

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 01/03/2024 and ending 01/02/2025

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ..... ▶
- 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

<b>1a</b> Name of plan <u>US MOBILE PHONES, INC. DEFINED BENEFIT PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>
	<b>1c</b> Effective date of plan	<u>01/03/2016</u>
<b>2a</b> 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>US MOBILE PHONES, INC.</u>  <u>502 JERSEY AVENUE, SUITE 1</u> <u>NEW BRUNSWICK, NJ 08901</u>	<b>2b</b> Employer Identification Number (EIN)	<u>11-3630224</u>
	<b>2c</b> Sponsor's telephone number	<u>844-723-8600</u>
	<b>2d</b> Business code (see instructions)	<u>517000</u>
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b>	<u>71</u>
<b>b</b> Total number of participants at the end of the plan year .....	<b>5b</b>	<u>65</u>
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>5c(1)</b>	
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>5c(2)</b>	
<b>d(1)</b> Total number of active participants at the beginning of the plan year .....	<b>5d(1)</b>	<u>37</u>
<b>d(2)</b> Total number of active participants at the end of the plan year .....	<b>5d(2)</b>	<u>39</u>
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>5e</b>	<u>0</u>

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	<u>09/29/2025</u>	<u>DORIS MOSSERI</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	<u>09/29/2025</u>	<u>DORIS MOSSERI</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 539518. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	2300958	2462591
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	2300958	2462591
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	0	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	190972	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		190972
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	0	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	0	
<b>g</b> Other expenses .....	<b>8g</b>	29339	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		29339
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		161633
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>1A 1D</u>
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		250000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver. \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 \_\_\_\_\_.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/03/2024 and ending 01/02/2025

▶ **Round off amounts to nearest dollar.**

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

<b>A</b> Name of plan <u>US MOBILE PHONES, INC. DEFINED BENEFIT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>US MOBILE PHONES, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>11-3630224</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>02</u>	Year <u>2025</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>2462591</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>2462591</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u>	<u>0</u>	<u>0</u>
<b>b</b> For terminated vested participants .....	<u>26</u>	<u>13638</u>	<u>13638</u>
<b>c</b> For active participants .....	<u>39</u>	<u>1348117</u>	<u>1348117</u>
<b>d</b> Total .....	<u>65</u>	<u>1361755</u>	<u>1361755</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.52 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>260289</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>260289</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.

<b>SIGN HERE</b>			
	Signature of actuary	<u>09/29/2025</u>	Date
	<u>ROBERT ABZUG</u>	<u>23-04439</u>	Most recent enrollment number
	<u>NFP RETIREMENT, INC.</u>	<u>516-887-4433</u>	Telephone number (including area code)
	<u>45 EXECUTIVE DRIVE, STE. 301 PLAINVIEW, NY 11803</u>		
	Address of the firm		

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

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

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	1163720
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	137498
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1026222
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.02</u> % .....	0	133614
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> 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>5.59</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	1159836

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	111.07 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	151.82 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	108.08 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
			<b>Totals ▶</b>	<b>18(b)</b>		<b>18(c)</b>	

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

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	260289	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	123023	13556	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	273845	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	273845	273845
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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<b>Form 5500-SF</b> <small>Department of the Treasury Internal Revenue Service</small>	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <b>► Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	<small>OMB No. 1210-0110 1210-0089</small> <b>2024</b> This Form is Open to Public Inspection
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<b>Part I Annual Report Identification Information</b>		
For calendar plan year 2024 or fiscal plan year beginning <u>01/03/2024</u> and ending <u>01/02/2025</u>		
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Pension plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)	
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)	
D If the plan is a collectively-bargained plan, check here	..... ► <input type="checkbox"/>	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	..... ► <input type="checkbox"/>	

<b>Part II Basic Plan Information</b> --- enter all requested information		
1a Name of plan US MOBILE PHONES, INC. DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ►	001
	1c Effective date of plan	01/03/2016
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)  US MOBILE PHONES, INC.  502 JERSEY AVENUE, SUITE 1  US NEW BRUNSWICK NJ 08901	2b Employer Identification Number (EIN)	11-3630224
	2c Sponsor's telephone number (844) 723-8600	
	2d Business code (see instructions)	517000
	3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5a Total number of participants at the beginning of the plan year	5a	71
b Total number of participants at the end of the plan year	5b	65
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	37
d(2) Total number of active participants at the end of the plan year	5d(2)	39
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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		Date	7/25/25 Doris Mussel
SIGN HERE	Signature of employer/plan sponsor	Date	9/25/25 Doris Mussel

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No  
 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year 539518. (See instructions.)

