	-	11
over 70	-	1	1	-	-	-	-	-	-	-	2
Total	-	27	44	26	9	10	-	-	-	-	116

Service measure as benefit service

Sharp Electronics Corporation Pension Plan

EIN/PN 13 – 1968872 / 001



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

A summary of the actuarial methods and assumptions used in the valuation is presented below:

Funding Methods

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – The Actuarial Value of Assets is equal to the fair value of market assets, including discounted contributions received after the end of the prior plan year but for the prior year, as defined by the Pension Protection Act of 2006, and as amended by the Worker, Retiree, and Employer Recovery Act (WRERA) of 2008.

Actuarial Assumptions

Interest Rates – The assumed discount rates on benefits paid in the future are based on the April 2024 PPA Segment rates, reflecting the funding stabilization provisions within the American Rescue Plan Act (ARPA) and its regulations:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments made:</u>
1	4.75%	During first 5 years starting from the valuation date.
2	5.18%	During years 6-20 starting from the valuation date.
3	5.59%	During years 21 and beyond starting from the valuation date.

Mortality – The 2024 prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using generational tables with separate mortality rates for annuitants and nonannuitants, is used for the annuity form of payment. IRS 2024 Applicable Mortality Table under 417(e) is used for actives eligible for the lump sum form of payment.

Retirement Rates – Terminated Vested participants are assumed to retire at age 65. Active employees are assumed to retire according to the following table:

Ages 55 to 59	2%	Ages 63 & 64	5%
Age 60	5%	Age 65	85%
Age 61	3%	Ages 66 to 69	35%
Age 62	15%	Age 70	100%

Sharp Electronics Corporation Pension Plan

EIN/PN 13 – 1968872 / 001



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

Termination and Disablement Rates – Rates are according to the following table:

	<u>Termination</u>		<u>Disablement</u>	
	<u>Under 5 years</u>	<u>5 or more years</u>	<u>Male</u>	<u>Female</u>
Age 25	17.3%	7.8%	0.00%	0.00%
Age 30	16.3%	7.3%	0.03%	0.00%
Age 35	15.0%	6.4%	0.04%	0.02%
Age 40	13.3%	5.4%	0.06%	0.04%
Age 45	11.2%	4.3%	0.14%	0.07%
Age 50	8.6%	3.2%	0.23%	0.11%
Age 55	5.4%	2.0%	0.92%	0.31%
Age 60	2.8%	1.6%	1.60%	0.51%

Assumed Administrative Expenses – Equal to last year’s non-investment related administrative expenses.

Form of Payment – The benefit is calculated as a Life Annuity. 75% of active Participants are assumed to elect the lump sum form of payment, 25% of active Participants are assumed to elect the annuity form of payment.

Percent Married - 80% of males and 80% of females were assumed to be married.

Age of Spouse - The female spouse is assumed to be 3 years younger than the male spouse.

**The Sharp Electronics Corporation
Pension Plan**

Schedule Pursuant to Department of Labor Requirements
Year Ended March 31, 2025

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN #: 13-1968872
Plan #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
Series of Transactions by Issue in Excess of 5% of the Current Value of the Plan Assets								
Charles Schwab Trust Bank	Fidelity 500 Index Fund	\$ -	\$ 3,670,980	\$ -	\$ -	\$ 2,055,627	\$ 3,670,980	\$ 1,615,353
Charles Schwab Trust Bank	Schwab Government Money Fund	12,653,851	-	-	-	12,653,851	12,653,851	-
Charles Schwab Trust Bank	Schwab Government Money Fund	-	12,773,899	-	-	12,773,899	12,773,899	-
Series of Transactions by Broker in Excess of 5% of the Current Value of the Plan Assets								
Charles Schwab Trust Bank	Fidelity 500 Index Fund	\$ -	\$ 3,670,980	\$ -	\$ -	\$ 2,055,627	\$ 3,670,980	\$ 1,615,353
Charles Schwab Trust Bank	Schwab Government Money Fund	12,653,851	-	-	-	12,653,851	12,653,851	-
Charles Schwab Trust Bank	Schwab Government Money Fund	-	12,773,899	-	-	12,773,899	12,773,899	-

