

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE CONTINENTAL, INC. PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>020</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CONTINENTAL LEVEL 3, INC.</u></p> <p><u>100 CENTURYLINK DRIVE</u> <u>P.O. BOX 4065</u> <u>MONROE, LA 71203</u></p>	<p>1c Effective date of plan <u>07/15/1990</u></p> <p>2b Employer Identification Number (EIN) <u>06-1296108</u></p> <p>2c Plan Sponsor's telephone number <u>720-888-1000</u></p> <p>2d Business code (see instructions) <u>332900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2025	MARINA PEARSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor LUMEN EMPLOYEE BENEFITS COMMITTEE C/O LUMEN TECHNOLOGIES, INC. 214 E. 24TH ST VANCOUVER, WA 98663	3b Administrator's EIN 72-0651161 3c Administrator's telephone number 360-905-7972
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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
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5 Total number of participants at the beginning of the plan year	5	569
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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)	9
a(2) Total number of active participants at the end of the plan year	6a(2)	4
b Retired or separated participants receiving benefits	6b	372
c Other retired or separated participants entitled to future benefits	6c	85
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	461
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	86
f Total. Add lines 6d and 6e	6f	547
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 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE CONTINENTAL, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>020</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CONTINENTAL LEVEL 3, INC.</u>	D Employer Identification Number (EIN) <u>06-1296108</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>40482626</u>
	b Actuarial value	2b	<u>43240000</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>472</u>	<u>34307528</u>
	b For terminated vested participants	<u>88</u>	<u>4249386</u>
	c For active participants	<u>9</u>	<u>478454</u>
	d Total	<u>569</u>	<u>39035368</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>4.98 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>240000</u>
	c Target normal cost	6c	<u>240000</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>RON COZZOLINO</u> Signature of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>233 SOUTH WACKER DRIVE</u> <u>SUITE 1800</u> <u>CHICAGO, IL 60606</u> Address of the firm	<u>09/15/2025</u> Date <u>23-06794</u> Most recent enrollment number <u>312-525-2324</u> Telephone number (including area code)
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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)	249081	1375919
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	249081	1375919
10	Interest on line 9 using prior year's actual return of <u>9.79</u> %	24385	134702
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>5.10</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)	273466	1510621

Part III Funding Percentages			
14	Funding target attainment percentage	14	106.20 %
15	Adjusted funding target attainment percentage	15	110.77 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.71 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 61

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	240000
b Excess assets, if applicable, but not greater than line 31a	31b	240000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE CONTINENTAL, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	020
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL LEVEL 3, INC.	D Employer Identification Number (EIN) 06-1296108	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

RUSSELL INVESTMENTS TRUST COMPANY

91-1116938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 99 50	NONE	115508	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)

WILLIS TOWER WATSON

233 SOUTH WACKER DRIVE, SUITE 1800
CHICAGO, IL 60606

(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 12 14 15 17 34 38 50 70	NONE	57710	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>THE CONTINENTAL, INC. PENSION PLAN</u>	B Three-digit plan number (PN) <u>020</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CONTINENTAL LEVEL 3, INC.</u>	D Employer Identification Number (EIN) <u>06-1296108</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RITC 8-YEAR LDI FIXED INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY COMMINGLED EMPLOYEE BENEFIT FUNDS T</u>		
c EIN-PN <u>26-6609096-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7360169</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RITC 10-15 YEAR STRIPS FIXED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY COMMINGLED EMPLOYEE BENEFIT FUNDS T</u>		
c EIN-PN <u>26-6609096-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4725573</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RITC 15-20 YEAR STRIPS FIXED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY COMMINGLED EMPLOYEE BENEFIT FUNDS T</u>		
c EIN-PN <u>26-6609096-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1517642</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RITC ENHANCED INDEX BD FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY COMMINGLED EMPLOYEE BENEFIT FUNDS T</u>		
c EIN-PN <u>91-1117282-039</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RITC WORLD EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY COMMINGLED EMPLOYEE BENEFIT FUNDS T</u>		
c EIN-PN <u>91-1117282-046</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4783766</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RITC GLOBAL LISTED INFRASTRUCTURE F</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY COMMINGLED EMPLOYEE BENEFIT FUNDS T</u>		
c EIN-PN <u>91-1117282-073</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>902180</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RITC EMERGING MARKETS FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY COMMINGLED EMPLOYEE BENEFIT FUNDS T</u>		
c EIN-PN <u>91-1117282-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>913984</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: RITC SMALL CAP FUND

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY COMMINGLED EMPLOYEE BENEFIT FUNDS T

c EIN-PN 91-1117282-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 704428
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a Name of MTIA, CCT, PSA, or 103-12 IE: RITC U S GOVT FIXED INCOME FD

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY COMMINGLED EMPLOYEE BENEFIT FUNDS T

c EIN-PN 26-6609096-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14978609
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a Name of MTIA, CCT, PSA, or 103-12 IE: RITC 14 YR LDI FIXED INCOME FD

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY COMMINGLED EMPLOYEE BENEFIT FUNDS T

c EIN-PN 26-6609096-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 725661
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE CONTINENTAL, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 020
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL LEVEL 3, INC.	D Employer Identification Number (EIN) 06-1296108

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	240244 237708
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	40242382 36612012
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	40482626	36849720
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	36398	35967
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	36398	35967
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	40446228	36813753

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1012038
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		126591
d Total income. Add all income amounts in column (b) and enter total	2d		1138629

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4540416	
(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)		4540416
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)	8167	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	107342	
(7) Actuarial fees	2i(7)	57710	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	57469	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		230688
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4771104

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3632475
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: **EISNERAMPER LLP**

(2) EIN: **87-1363769**

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		50000000
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 554850.