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets .....	<b>7a</b>	2,300,958	2,462,591
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	2,300,958	2,462,591
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
(1) Employers .....	<b>8a(1)</b>	0	
(2) Participants .....	<b>8a(2)</b>	0	
(3) Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	190,972	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		190,972
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	0	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ...	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) ....	<b>8f</b>	0	
<b>g</b> Other expenses .....	<b>8g</b>	29,339	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		29,339
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		161,633
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 1A 1D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

10 During the plan year:	Yes	No	Amount
<b>a</b> 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>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	X		250,000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below  Yes  No

**a.** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

**b** PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver Month   Day   Year  

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

<b>b</b> Enter the minimum required contribution for this plan year.	<b>12b</b>	<span style="border-bottom: 1px solid black; padding: 0 20px;"> </span>
<b>c</b> Enter the amount contributed by the employer to the plan for the plan year	<b>12c</b>	<span style="border-bottom: 1px solid black; padding: 0 20px;"> </span>
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	<b>12d</b>	<span style="border-bottom: 1px solid black; padding: 0 20px;"> </span>
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**  

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
<span style="border-bottom: 1px solid black; padding: 0 20px;"> </span>		

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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

**SCHEDULE SB  
(Form 5500)**

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

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

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

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

OMB No. 1210-0110

**2024**

This Form Is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/03/2024 and ending 01/02/2025

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan US MOBILE PHONES, INC. DEFINED BENEFIT PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF US MOBILE PHONES, INC.		<b>D</b> Employer Identification Number (EIN) 11-3630224	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>02</u> Year <u>2025</u>			
<b>2</b> Assets:			
<b>a</b> Market value	<b>2a</b>	2,462,591	
<b>b</b> Actuarial value	<b>2b</b>	2,462,591	
<b>3</b> Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment	0	0	0
<b>b</b> For terminated vested participants	26	13,638	13,638
<b>c</b> For active participants	39	1,348,117	1,348,117
<b>d</b> Total	65	1,361,755	1,361,755
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions	<b>4a</b>		
<b>b</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	<b>4b</b>		
<b>5</b> Effective interest rate	<b>5</b>	5.52 %	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals	<b>6a</b>	260,289	
<b>b</b> Expected plan-related expenses	<b>6b</b>	0	
<b>c</b> Target normal cost	<b>6c</b>	260,289	

**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.

<b>SIGN HERE</b>	<i>Robert Abzug</i>	<u>9/29/2025</u>
	Signature of actuary	Date
ROBERT ABZUG		23-04439
Type or print name of actuary		Most recent enrollment number
NFP RETIREMENT, INC.		(516) 887-4433
Firm name		Telephone number (including area code)
45 EXECUTIVE DRIVE, STE. 301		
US PLAINVIEW NY 11803		
Address of the firm		

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

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

Schedule SB (Form 5500) 2024 v. 240311

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,163,720
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	137,498
<b>9</b>	Amount remaining (line 7 minus line 8)	0	1,026,222
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.02%</u>	0	133,614
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year)		0
	<b>b(1)</b> 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>5.59%</u>		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance		0
	<b>d</b> Portion of (c) to be added to prefunding balance		0
<b>12</b>	Other reductions in balances due to elections or deemed elections	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	1,159,836

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage	<b>14</b>	111.07 %
<b>15</b>	Adjusted funding target attainment percentage	<b>15</b>	151.82 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	<b>16</b>	108.08 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	<b>17</b>	%