See independent auditors' report

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

▶ **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 SHARP ELECTRONICS CORPORATION PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHARP ELECTRONICS CORPORATION		D Employer Identification Number (EIN) 13-1968872	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information				
1 Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2024</u>				
2 Assets:				
a Market value		2a	61524910	
b Actuarial value		2b	61524910	
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		65	14210728	14210728
b For terminated vested participants		516	42358798	42358798
c For active participants		116	12357737	12502511
d Total		697	68927263	69072037
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	5.29 %	
6 Target normal cost				
a Present value of current plan year accruals		6a	0	
b Expected plan-related expenses		6b	719512	
c Target normal cost		6c	719512	

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	<i>Boris Chernyak</i>	10/1/2025
	Signature of actuary	Date
	BORIS CHERNYAK, EA, MAAA	23-06873
	Type or print name of actuary	Most recent enrollment number
	SCHWAB RETIREMENT PLAN SERVICES	(234) 255-8671
	Firm name	Telephone number (including area code)
	4150 KINROSS LAKES PARKWAY	
	RICHFIELD, OH 44286	
	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)	11260228	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2916718	
9	Amount remaining (line 7 minus line 8)	8343510	0
10	Interest on line 9 using prior year's actual return of <u>9.30</u> %	775946	0
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>5.22</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)	9119456	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	75.87 %
15	Adjusted funding target attainment percentage	15	80.33 %
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	89.53 %
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

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

22 Weighted average retirement age **22** 64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c) **31a** 719512

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	16666583	1629500
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** 2349012

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	2349012		2349012
36 Additional cash requirement (line 34 minus line 35)			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			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. 2019 2020 2021

Sharp Electronics Corporation Pension Plan

EIN/PN 13 - 1968872 / 001



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

(A) <u>Age</u>	(B) <u>Retirement Decrement</u>	(C) <u>Lx</u>	(D) <u>Number Retiring</u>	(E) <u>Weighting (A) times (D)</u>
55	2.0%	100,000	2,000	110,000
56	2.0%	98,000	1,960	109,760
57	2.0%	96,040	1,921	109,497
58	2.0%	94,119	1,882	109,156
59	2.0%	92,237	1,845	108,855
60	5.0%	90,392	4,520	271,200
61	3.0%	85,872	2,576	157,136
62	15.0%	83,296	12,494	774,628
63	5.0%	70,802	3,540	223,020
64	5.0%	67,262	3,363	215,232
65	85.0%	63,899	54,314	3,530,410
66	35.0%	9,585	3,355	221,430
67	35.0%	6,230	2,181	146,127
68	35.0%	4,049	1,417	96,356
69	35.0%	2,632	921	63,549
70	100.0%	1,711	1,711	119,770
Actives			100,000	6,366,126

Weighted Average Retirement Age =	64
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Sharp Electronics Corporation Pension Plan

EIN/PN 13 – 1968872 / 001



Schedule SB, line 26a – Schedule of Active Participant Data

	Service										Total
	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	1	-	-	-	-	-	-	-	1
45 to 49	-	3	7	1	-	-	-	-	-	-	11
50 to 54	-	7	6	7	-	-	-	-	-	-	20
55 to 59	-	7	14	9	2	-	-	-	-	-	32
60 to 64	-	8	10	9	5	7	-	-	-	-	39
65 to 69	-	1	5	-	2	3	-	-	-	-	11
over 70	-	1	1	-	-	-	-	-	-	-	2
Total	-	27	44	26	9	10	-	-	-	-	116

Service measure as benefit service

Sharp Electronics Corporation Pension Plan

EIN/PN 13 – 1968872 / 001



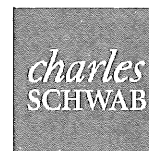
Schedule SB, line 32 – Schedule of Amortization Bases

<u>Date Established</u>	<u>Annual Installment</u>	<u>Years Remaining</u>	<u>Balance Outstanding¹</u>
4/1/2010	N/A	1	N/A
4/1/2011	N/A	2	N/A
4/1/2012	N/A	3	N/A
4/1/2013	N/A	4	N/A
4/1/2014	N/A	5	N/A
4/1/2015	N/A	6	N/A
4/1/2016	N/A	7	N/A
4/1/2017	N/A	8	N/A
4/1/2018	N/A	9	N/A
4/1/2019	N/A	10	N/A
4/1/2020	N/A	11	N/A
4/1/2021	0	12	0
4/1/2022	0	13	0
4/1/2023	1,960,066	14	20,243,689
<hr/>			
Total for bases existing prior to the valuation date	1,960,066		20,243,689
4/1/2024	(330,566)	15	(3,577,106)
<hr/>			
Total for all bases	1,629,500		16,666,583

¹ The balance outstanding for each installment is based on the present value using the ARPA segment rates 4.75% for the first five years and 5.18% for the next ten years).