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 **01/01/2024** and ending **12/31/2024**

A Name of plan THE CONTINENTAL, INC. PENSION PLAN	B Three-digit plan number (PN)	020
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL LEVEL 3, INC.	D Employer Identification Number (EIN) 06-1296108	

Part I	Distributions
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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
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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): _____

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	4
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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.)
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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
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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 _____.

EISNERAMPER

CONTINENTAL INC. PENSION PLAN

FINANCIAL STATEMENTS

**DECEMBER 31, 2024 and 2023
(with supplemental information)**



CONTINENTAL INC. PENSION PLAN

Contents

	<u>Page</u>
Independent Auditors' Report	1 - 3
Financial Statements	
Statements of net assets available for benefits as of December 31, 2024 and 2023	4
Statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023	5
Notes to financial statements	6 - 12
Supplemental Information	
Schedule of assets (held at end of year) as of December 31, 2024	13
Schedule of reportable transactions for the year ended December 31, 2024	14

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants and Beneficiaries
of the Continental Inc. Pension Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for each of the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, and the schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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).

EisnerAmper LLP

EISNERAMPER LLP
Metairie, Louisiana
September 22, 2025



CONTINENTAL INC. PENSION PLAN

**Statements of Net Assets Available For Benefits
As of December 31, 2024 and 2023**

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 36,612,012	\$ 40,242,382
Receivables:		
Pending receivables for investments sold	<u>237,708</u>	<u>240,244</u>
Total assets	<u>\$ 36,849,720</u>	<u>\$ 40,482,626</u>
LIABILITIES		
Administrative expenses payable	<u>\$ 35,967</u>	<u>\$ 36,398</u>
Total liabilities	<u>35,967</u>	<u>36,398</u>
Net assets available for benefits	<u>\$ 36,813,753</u>	<u>\$ 40,446,228</u>

CONTINENTAL INC. PENSION PLAN**Statement of Changes in Net Assets Available For Benefits
Year Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions to/(deductions from) net assets attributable to:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,012,038	\$ 3,814,644
Interest and dividends	<u>126,591</u>	<u>37,904</u>
	<u>1,138,629</u>	<u>3,852,548</u>
Benefits paid to participants	<u>(4,540,416)</u>	<u>(5,179,609)</u>
Administrative expenses	<u>(230,688)</u>	<u>(259,835)</u>
Net decrease	(3,632,475)	(1,586,896)
Net assets available for benefits – beginning of year	<u>40,446,228</u>	<u>42,033,124</u>
Net assets available for benefits – end of year	<u>\$ 36,813,753</u>	<u>\$ 40,446,228</u>

See accompanying notes to financial statements

CONTINENTAL INC. PENSION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Continental Inc. Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Participants may request a copy of the Plan document by calling the Lumen Pension Service Center at (888) 324-0689.

General:

The Continental Inc. Pension Plan (the Plan) is a defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective December 31, 1992, the Continental Kiewit, Inc. Basic Non-Contributory Hourly Pension Plan (the Hourly Plan) and the Retirement Plan for Employees of Western Employers, Inc. and Designated Subsidiaries of Western Employers, Inc. (the Western Plan) were merged into, and became a part of, the Plan. At the date of the merger, the Hourly Plan's and the Western Plan's assets and liabilities became assets and liabilities of the Plan. The accrued benefits of the Plan's participants were not affected by these events.

Effective December 31, 1992, all participants were terminated and the Plan was frozen. All participants became fully vested at that time.

Effective May 23, 2011, the Continental-Gair Hourly Employees' Pension Plan was merged into and became a part of the Plan and all participation and accruals were frozen.

Effective December 31, 2013, the New Global Crossing Frozen Pension Plan (the GC Plan) was merged into and became a part of the Plan. Participation and accruals were frozen prior to the merger of the Plan.

Effective January 1, 2014, the Plan document was amended and all participation and accruals were frozen among other administrative changes to the Plan.

Continental Level 3, Inc., formerly Continental Kiewit, Inc., is the sponsor of the Plan (Plan Sponsor). Continental Level 3, Inc. is a wholly owned subsidiary of Level 3 Parent, LLC. On November 1, 2017, CenturyLink, Inc., acquired Level 3 Communications, Inc. On January 22, 2021, CenturyLink, Inc. officially changed its legal name to Lumen Technologies, Inc. (the Company or Lumen). The administration of the Plan is divided between the Lumen Employee Benefits Committee (EBC) and CenturyLink Investment Management Company (CIM), an indirect wholly owned subsidiary of Lumen. Russel Investment Trust Company (Trustee) is the Trustee for the Plan.

Pension benefits:

Benefits are paid as monthly annuities or as a lump-sum distribution based on the provisions of the Plan. A portion of the Plan is a cash balance plan and, subject to the terms of the Plan document, benefits are based on the participant's balance in their account. Certain eligible participants have a hypothetical separate account that is credited with interest as described in the Plan document.

CONTINENTAL INC. PENSION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Death and disability benefits:

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting:

The accompanying financial statements are prepared on the accrual basis of accounting.

Subsequent events:

The Plan has evaluated subsequent events through September 22, 2025, the date the financial statements were available to be issued. No additional matters were determined to require additional disclosure or modification to the financial statements as issued.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States (U.S. GAAP) requires Plan management to make estimates, judgements, and assumptions that affect reported amounts of assets, liabilities and changes therein, and when applicable, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition:

The Plan's investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between independent and knowledgeable participants who are willing and able to transact for an asset or liability at the financial statement date. CIM determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation in the value of investments is net realized and unrealized gains and losses which are the difference between the fair value at the beginning of the year or date purchased during the year and the selling price or the fair value at the end of the year. Certain investment-related expenses are included in net appreciation of fair value of investments. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date, the date at which a declared dividend belongs to the seller of the security rather than the buyer.