Sharp Electronics Corporation Pension Plan

EIN/PN 13 – 1968872 / 001



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

A summary of the actuarial methods and assumptions used in the valuation is presented below:

Funding Methods

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – The Actuarial Value of Assets is equal to the fair value of market assets, including discounted contributions received after the end of the prior plan year but for the prior year, as defined by the Pension Protection Act of 2006, and as amended by the Worker, Retiree, and Employer Recovery Act (WRERA) of 2008.

Actuarial Assumptions

Interest Rates – The assumed discount rates on benefits paid in the future are based on the April 2024 PPA Segment rates, reflecting the funding stabilization provisions within the American Rescue Plan Act (ARPA) and its regulations:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments made:</u>
1	4.75%	During first 5 years starting from the valuation date.
2	5.18%	During years 6-20 starting from the valuation date.
3	5.59%	During years 21 and beyond starting from the valuation date.

Mortality – The 2024 prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using generational tables with separate mortality rates for annuitants and nonannuitants, is used for the annuity form of payment. IRS 2024 Applicable Mortality Table under 417(e) is used for actives eligible for the lump sum form of payment.

Retirement Rates – Terminated Vested participants are assumed to retire at age 65. Active employees are assumed to retire according to the following table:

Ages 55 to 59	2%	Ages 63 & 64	5%
Age 60	5%	Age 65	85%
Age 61	3%	Ages 66 to 69	35%
Age 62	15%	Age 70	100%

Sharp Electronics Corporation Pension Plan

EIN/PN 13 – 1968872 / 001



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

Termination and Disablement Rates – Rates are according to the following table:

	<u>Termination</u>		<u>Disablement</u>	
	<u>Under 5 years</u>	<u>5 or more years</u>	<u>Male</u>	<u>Female</u>
Age 25	17.3%	7.8%	0.00%	0.00%
Age 30	16.3%	7.3%	0.03%	0.00%
Age 35	15.0%	6.4%	0.04%	0.02%
Age 40	13.3%	5.4%	0.06%	0.04%
Age 45	11.2%	4.3%	0.14%	0.07%
Age 50	8.6%	3.2%	0.23%	0.11%
Age 55	5.4%	2.0%	0.92%	0.31%
Age 60	2.8%	1.6%	1.60%	0.51%

Assumed Administrative Expenses – Equal to last year’s non-investment related administrative expenses.

Form of Payment – The benefit is calculated as a Life Annuity. 75% of active Participants are assumed to elect the lump sum form of payment, 25% of active Participants are assumed to elect the annuity form of payment.

Percent Married – 80% of males and 80% of females were assumed to be married.

Age of Spouse – The female spouse is assumed to be 3 years younger than the male spouse.

Sharp Electronics Corporation Pension Plan

EIN/PN 13 – 1968872 / 001



Schedule SB, Part V – Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Plan effective date – October 1, 1980. The plan was last restated April 1, 2012.

Covered Employees - All full-time employees excluding SMCA employees and most collectively bargained employees.

Participation Date – The April 1, or October 1 following completion of 1 year of service and attaining age 21. No new non-union employee will enter the Plan after March 31, 2007. No new union employee will enter the Plan after September 30, 2007.

Definitions:

Year of Service – Credited for each year of continuous employment. Plan benefits were frozen as of March 31, 2007 for non-union Participants, and frozen for union participants as of September 30, 2007.

Compensation – Base pay plus bonuses plus overtime plus 50% of commissions up to \$100,000. Please refer to the Plan Document for the detailed description.

Average Monthly Compensation – The monthly average of the highest 36 consecutive months of Compensation out of the last 60 consecutive months.

Normal Retirement Date (NRD) – The first of the month coincident with or next following the later of age 65 or the 5th anniversary of joining the Plan.

Primary Social Security Benefit – The Primary Insurance Amount payable at age 65, computed in a manner provided in the Federal Social Security Act, using level earnings before hire to age 21 and using level earnings after decrement.

Retirement Benefit – (1.6% of Average Final Compensation less 0.75% of the Primary Social Security Benefit) times total number of Years of Service (not exceeding 30 years). Plan benefits were frozen as of March 31, 2007 for non-union Participants and September 30, 2007 for union Participants.