CONTINENTAL INC. PENSION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial present value of accumulated plan benefits:

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan, 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 are accumulated based on employees' compensation during each year of credited service. The accumulated Plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and are the amount that result 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 dates and the expected dates of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. These calculations have been used to disclose accumulated plan benefits as of December 31, 2023 and 2022. The actuarial valuation as of January 1, 2024 and 2023 is not materially different than the valuation would be as of December 31, 2023 and 2022 with respect to the accumulated plan benefits for the Plan participants as of January 1, 2024.

The significant actuarial assumptions used in the valuation as of December 31, 2023 and 2022 were:

	<u>December 31, 2023</u>	<u>December 31, 2022</u>
Discount Rate:	6.20% per annum	6.20% per annum
Cash Balance Interest Rate	5.25%	4.25%
Retirement age:	Earliest eligible commencement age	Earliest eligible commencement age
Mortality Table:	*	*
Lump Sum Interest Rate	**	**
Actuarial Cost Method:	Unit credit method	Unit credit method

* Healthy mortality tables were based on separate rates for non-annuitants (based on Pri-2012 "Employees" table as of 2012 without collar or amount adjustments), annuitants (based on Pri-2012 "Retiree" table as of 2012 without collar or amount adjustments), and surviving spouse annuitants (based on Pri-2012 "Contingent Survivor" table as of 2012 without collar or amount adjustments), with the MP-2021 projection scale

** IRC section 417(e) interest rates were used for lump sum payment interest rates.

CONTINENTAL INC. PENSION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial present value of accumulated plan benefits (continued):

The actuarial determined present value of accumulated plan benefits as of December 31, 2023 and 2022 are as follows:

	2023	2022
Participants and beneficiaries currently receiving payments of vested benefits	\$ 32,046,624	\$ 33,755,140
Other participants	4,232,223	5,073,701
Non-vested accumulated benefits	-	52,144
Total actuarial present value of accumulated plan benefits	\$ 36,278,847	\$ 38,880,985

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2023 is as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 38,880,985
Increase/(decrease) during the year attributable to:	
Actuarial (gains)/losses	327,934
Interest due to the decrease in the discount period	2,250,052
Benefits payments (including lump-sum distributions)	(5,179,609)
Assumption changes	(515)
Net decrease	(2,602,138)
Actuarial present value of accumulated plan benefits, end of year	\$ 36,278,847

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.

Payment of benefits:

Benefits payments to participants are recorded upon distribution to the participant.

Administrative expenses:

The Plan's expenses are paid either by the Plan or paid by the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from the Plan's financial statements. Administrative expenses include Trustee fees, investment management fees, administration fees and certain other expenses.

CONTINENTAL INC. PENSION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE 3 - INVESTMENT CERTIFICATION

The Plan Administrator for the Plan has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified to the completeness and accuracy of all investments and related investment activity in the accompanying financial statements and supplemental schedules. Additionally, the investment categories and fair value amounts in Note 5 – Fair Value Measurements were derived from information certified by the Trustee.

Accordingly, the Plan Administrator for the Plan instructed the Plan's independent auditor not to perform any auditing procedures with respect to the investment information certified by the Trustee as complete and accurate, except for comparing such information certified by the Trustee to information included in the Plan financial statements and supplemental schedules.

NOTE 4 - FUNDING POLICY

The Company's funding policy for the Plan is to make contributions with the objective of accumulating sufficient assets to pay all qualified pension benefits when due under the terms of the Plan. Contributions to provide benefits under the Plan are made solely by the Company.

Contributions, if any, are paid to the Trustee in cash, by September 15 of the year following the close of the Company's fiscal year. Contributions will not exceed the maximum amount deductible for tax purposes. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023. The Company made no voluntary cash contributions to the Plan in 2024 or 2023.

NOTE 5 - FAIR VALUE MEASUREMENTS

Plan management uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs when determining fair value and then Plan management ranks the values based on the reliability of the inputs used following the fair value hierarchy set for by the Financial Accounting Standards Board's ("FASB"). There have been no changes in the methodologies used at December 31, 2024 and 2023.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The three levels of the fair value hierarchy are:

Level 1 – Observable inputs such as quoted market prices in active markets.

Level 2 – Inputs other than quoted prices in active markets that are either directly or indirectly observable.

Level 3 – Unobservable inputs in which little or no market data exists.

Interests in common collective trust funds are fair valued using a practical expedient to the net asset value ("NAV") per unit (or its equivalent) of each fund. The NAV reported by the qualified institution is based on the market value of the underlying investments owned by each fund, minus its liabilities, divided by the number of fund shares outstanding.

CONTINENTAL INC. PENSION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan held no assets valued utilizing the input levels within the fair value hierarchy as of December 31, 2024 and 2023.

The following table presents the fair value, redemption frequency and unfunded commitments of Plan assets valued at NAV as of December 31, 2024 and 2023:

Investment Assets at Fair Value as of December 31, 2024

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Plan Level Redemption Notice Period</u>
Common collective trusts	\$ 36,612,012	n/a	1 Day	N/A

Investment Assets at Fair Value as of December 31, 2023

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Plan Level Redemption Notice Period</u>
Common collective trusts	\$ 40,242,382	n/a	1 Day	N/A

NOTE 6 - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated October 21, 2014, stating that the Plan is qualified under the Internal Revenue Code ("IRC") and therefore the related trust is exempt from taxation. The Plan has been amended since receiving the tax determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain investments are managed by the Trustee. Transactions related to these investments qualify as party-in-interest transactions. Fees incurred by the Plan to the Trustee were \$115,509 and \$131,589 for the years ended December 31, 2024 and 2023, respectively. The Plan also pays actuarial and other administrative fees. As service providers to the Plan, these transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules.