Monthly Preretirement Survivor Annuity – 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment on the participant's earliest retirement date.

Sharp Electronics Corporation Pension Plan

EIN/PN 13 – 1968872 / 001



Schedule SB, Part V – Summary of Plan Provisions (continued)

Qualified Joint and Survivor Annuity – An annuity payable to the Participant during his lifetime with a survivor annuity payable to his spouse during her lifetime (after his death) in an amount equal to 50% of the amount payable to the Participant. The amount of the retirement payment payable under this option shall be the actuarial equivalent of the Participant's accrued benefit.

Eligibility for Benefits:

Normal Retirement – Retirement from active service on NRD.

Early Retirement Date (ERD) - Retirement from active service before NRD and on or after attaining age 55 with 10 years of Service.

Deferred Vested - Termination for reasons other than death, disability or retirement after completing 5 Years of Service.

Pre-retirement Spouse Benefit – Death with a surviving spouse while eligible for benefits.

Disability Retirement – Termination while active after 5 Years of Service, due to total and permanent disability, as defined under the Federal Social Security Act.

Monthly Benefits Paid Upon the Following Events:

Normal Retirement (NRB) - Retirement Benefit determined at NRD.

Early Retirement – The Retirement Benefit reduced by 5% per year for each year ERD precedes NRD. *Special Grandfather* – Participants who retire between November 1, 2001 and January 1, 2007 receive the greater of the above benefit and the benefit based on the benefit formula and early retirement factors in effect as of September 30, 2001.

Termination with Deferred Vested Benefit – Retirement Benefit determined as of termination date, reduced in the same manner as for early retirement for commencement before NRD.

Death with Preretirement Spouse Benefits – The surviving spouse is entitled to the 50% of the monthly pension benefit as of the participant's earliest retirement date or date of death if later, reduced for the 50% joint and survivor election and reduced for payment before the participant's NRD.

Disability Benefit – The unreduced Retirement Benefit payable as a single life annuity until the earlier of death and NRD. Upon reaching NRD, the Normal Retirement Benefit is payable.

Sharp Electronics Corporation Pension Plan

EIN/PN 13 - 1968872 / 001



Schedule SB, Part V - Summary of Plan Provisions (continued)

Forms of Benefit:

Normal Form of Payment - The normal form of payment is the Life Annuity option for single participants, and the Qualified Joint and Survivor option (described above) for married participants.

Optional Form of Payments - Optional forms are a 50%, 66 2/3%, 75% or 100% joint and survivor annuity, a life annuity, a 10 or 15 years certain and life annuity, Social Security leveled annuities (leveled to age 62 or 65), or a full lump sum for participants who terminate after October 1, 2008.

Benefit Limitations:

Maximum on Benefits and Pay - All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. EGTRRA option election to use the \$200,000 Compensation Limit prior to 2002 was not invoked.

Sharp Electronics Corporation Pension Plan

EIN/PN 13 – 1968872 / 001

charles
SCHWAB

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

(A)	(B)	(C)	(D)	(E)
<u>Age</u>	<u>Retirement Decrement</u>	<u>Lx</u>	<u>Number Retiring</u>	<u>Weighting (A) times (D)</u>
55	2.0%	100,000	2,000	110,000
56	2.0%	98,000	1,960	109,760
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58	2.0%	94,119	1,882	109,156
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60	5.0%	90,392	4,520	271,200
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69	35.0%	2,632	921	63,549
70	100.0%	1,711	1,711	119,770
Actives			100,000	6,366,126

Weighted Average Retirement Age =

64

Sharp Electronics Corporation Pension Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
March 31, 2025

EIN: 13-1968872
Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Global Investors	Not Available	Rate of 0.02% of average daily balance of asset(s)
BlackRock	04-6171663	Rate of 0.05% of average daily balance of asset(s)
Bluerock	Not Available	Rate of 0.10% of average daily balance of asset(s)
CLIFFWATER LLC	Not Available	Rate of 0.15% of average daily balance of asset(s)
FPA	04-3118452	Rate of 0.06% of average daily balance of asset(s)
GMO	Not Available	Rate of 0.10% of average daily balance of asset(s)
GQG Partners Inc	Not Available	Rate of 0.10% of average daily balance of asset(s)
J.P. MORGAN & CO.	Not Available	Rate of 0.25% of average daily balance of asset(s)
Schwab Funds	94-3106735	Rate of 0.15% of average daily balance of asset(s)
Versus Capital	Not Available	Rate of 0.15% of average daily balance of asset(s)

Sharp Electronics Corporation Pension Plan

EIN/PN 13 – 1968872 / 001

The logo for Charles Schwab, featuring the word "charles" in a lowercase, serif font above the word "SCHWAB" in a bold, uppercase, sans-serif font, all contained within a blue square.