CONTINENTAL INC. PENSION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, inflation, market and credit risk. Market risks include global events which could impact the value of investments, such as pandemics, increasing tariffs, or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

NOTE 9 - PLAN TERMINATION

Although the Company has not expressed any intention to do so, it has the right to terminate the Plan subject to the provisions of ERISA.

In the event of the termination of the Plan, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations as defined in the Plan document. All benefits for each group shall be paid or provided for before any benefits are paid for any members of the group having the next lower priority. If the funds are insufficient to pay all of the benefits for any group, the amount available shall be allocated among the members of the group in proportion to their interests.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the termination of the Plan. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the net assets of the Plan to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

CONTINENTAL INC. PENSION PLAN

Employer Identification #06-1296108, Plan No.020
Schedule H of Form 5500
Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	Units	(d) Cost	(e) Current Value
*	Russell Investments Trust Company	Russell TR CO Commingled 8 YR LDI Fixed Fund	536,455	\$ 6,435,384	\$ 7,360,169
		Russell TR CO Commingled 14 YR LDI Fixed Fund	54,194	725,118	725,661
		Russell TR CO Commingled 10 YR Fixed Income Fund	447,922	5,213,133	4,725,573
		Russell TR CO Commingled 15 YR Fixed Income Fund	150,262	1,896,375	1,517,642
		Russell TR CO World Equity Fund	112,533	3,133,794	4,783,766
		Russell TR CO Emerging Markets Fund	7,864	996,302	913,984
		Russell TR CO US Govt Fixed Income Fund	1,487,449	14,697,407	14,978,609
		Russell TR CO Global Listed Infrastructure Fund	31,185	670,819	902,180
		Russell TR CO Small Cap Fund	5,272	591,603	704,428
				<u>\$ 34,359,935</u>	<u>\$ 36,612,012</u>

* Indicates party-in-interest

CONTINENTAL INC. PENSION PLAN

Employer Identification #06-1296108, Plan No. 020
 Schedule H, Part IV, Line 4(j) of Form 5500
 Schedule of Reportable Transactions
 For the Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
i. A single transaction in excess of five percent of the current value of Plan assets at the beginning of the Plan year.						
Russell Investments Trust Company	Russell TR CO US Govt Fixed Income Fund	\$15,926,538	\$ -	\$ -	\$ 15,926,538	\$ -
Russell Investments Trust Company	Russell TR CO Enhanced Index BD Fund	\$ -	\$ 7,244,916	\$ 6,958,548	\$ 7,244,916	\$ 286,368
Russell Investments Trust Company	Russell TR CO Commingled 8 YR LDI Fixed Fund	\$ -	\$ 10,997,774	\$ 9,843,863	\$ 10,997,774	\$ 1,153,911
ii. Any series of transactions involving the same person and involving property, other than securities, which amount in the aggregate, to more than five percent of the current value of Plan assets at the beginning of the Plan year.						
None.						
iii. Any series of transactions involving securities of the same issue which, in the aggregate, amount to more than five percent of the current value of Plan assets at the beginning of the Plan year						
Russell Investments Trust Company	Russell TR CO US Govt Fixed Income Fund	\$16,005,570	\$ 1,328,128	\$ 1,308,163	\$ 17,333,699	\$ 19,965
Russell Investments Trust Company	Russell TR CO Enhanced Index BD Fund	\$ 182	\$ 7,324,032	\$ 7,034,170	\$ 7,324,214	\$ 289,862
Russell Investments Trust Company	Russell TR CO Commingled 8 YR LDI Fixed Fund	\$ 10,935	\$ 11,954,098	\$ 10,682,571	\$ 11,965,033	\$ 1,271,527

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0	0
50-54	0	1	0	1	0	0	0	0	0	0	0	2
55-59	0	1	0	1	1	1	0	0	0	0	0	4
60-64	0	0	0	0	1	2	0	0	0	0	0	3
65-69	0	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	0	2	2	3	0	0	0	0	0	9

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: The Continental Inc. Pension Plan
 EIN / PN: 06-1296108/020
 Plan Sponsor: Continental Level 3, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis Segment Rates from the Fourth Month Preceding Valuation Date

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
--	----------------------	--------------------------

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Lump Sum Conversion Rate For funding purposes, the same 3-segment rates as defined above. For ASC 960 purposes, IRC Section 417(e) interest rates.

Cash Balance Conversion Rate IRC Section 417(e) segment rates published for November prior to the plan year

Cash Balance Interest Crediting Rate 5.25% rate is assumed.

Assumed Cost of Living Adjustments – Western Plan 2.50% per annum for those participants eligible for annual cost of living increases.

Plan Related Expenses \$240,000

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Mortality

- **Heathy** Separate rates for non-annuitants (based on PRI-2012 “Employees” table without collar or amount adjustments, projected forward with generational projection using the IRS adjusted Scale MP-2021) and annuitants (based on PRI-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using the IRS adjusted Scale MP-2021).
- **Disabled** Same as healthy mortality

Termination

Rates varying by age and gender

Representative Termination Rates

Attained Age	Percentage leaving during the year	
	Males	Females
21	13%	11%
25	11%	10%
30	10%	5%
35	5%	3%
40	1%	2%
45	1%	1%
50	1%	1%
55	1%	1%
60	1%	1%
65	-	-

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
21	0.1%	0.1%
25	0.1%	0.1%
30	0.1%	0.1%
35	0.1%	0.1%
40	0.1%	0.1%
45	0.2%	0.2%
50	0.4%	0.4%
55	0.7%	0.7%
60	1.3%	1.3%
62	1.5%	1.5%
65	-	-

Retirement

Rates varying by age and gender.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Percentage retiring during the year		
Age	Males	Females
45	5%	5%
46	5%	5%
47	5%	6%
48	5%	6%
49	5%	6%
50	6%	8%
51	6%	8%
52	6%	8%
53	6%	8%
54	8%	10%
55	8%	10%
56	10%	10%
57	10%	10%
58	12%	14%
59	14%	16%
60	20%	18%
61	40%	30%
62	50%	50%
63	30%	30%
64	30%	30%
65	100%	100%

Plan Name: The Continental Inc. Pension Plan
 EIN / PN: 06-1296108/020
 Plan Sponsor: Continental Level 3, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have become eligible for early retirement
- Deferred vested benefit The later of age 65 or termination of employment
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Other Assumptions

Inclusion Date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Form of payment Global Crossing actives who are eligible for retirement at termination: 50% are assumed to elect payments of benefits in a qualified joint and 50% survivor annuity and 50% are assumed to elect a lump sum payment.

Global Crossing actives who are not eligible for retirement at termination: 50% are assumed to elect a single life annuity at age 65 and 50% are assumed to elect a lump sum payment when they terminate employment.

Global Crossing terminated vested participants: 100% are assumed to elect a single life annuity at age of 65.

Non-Global Crossing terminated vested participants: 60% are assumed to elect a single life annuity option, 30% are assumed to elect a 100% joint and survivor option and 10% are assumed to elect a 50% joint and survivor option when they retire.

Percent married 90% of males; 50% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Spouse age Wife four years younger than husband.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets [for determining minimum required contributions]	Average of fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefit payments, administrative expenses and expected earnings of 4.60% for 2022 and 6.20% for 2023 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted receivable contributions (discounted using the effective interest rate for the prior plan year).

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$1,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

The plan sponsor, furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Lump sum conversion rate

As required by IRC §430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.

Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination Assumed termination rates differ by age and gender because of expected differences in termination rates by gender.

Retirement Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods Since Last Actuarial Valuation

- Change in assumptions since prior valuation**
- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
 - The required mortality and scale tables used to calculate the funding target and target normal cost were updated to tables required by IRC §430.
 - The lump sum mortality assumption was updated to reflect current IRS prescribed assumptions.
 - The assumed plan-related expenses added to the target normal cost were changed from \$310,000 for the prior valuation to \$240,000 for the current valuation.
 - The Cash Balance conversion rate was updated from the November 2022 417(e) segment rates to the November 2023 417(e) segment rates.
 - The cash balance interest crediting rate was updated from 4.25% for the prior valuation to 5.25% for the current valuation

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Continental Level 3, Inc.
EIN/PN	06-1296108/020
Plan Name	The Continental Inc. Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Ron Cozzolino
Enrollment Number	23-06794

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

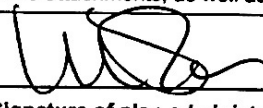
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan THE CONTINENTAL, INC. PENSION PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 020</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CONTINENTAL LEVEL 3, INC. 100 CenturyLink Drive P.O. Box 4065 Monroe LA 71203</p>	<p>1c Effective date of plan 07/15/1990</p> <p>2b Employer Identification Number (EIN) 06-1296108</p> <p>2c Plan Sponsor's telephone number 720-888-1000</p> <p>2d Business code (see instructions) 332900</p>

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

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

SIGN HERE		9/23/25	MARINA PEARSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor LUMEN EMPLOYEE BENEFITS COMMITTEE C/O LUMEN TECHNOLOGIES, INC. 214 E. 24TH ST VANCOUVER WA 98663	3b Administrator's EIN 72-0651161 3c Administrator's telephone number 360-905-7972
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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
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5 Total number of participants at the beginning of the plan year	5	569
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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)	9
a(2) Total number of active participants at the end of the plan year	6a(2)	4
b Retired or separated participants receiving benefits	6b	372
c Other retired or separated participants entitled to future benefits	6c	85
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	461
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	86
f Total. Add lines 6d and 6e	6f	547
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 1I 3H

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

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

CONTINENTAL INC. PENSION PLAN

Employer Identification #06-1296108, Plan No. 020
 Schedule H, Part IV, Line 4(j) of Form 5500
 Schedule of Reportable Transactions
 For the Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
i. A single transaction in excess of five percent of the current value of Plan assets at the beginning of the Plan year.						
Russell Investments Trust Company	Russell TR CO US Govt Fixed Income Fund	\$15,926,538	\$ -	\$ -	\$ 15,926,538	\$ -
Russell Investments Trust Company	Russell TR CO Enhanced Index BD Fund	\$ -	\$ 7,244,916	\$ 6,958,548	\$ 7,244,916	\$ 286,368
Russell Investments Trust Company	Russell TR CO Commingled 8 YR LDI Fixed Fund	\$ -	\$ 10,997,774	\$ 9,843,863	\$ 10,997,774	\$ 1,153,911
ii. Any series of transactions involving the same person and involving property, other than securities, which amount in the aggregate, to more than five percent of the current value of Plan assets at the beginning of the Plan year.						
None.						
iii. Any series of transactions involving securities of the same issue which, in the aggregate, amount to more than five percent of the current value of Plan assets at the beginning of the Plan year						
Russell Investments Trust Company	Russell TR CO US Govt Fixed Income Fund	\$16,005,570	\$ 1,328,128	\$ 1,308,163	\$ 17,333,699	\$ 19,965
Russell Investments Trust Company	Russell TR CO Enhanced Index BD Fund	\$ 182	\$ 7,324,032	\$ 7,034,170	\$ 7,324,214	\$ 289,862
Russell Investments Trust Company	Russell TR CO Commingled 8 YR LDI Fixed Fund	\$ 10,935	\$ 11,954,098	\$ 10,682,571	\$ 11,965,033	\$ 1,271,527