Schedule SB, Part V – Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

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Monthly Preretirement Survivor Annuity – 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment on the participant's earliest retirement date.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Qualified Joint and Survivor Annuity – An annuity payable to the Participant during his lifetime with a survivor annuity payable to his spouse during her lifetime (after his death) in an amount equal to 50% of the amount payable to the Participant. The amount of the retirement payment payable under this option shall be the actuarial equivalent of the Participant's accrued benefit.

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Termination with Deferred Vested Benefit – Retirement Benefit determined as of termination date, reduced in the same manner as for early retirement for commencement before NRD.

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Disability Benefit – The unreduced Retirement Benefit payable as a single life annuity until the earlier of death and NRD. Upon reaching NRD, the Normal Retirement Benefit is payable.

Sharp Electronics Corporation Pension Plan

EIN/PN 13 – 1968872 / 001

The logo for Charles Schwab, featuring the word "charles" in a lowercase, italicized serif font above the word "SCHWAB" in a bold, uppercase sans-serif font, all contained within a blue square.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Forms of Benefit:

Normal Form of Payment – The normal form of payment is the Life Annuity option for single participants, and the Qualified Joint and Survivor option (described above) for married participants.

Optional Form of Payments – Optional forms are a 50%, 66 2/3%, 75% or 100% joint and survivor annuity, a life annuity, a 10 or 15 years certain and life annuity, Social Security leveled annuities (leveled to age 62 or 65), or a full lump sum for participants who terminate after October 1, 2008.

Benefit Limitations:

Maximum on Benefits and Pay – All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. EGTRRA option election to use the \$200,000 Compensation Limit prior to 2002 was not invoked.

**The Sharp Electronics Corporation
Pension Plan**

Schedule Pursuant to Department of Labor Requirements
March 31, 2025

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 13-1968872
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	MUTUAL FUNDS AND EXCHANGE TRADED FUNDS	SHARES		
	Fidelity 500 Index Fund	35,641	\$ 3,902,637	\$ 6,966,408
	Fidelity International Index Fund	47,230	1,974,866	2,423,824
	American Funds EuroPacific Growth Fund Class F-3	37,645	2,069,559	2,077,618
	Cliffwater Corporate Lending I	167,362	1,773,126	1,815,873
	FPA New Income Fund	167,886	1,603,040	1,667,104
	Schwab Fundamental US Large Company Index	47,864	1,197,054	1,335,408
	PIMCO Income Fund Inst	119,841	1,361,903	1,282,294
	Bluerock Total Income Real Est CL I	40,188	1,268,251	1,069,412
	Fidelity Emerging Mkts Index	91,467	1,009,578	994,246
	Versus Capital Real Assets Fund LLC UN Part	32,283	847,889	911,983
	PIMCO StocksPLUS Small Inst	113,487	954,938	804,621
	Ishares Russell Small/MidCap Index Instl	49,629	854,747	772,234
	GMO Quality I	23,660	688,524	760,659
	GQG Partners International Quality Dividend Income	61,450	660,902	669,186
	JPMorgan Large Cap Growth Cl I	8,555	<u>490,444</u>	<u>628,975</u>
	Total Mutual Funds and Exchange Traded Funds		<u>20,657,458</u>	<u>24,179,845</u>
	CORPORATE OBLIGATIONS			
	Bank of America C VA 6/14/29	390,000	339,959	360,498
	Citigroup Comme 3.91 3.915% 4/15/50	320,000	305,130	304,134
	Apple Inc. 4.375% 5/13/45	315,000	326,909	278,938
	BMO 2022-C2 MT 4.97 4.974% 7/17/54	280,000	275,415	276,169
	BMO 2023-C7 MTG 6.16% 12/15/56	240,000	248,073	257,224
	Amazon.com Inc. 2.5% 6/3/50	410,000	354,753	246,706
	Anheuser-Busch I 5.45% 1/23/39	240,000	241,918	243,782
	Branch Banking 2.636%29	225,000	221,546	219,135
	Comcast Corp. 3.4% 7/15/46	290,000	307,749	206,789
	Berkshire Hathaway Finance 4.3% 5/15/43	220,000	268,796	194,623
	Comcast Corporate 4.25% 1/15/33	205,000	204,053	194,467
	BP Capital Mark 2.721% 1/12/32	215,000	200,205	188,198
	Citigroup Inc. VA 1/29/31	200,000	194,938	180,270
	Ameren Illinois C 3.7000% 12/1/47	230,000	240,475	172,575
	Commonwealth EDIS 3.7000% 3/1/45	215,000	197,185	165,963
	BBCMS Mortgage 7.126	140,000	144,643	155,858
	Borgwarner In 4.9500% 8/15/29	155,000	157,152	154,874
	Conagra Brands 1.3750% 11/1/27	165,000	164,469	151,554
	Capital One Financial V5/10/28	150,000	150,012	150,257
	Cisco Systems Inc. 5.5% 1/15/40	145,000	205,976	149,033
	Anthem In 4.1% 5/15/32	155,000	154,656	146,787
	BHP Billiton Finance 4.90000% 2/28/33	145,000	147,165	143,586
	Aercap Ireland 3% 10/29/28	150,000	139,384	140,832
	Burlington Northern Santa Fe 5.15% 9/1/43	145,000	178,439	140,153
	CenterPoint Energy 1.75% 10/1/30	155,000	139,378	132,702
	Cigna Corp 2.4000% 3/15/30	140,000	141,833	125,279
	AvalonBay Communitites 5.35% 6/1/34	120,000	124,138	121,514
	Chubb INA Holdings 5% 3/15/34	120,000	<u>124,094</u>	<u>119,889</u>
	Carried forward		5,898,443	5,321,789

See independent auditors' report

**The Sharp Electronics Corporation
Pension Plan**

Schedule Pursuant to Department of Labor Requirements
March 31, 2025

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 13-1968872
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Brought forward		5,898,443	5,321,789
	BlackStone Private 2.625% 12/15/26	115,000	97,577	110,165
	Arthur 5.15% 2/15/35	95,000	93,728	94,321
	Abbvie In 5.2% 3/15/35	80,000	79,953	81,147
	American Honda Finance 4.4% 9/5/29	80,000	79,916	78,887
	Brighthouse Financial 3.7000% 6/22/27	80,000	78,572	78,214
	Ares Cap Corp. 7.000% 1/15/27	65,000	65,587	66,978
	Alexandria Real 2.95% 3/15/34	70,000	57,965	58,512
	American Honda F 5.85% 10/4/30	45,000	47,968	47,166
	Astrazeneca PLC 3% 5/28/51	70,000	49,603	46,521
	JPMorgan Chase 3.85 3.8575% 3/17/50	625,000	598,240	582,040
	PNC Bank N.A. Pit 4.05% 7/26/28	350,000	354,272	342,761
	JPMorgan Chase & VA 3.882% 7/24/38	360,000	329,453	313,797
	Exeter Automobile 4.5 4.56% 7/17/28	300,000	287,309	297,930
	Microsoft Corp. 2.921% 3/17/52	420,000	322,532	280,689
	GSK Consumer He 3.625% 3/24/32	300,000	275,864	275,669
	Manufacturers TRA 3.4% 8/17/27	275,000	266,672	265,975
	Public Service E 3.95% 5/1/42	310,000	302,094	257,595
	Johnson & Johnson 3.5% 1/15/48	310,000	331,793	238,172
	Florida Power 4.05% 10/1/44	260,000	329,345	214,914
	Corebridge Financial 6.8750% 12/15/52	210,000	218,728	214,586
	Natwest Group 1.6420% 6/14/27	200,000	200,297	192,999
	JPMorgan Chase 3.98 3.986% 10/19/48	185,000	175,164	182,521
	General Motors Financial 4.3% 4/6/29	185,000	169,196	178,213
	DTE Electric Co. 2.95% 3/1/50	270,000	238,278	176,867
	Pfizer Investment Enterprises 5.3% 5/19/53	175,000	181,335	166,119
	Consolidated Edison 4.4500% 3/15/44	190,000	207,440	164,063
	Omnicom Group Inc. 2.6000% 8/1/31	185,000	168,873	161,731
	Conocophillips 5.3% 5/15/53	170,000	169,228	160,139
	Oncor Electric Delivery 3.8% 6/1/49	210,000	209,277	157,487
	Manulife Financial 4.061% 2/24/32	160,000	164,933	157,412
	Corporate Office PR 2% 1/15/29	175,000	164,244	156,409
	Edison International 4.875% 2/1/27	155,000	155,312	155,613
	HCA Healthcare, I 5.2% 6/1/28	145,000	149,988	146,304
	Midamern Energy C 4.8% 9/15/43	160,000	174,995	145,545
	Philip Morris International 4.75% 11/1/31	145,000	142,663	144,231
	CVS Health Corp. 1.75% 8/21/30	165,000	145,486	139,593
	Mastercard Inc. 3.6500% 6/1/49	180,000	200,897	138,086
	General Dynamics 4.25% 4/1/40	145,000	163,855	128,911
	OGE Energy Corp. 5.45% 5/15/29	125,000	132,162	127,916
	Oracle Corp. 6.5% 4/15/38	115,000	121,876	124,392
	Prologis, Inc. 5% 3/15/34	125,000	126,722	124,102
	Eastern Energy GA 5.8% 1/15/35	120,000	121,645	123,867
	O'Reilly Automot 1.75% 3/15/31	145,000	141,774	121,702
	Entergy Texas, I 5.25% 4/15/35	115,000	114,694	114,710
	Drive Auto Recei 4.9 4.94% 5/17/32	110,000	109,992	109,042
	Carried forward		14,215,940	12,965,802