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE CONTINENTAL INC. PENSION PLAN	B Three-digit plan number (PN) ▶	020
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONTINENTAL LEVEL 3, INC.	D Employer Identification Number (EIN) 06-1296108	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	40,482,626
	b Actuarial value	2b	43,240,000
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	472	34,307,528
	b For terminated vested participants	88	4,249,386
	c For active participants	9	478,212
	d Total	569	39,035,126
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	4.98%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	240,000
	c Target normal cost	6c	240,000

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>9/15/2025</u> Date
	Ron Cozzolino Type or print name of actuary	<u>2306794</u> Most recent enrollment number
	Willis Towers Watson US LLC Firm name	<u>312-525-2324</u> Telephone number (including area code)
	Willis Tower 233 South Wacker Drive Suite 1800 Chicago IL 60606 Address of the firm	

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 61

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	240,000
b Excess assets, if applicable, but not greater than line 31a	31b	240,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Salaried Plan

Plan Provisions

The plan was originally effective January 1, 1993. The plan was amended and restated effective January 1, 2014. The most recent amendment that was included in the valuation was signed on June 15, 2021.

Covered employees	All Salaried employees
Participation date	Date of becoming a covered employee
Participation Freeze Date	December 31, 1992
Accrual Freeze Date	September 1, 1993

Definitions

Retirees	Normal Retirement Benefit currently in pay status.
Deferred Vested Members	Benefits accrued plus Cash Balance Account benefits payable at Normal Retirement Age.
Cash Balance Account	<p>The Cash Balance Account benefit is the equivalent actuarial value of the member's Cash Balance Account balance. The equivalent actuarial value is determined based on the UP-1984 Mortality Table and the 417(e) segment rates for November immediately prior to the current plan year.</p> <p>The Cash Balance Account increases monthly over the period of deferral by 1/12th of the interest rate available for 90-day high grade commercial paper.</p>
Normal Retirement Age	65 with 5 years of service.

Plan Name:	The Continental Inc. Pension Plan
EIN / PN:	06-1296108/020
Plan Sponsor:	Continental Level 3, Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Early Retirement Age 55 with 5 years of service.

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65 with five years of pension service.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.

Postponed retirement Retirement after NRD.

Deferred vested termination Termination for reasons other than death or retirement after completing five years of vesting service.

Disability Permanent and total disability prior to NRD.

Preretirement death benefit Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement The monthly pension benefit determined as of NRD.

Benefits at Early Retirement Generally, the Normal Retirement Benefit is reduced 5% per year for each year that the benefit commences before the Normal Retirement Date. The cash balance portion is not reduced for early commencement.

Postponed retirement The monthly pension benefit determined as of the actual retirement date, actuarially increased from NRD.

Deferred vested termination Monthly Pension Benefit determined as of termination date, reduction will be applied for each month that commencement of payments precedes NRD.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disablement The monthly pension benefit determined as of the date of the disablement, payable immediately without reduction for early commencement.

Spousal Benefit Survivor portion of 50% of joint and survivor annuity commencing on or after what would have been the member's earliest retirement date (or following the date of death, if later).

Other Plan Provisions

Forms of payment Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 25%, 75%, 100% joint and survivor annuities, or lump sum.

Pension Increases None

Plan participants' contributions None

Maximum limits 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. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Hourly Plan

Plan Provisions

The plan was originally effective January 1, 1993. The plan was amended and restated effective January 1, 2014. The most recent amendment that was included in the valuation was signed on June 15, 2021.

Covered employees	All Hourly employees
Participation date	Date of becoming a covered employee
Participation Freeze Date	September 1, 1993
Accrual Freeze Date	September 1, 1993

Definitions

Retirees	Normal Retirement Benefit currently in pay status.
Deferred Vested Members	Benefits accrued payable at Normal Retirement Age. The benefit provisions of the Hourly Plan vary with each location.
Normal Retirement Age	The Normal Retirement Age is 65 with 5 years of service.
Early Retirement Age	Varies depending on location.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of pension service.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Varies depending on location.
Postponed retirement	Retirement after NRD.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Permanent and total disability prior to NRD.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Benefits at Early Retirement	The Plan provides reduced early retirement benefits generally at a reduction of 6% per year for each year before Normal Retirement Date.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date, actuarially increased from NRD.
Deferred vested termination	Monthly Pension Benefit determined as of termination date, reduction will be applied for each month that commencement of payments precedes NRD.
Disablement	The monthly pension benefit determined as of the date of the disablement, payable immediately without reduction for early commencement.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Spousal Benefit

Survivor portion of 50% of joint and survivor annuity commencing on or after what would have been the member's earliest retirement date (or following the date of death, if later).

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 25%, 75%, or 100% joint and survivor annuity, or a lump sum.

Pension Increases

None

Plan participants' contributions

None

Maximum limits 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. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Western Employers, Inc. Plan

Plan Provisions

The plan was originally effective January 1, 1993. The plan was amended and restated effective January 1, 2014. The most recent amendment that was included in the valuation was signed on June 15, 2021.

Covered employees All Western Employers, Inc. employees

Participation date Date of becoming a covered employee

Participation Freeze Date January 1, 1993

Accrual Freeze Date January 1, 1993

Definitions

Retirees Normal Retirement Benefit currently in pay status with cost-of-living adjustment made on each July 1.

Deferred Vested Members Benefits accrued payable at Normal Retirement Age and adjusted with cost-of-living increases on each July 1 after the benefit payments commence.

Normal Retirement Age 65 with 5 years of service.

Early Retirement Age 55 with 10 years of credited service.

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65 with five years of pension service.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Permanent and total disability prior to NRD.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	Normal Retirement Benefits reduced by 4% per year for each of the first five years before Normal Retirement Date, plus an additional reduction of 6% per year for each of the next five years before Normal Retirement Date.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date, actuarially increased from NRD.
Deferred vested termination	Monthly Pension Benefit determined as of termination date, reduction will be applied for each month that commencement of payments precedes NRD
Disablement	The monthly pension benefit determined as of the date of the disablement, payable immediately without reduction for early commencement.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Spousal Benefit

Survivor portion of 50% of joint and survivor annuity commencing on or after what would have been the member's earliest retirement date (or following the date of death, if later).

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% or 100% joint and survivor annuity, or a lump sum.

Pension Increases

The cost-of-living adjustment is available to retired members and the spouses who are receiving survivor's contingent benefits. It is not available to members who are receiving disability retirement benefits and the spouses' contingent benefit of members who received disability retirement benefits. The cost-of-living adjustment percentage shall not be greater than 103% nor less than 97%. However, the benefit cannot be reduced to an amount less than the original amount

Plan participants' contributions

None

Maximum limits 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. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Global Crossing – Rochester Plan

Plan Provisions

The plan was originally effective January 1, 1993. The plan was amended and restated effective January 1, 2014. The most recent amendment that was included in the valuation was signed on June 15, 2021.

Covered employees Global Crossing - Rochester employees

Participation date Date of becoming a covered employee

Definitions

Vesting service One year for each 1,000-hour calendar year of employment.

Pension service Years and months of service as a covered employee.

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65 with five years of pension service.

Monthly pension benefit All accrued benefits are frozen and fully vested.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Retirement before NRD.

Postponed retirement Retirement after NRD.

Deferred vested termination Termination for reasons other than death or retirement.

Disability Permanent and total disability prior to NRD.

Preretirement death benefit Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Unreduced Early Retirement Service Pension	Age 51 with 16 years of service or 26 years of service for RTWA bargaining members. Age 52 with 17 years of service or 27 years of service for non-bargaining members and CWA bargaining members.
Reduced Early retirement Service Pension	Age 46 with 21 years of service for RTWA bargaining members and age 47 with 22 years of service for non-bargaining members and CWA bargaining members. Service pension is reduced by 1/2% for each month his age at retirement is less than age 51 for RTWA bargaining members and age 52 for non-bargaining members and CWA bargaining members.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date, actuarially increased from NRD.
Joint and Survivor Annuities	If a participant is married at the time of the commencement of pension payments, his benefits are paid in the form of a joint and survivor annuity. The amount payable during the joint life of the participant and his spouse is 90% of the amount otherwise payable with the provision that one-half of this amount will be continued to the spouse upon the participant's death. If the spouse predeceases the participant, the benefit payable is restored to the full amount. A participant may elect a single life annuity in lieu of the joint and survivorship annuity.
Deferred vested termination	The deferred service pension commencing at age 65 is equal to the service pension based on his average annual compensation and years of service at date of termination. If the participant has completed the service requirements for an early retirement service pension at the time of termination he may elect to have his pension commence at the earliest age at which he would have been eligible for an early retirement service pension. The amount of the early retirement deferred vested pension is calculated in the same manner as the early retirement service pension and is then actuarially reduced for the difference between the age at which payments commence and age 65.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disablement	The monthly pension benefit determined as of the date of the disablement, payable immediately without reduction for early commencement.
Preretirement death	The amount the spouse would have been entitled to under the 50% joint and survivor option with payments commencing in the month of death or at eligibility for early retirement if later.

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50% J&S with a pop-up feature, a 75% J&S, or a lump sum.
Pension Increases	None
Plan participants' contributions	None
Maximum limits 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. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Global Crossing – Frontier Communications of Minnesota, Inc. Plan

Plan Provisions

The plan was originally effective January 1, 1993. The plan was amended and restated effective January 1, 2014. The most recent amendment that was included in the valuation was signed on June 15, 2021.

Covered employees Global Crossing – Frontier Communications of Minnesota employees

Participation date Date of becoming a covered employee

Definitions

Vesting service One year for each year of elapsed service.

Elapsed service Aggregate of all periods of service.

Pension service Years and months of service as a covered employee.

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65.

Monthly pension benefit All accrued benefits are frozen and fully vested.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Non-Bargaining Employees: Age 52 and 2 years of Credited Service.

Bargaining Employees: Age 52.

Postponed retirement Retirement after NRD.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Unreduced Early Retirement Allowance	Bargaining Employees: Age 55 and 30 years of Credited Service.
Deferred vested termination	Termination for reasons other than death or retirement.
Disability	Bargaining Employees: Proof of total and permanent disability and 15 years of Credited Service.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.														
Early retirement	<p>The early retirement benefit payable to a participant at his normal retirement date is equal to his accrued normal retirement benefit. If the participant elects to receive his benefit prior to his normal retirement date the benefit is reduced for early commencement.</p> <p>Bargaining employees have their benefit calculated using the pension band corresponding to their age at early commencement. Non-Bargaining employees have their benefits reduced as shown below:</p> <table><thead><tr><th>Age at Applicable Commencement</th><th>Percentage</th></tr></thead><tbody><tr><td>57 or more</td><td>100.0%</td></tr><tr><td>56</td><td>96.4%</td></tr><tr><td>55</td><td>92.8%</td></tr><tr><td>54</td><td>89.2%</td></tr><tr><td>53</td><td>85.6%</td></tr><tr><td>52</td><td>82.0%</td></tr></tbody></table>	Age at Applicable Commencement	Percentage	57 or more	100.0%	56	96.4%	55	92.8%	54	89.2%	53	85.6%	52	82.0%
Age at Applicable Commencement	Percentage														
57 or more	100.0%														
56	96.4%														
55	92.8%														
54	89.2%														
53	85.6%														
52	82.0%														
Postponed retirement	The monthly pension benefit determined as of the actual retirement date, actuarially increased from NRD.														
Vested Retirement Allowance	Accrued allowance deferred to age 65 or reduced allowance payable at age 52 or later. Bargaining employee's allowances are reduced in the same manner as the early retirement allowance.														