See independent auditors' report

**The Sharp Electronics Corporation
Pension Plan**

Schedule Pursuant to Department of Labor Requirements
March 31, 2025

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 13-1968872
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Brought forward		14,215,940	12,965,802
	Morgan Stanley Va 4/28/32	125,000	99,602	105,022
	Paypal Holdings 5.15% 6/1/34	90,000	91,526	90,154
	MidAmerican Energy 4.25% 7/15/49	110,000	90,402	89,665
	Exxon Mobil Corp. 3.095% 8/16/49	130,000	95,680	88,085
	Eli Lilly and Co. 3.95% 3/15/49	110,000	87,642	87,998
	Pepsico, Inc. 2.875% 10/15/49	125,000	81,299	81,984
	LPL Holdings, Inc. 5.2% 3/15/30	80,000	80,140	80,340
	Energy Transfer Partners LP 6.4% 12/1/30	70,000	76,933	74,907
	Kimberly-Clark Co. 3.9% 5/4/47	90,000	87,150	71,501
	Kinder Morgan, Inc. 5.10% 8/1/29	70,000	72,206	70,677
	John Deere Capital Corp. 5.05% 6/12/34	50,000	49,772	50,253
	NSTAR Electric Co. 5.2% 3/1/35	45,000	44,933	44,885
	Motorola Solution 5.4% 4/15/34	40,000	39,967	40,376
	MPLX LP 5.4% 4/1/35	40,000	39,771	39,282
	Enterprise Products Operating 2.8% 1/31/30	40,000	36,107	36,934
	Johnson & Johnson 3.55% 3/1/36	15,000	13,415	13,392
	National Rural Utilities 5.8% 1/15/33	10,000	10,906	10,460
	Santander Drive 4.8 4.86% 8/15/29	580,000	579,901	578,336
	Santander Drive 6.0 6.04% 12/15/31	410,000	409,910	422,210
	Reynolds America 4.4500% 6/12/25	345,000	341,790	344,493
	UnitedHealth Group 4.625% 7/15/35	320,000	351,119	309,132
	Santander Drive Auto 5% 11/15/29	295,000	294,893	296,268
	The Goldman Sachs VA 1/27/32	345,000	312,527	292,512
	Verizon Communications 4.4% 11/1/34	285,000	310,062	268,166
	Walmart Inc. 4.5% 9/9/52	240,000	216,426	212,034
	Simon Property Group 3.8% 7/15/50	270,000	187,667	199,050
	The Home Depot, Inc. 4.5% 12/6/48	220,000	265,105	189,059
	0.0 7/22/28	170,000	170,007	169,867
	Santander Holdings 3.244% 10/5/26	155,000	147,919	151,528
	State Street Corp. Va 5/18/34	150,000	149,972	150,858
	The Bank of Nova Scotia 2.45% 2/2/32	175,000	166,299	150,849
	Trinity Health 2.6320% 12/1/40	200,000	190,438	145,230
	United Parcel Service 3.75% 11/15/47	175,000	155,315	133,823
	The Toronto-Dominion 4.4560% 6/8/32	130,000	128,553	125,484
	Virginia Electric 5.3% 8/15/33	105,000	102,657	106,584
	Satoil Asa 3.95% 5/15/43	125,000	116,190	104,790
	T-Mobile USA Inc. 5.15% 4/15/34	90,000	90,016	89,826
	Totalenergies 4.7240% 9/10/34	75,000	74,831	73,559
	Travelers Compan 4.05% 3/7/48	90,000	88,972	72,811
	Vici Properties 5.125% 11/15/31	55,000	54,824	54,331
	Welltower Inc. 2.8% 6/1/31	55,000	47,993	48,812
	Wells Fargo Coml TR 4.4367% 12/17/59	50,000	50,877	48,742
	T-Mobile USA, I 5.125% 5/15/32	25,000	24,982	25,106
	Vulcan Materials 5.35 12/1/34	15,000	14,996	15,100
	Total Corporate Obligations		<u>20,357,632</u>	<u>18,820,277</u>

See independent auditors' report

**The Sharp Electronics Corporation
Pension Plan**

Schedule Pursuant to Department of Labor Requirements
March 31, 2025

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 13-1968872
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
US GOVERNMENT AND AGENCY SECURITIES				
	US Treas Strip	945,000	381,094	386,343
	US Treasury 4.75%	345,000	347,789	352,655
	US Treas SEC Stripped INT P	995,000	427,202	351,826
	US Treas SEC Strip	735,000	333,298	303,877
	US Treas Strip	765,000	309,053	297,155
	US Treas SEC Strip	740,000	335,995	274,089
	US Treasury 4.125%	290,000	284,304	271,739
	US Treas SEC Strip	925,000	281,878	267,961
	US Treas SEC Strip	735,000	348,362	235,430
	US Treas Strip	810,000	290,867	225,155
	US Treas SEC Strip	555,000	189,612	198,629
	US Treas Strip	670,000	199,565	184,355
	US Treas Strip	480,000	162,799	184,050
	US Treas Strip	615,000	178,743	161,389
	US Treas SEC Strip	520,000	236,267	158,844
	US Treas Strip	310,000	120,377	131,266
	US Treasury 4.625%	125,000	122,814	125,195
	US Treas SEC Strip	385,000	122,604	121,576
	US Treas NTS Strip	325,000	104,971	105,295
	US Treas SEC Strip	275,000	89,335	85,938
	US Treas SEC Strip	220,000	120,565	73,975
	Private Export FU 4. 4.6% 2/15/34	70,000	69,876	70,378
	US Treas SEC Strip	200,000	59,841	52,219
	US Treas NT 4.625%	15,000	15,575	15,493
	Total US Government and Agency Securities		<u>5,132,786</u>	<u>4,634,832</u>
CASH EQUIVALENT				
*	Schwab Government Money Fund	1,964,539	<u>1,964,539</u>	<u>1,964,539</u>
MUNICIPAL OBLIGATION				
	California State	145,000; 7.30%; 10/01/39	202,972	168,413
	Total Investments		<u>\$ 48,315,387</u>	<u>\$ 49,767,906</u>

* - Denotes a party-in-interest as defined by ERISA.

See independent auditors' report

Sharp Electronics Corporation Pension Plan

EIN/PN 13 – 1968872 / 001

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Schedule SB, line 32 – Schedule of Amortization Bases

<u>Date Established</u>	<u>Annual Installment</u>	<u>Years Remaining</u>	<u>Balance Outstanding¹</u>
4/1/2010	N/A	1	N/A
4/1/2011	N/A	2	N/A
4/1/2012	N/A	3	N/A
4/1/2013	N/A	4	N/A
4/1/2014	N/A	5	N/A
4/1/2015	N/A	6	N/A
4/1/2016	N/A	7	N/A
4/1/2017	N/A	8	N/A
4/1/2018	N/A	9	N/A
4/1/2019	N/A	10	N/A
4/1/2020	N/A	11	N/A
4/1/2021	0	12	0
4/1/2022	0	13	0
4/1/2023	1,960,066	14	20,243,689
<hr/>			
Total for bases existing prior to the valuation date	1,960,066		20,243,689
4/1/2024	(330,566)	15	(3,577,106)
<hr/>			
Total for all bases	1,629,500		16,666,583

¹ The balance outstanding for each installment is based on the present value using the ARPA segment rates 4.75% for the first five years and 5.18% for the next ten years).