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Non-bargaining employees have their benefits reduced as shown below:

Age at Applicable Commencement	Percentage
65 or more	100.0%
64	96.4%
63	92.8%
62	89.2%
61	85.6%
60	82.0%
59	78.4%
58	74.8%
57	71.2%
56	67.6%
55	64.0%
54	58.1%
53	52.8%
52	48.1%

Disablement

Bargaining Employees: Participant's disability benefit is based on the participant's pension band at normal retirement age and credited service as of the date of disability.

Preretirement death

Non-Bargaining Employees: If the participant dies subsequent to his 50th birthday, the amount which would have been payable to the spouse had the participant terminated in his month of death, survived to age 55 and elected a 100% Joint and Survivor annuity. This annuity commences as of the first day of the first month following the participant's death.

If the participant dies prior to his 50th birthday, the amount which would have been payable to the spouse had the participant retired in his month of death and elected to receive at age 55 a 50% Joint and Survivor annuity reduced by the early retirement factors. This annuity commences the first of the month following the month in which the participant's would have attained age 55.

The surviving spouse of a participant can elect to receive the actuarial equivalent of the survivor benefits described above commencing as of the first day of any month subsequent to the time set forth above but no later than the participant's normal retirement date.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Bargaining Employees: If the participant dies subsequent to his 52nd birthday, the amount which would have been payable to the spouse had the participant retired in his month of death and elected a 100% Joint and Survivor annuity.

If the participant dies prior to his 52nd birthday, the amount which would have been payable to the spouse had the participant retired in his month of death and elected to receive at age 52 a 50% Joint and Survivor annuity. This annuity commences the first of the month following the month in which the participant would have attained age 52.

The surviving spouse of a participant can elect to receive the actuarial equivalent of the survivor benefits described above commencing as of the first day of any month subsequent to the time set forth above but no later than the participant's normal retirement date.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% or 100% joint and survivor annuity, a ten-year certain and life annuity, or a lump sum.

Pension Increases

None

Plan participants' contributions

None

Maximum limits 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. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Global Crossing - Frontier Communications of Wisconsin, Inc. Plan

Plan Provisions

The plan was originally effective January 1, 1993. The plan was amended and restated effective January 1, 2014. The most recent amendment that was included in the valuation was signed on June 15, 2021.

Covered employees Global Crossing – Frontier Communications of Wisconsin employees

Participation date Date of becoming a covered employee

Definitions

Vesting service One year for each 1,000-hour calendar year of employment.

Pension service Years and months of service as a covered employee.

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65 with five years of pension service.

Monthly pension benefit All accrued benefits are frozen and fully vested.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Age 52 with 12 years of service.

Postponed retirement Retirement after NRD.

Deferred vested termination Termination for reasons other than death or retirement.

Disability No disability benefit is offered.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement death benefit Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement The monthly pension benefit determined as of NRD.

Early retirement Accrued benefit reduced actuarially for ages prior to age 62 using UP84 mortality tables with an 8% interest rate.

Postponed retirement The monthly pension benefit determined as of the actual retirement date, actuarially increased from NRD.

Deferred vested termination Accrued benefit. Payment before age 65 reduced using UP84 Mortality Tables with an 8% interest rate.

Disablement No disability benefit is offered.

Preretirement death An amount payable to surviving spouse equal to the amount which would have been payable to the spouse if the participant had elected a 50% joint and survivor annuity.

Other Plan Provisions

Forms of payment Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% joint and survivor annuity, or a lump sum payment.

Pension Increases None

Plan participants' contributions None

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Maximum limits 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. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024

CONTINENTAL INC. PENSION PLAN

Employer Identification #06-1296108, Plan No.020
Schedule H of Form 5500
Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	Units	(d) Cost	(e) Current Value
*	Russell Investments Trust Company	Russell TR CO Commingled 8 YR LDI Fixed Fund	536,455	\$ 6,435,384	\$ 7,360,169
		Russell TR CO Commingled 14 YR LDI Fixed Fund	54,194	725,118	725,661
		Russell TR CO Commingled 10 YR Fixed Income Fund	447,922	5,213,133	4,725,573
		Russell TR CO Commingled 15 YR Fixed Income Fund	150,262	1,896,375	1,517,642
		Russell TR CO World Equity Fund	112,533	3,133,794	4,783,766
		Russell TR CO Emerging Markets Fund	7,864	996,302	913,984
		Russell TR CO US Govt Fixed Income Fund	1,487,449	14,697,407	14,978,609
		Russell TR CO Global Listed Infrastructure Fund	31,185	670,819	902,180
		Russell TR CO Small Cap Fund	5,272	591,603	704,428
				<u>\$ 34,359,935</u>	<u>\$ 36,612,012</u>

* Indicates party-in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The assumed plan-related expenses added to the target normal cost were changed from \$310,000 for the prior valuation to \$240,000 for the current valuation.
- The Cash Balance conversion rate was updated from the November 2022 417(e) segment rates to the November 2023 417(e) segment rates.
- The cash balance interest crediting rate was updated from 4.25% for the prior valuation to 5.25% for the current valuation

Plan Name: The Continental Inc. Pension Plan
EIN / PN: 06-1296108/020
Plan Sponsor: Continental Level 3, Inc.
Valuation Date: January 1, 2024