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

<b>19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year</b>			
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	<b>19c</b>	0
<b>20 Quarterly contributions and liquidity shortfalls:</b>			
<b>a</b> Did the plan have a "funding shortfall" for the prior year? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>c</b> 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:**

<b>a Segment rates:</b>	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A full yield curve used
<b>b Applicable month (enter code)</b>				<b>21b</b> 0

**22 Weighted average retirement age** ..... **22** ..... 62

**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**

<b>28 Unpaid minimum required contributions for all prior years</b> .....	<b>28</b>	0
<b>29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 18a)</b> .....	<b>29</b>	0
<b>30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)</b> .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a Target normal cost (line 6c)</b> .....	<b>31a</b>	260,289
<b>b Excess assets, if applicable, but not greater than line 31a</b> .....	<b>31b</b>	0

**32 Amortization installments:**

	Outstanding Balance	Installment
<b>a Net shortfall amortization installment</b> .....	123,023	13,556
<b>b Waiver amortization installment</b> .....	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** .....

<b>34 Total funding requirement before reflecting carryovers/prefunding balances (lines 31a - 31b + 32a + 32b - 33)</b> .....	<b>34</b>	273,845	
	Carryover balance	Prefunding Balance	Total balance
<b>35 Balances elected for use to offset funding requirement</b> .....	0	273,845	273,845
<b>36 Additional cash requirement (line 34 minus line 35)</b> .....	<b>36</b>	0	
<b>37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)</b> .....	<b>37</b>	0	

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

<b>a Total (excess, if any, of line 37 over line 36)</b> .....	<b>38a</b>	0
<b>b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances</b> .....	<b>38b</b>	0
<b>39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)</b> .....	<b>39</b>	0
<b>40 Unpaid minimum required contributions for all years</b> .....	<b>40</b>	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

US MOBILE PHONES, INC.  
DEFINED BENEFIT PLAN  
EIN# 11-3630224  
PLN# 001

**SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE**

<u>Age</u>	<u>Rate of Retirement</u>
62	100%

**The methodology used to compute the weighted average retirement was to add up each active participant's Assumed Retirement Age and divide by the number of active participants.**

US MOBILE PHONES, INC.  
DEFINED BENEFIT PLAN  
EIN#11-3630224  
PLN# 001

Schedule SB, Part V – Summary of Plan Provisions  
As of January 2, 2025

Plan Effective Date	January 3, 2016
Plan Year	From January 3 to January 2
Eligibility	<p>All employees are eligible to enter on the January 3 or July 3 coincident with or following the completion of the following requirements:</p> <p>1 Year of service</p> <p>Notwithstanding the above, Employees other than Jacob Abraham, Frances D. Adnan, Usman Adnan, Rosa Aguilar, Maradely Amaro, Elena Bermello, Johanna Alvarez Burgos, Gloria Cabrera, Maria R. Cerda, Raymond Chehova, Massiel M. Cruz Portorreal, Joshua Cruz Ramos, Camila Dambrosio, Jose M. Delgado, Ybonnys Diaz, Jose Dominguez, Raul Dominguez, Erick Espinal, Maria Franco, Maria Isabel Franco, Milagros Gonzalez, Judah Grinberg, Romell Guzman, Christian Jimenez, Mousa Jojjati, Eddie Keda, Esquivel Kerly, Vanezza A. Lara, Deisy A. Lata, Jimmy Lucero, Gary Manzueta, Griselda Marin, Alvaro Martinez, Anny Matos, Henry Medrano, Kassem Metta, Doris Mosseri, Jonathan Naranjo, Karyna Narvaez, Maria C. Nunez, Queisy Olivo Castillo, Deilyn Ollarves, Yanellys Pagan, Frank Perez, Kamesha M. Privott, Maria Quintero, Estefany Ramirez, Fatima Ramos, Emely Rodriguez, Samuel Sabbagh, Sandra Sanchez, Manuary Antonio Gonzalez Santana, Gonzalo Santibanez, Abraham Setton, Eddie Shamie, Desiree Simmons, Katy Torres, Kenci Sierra Vasquez, Maria Villamarin, Shoumar Wallace and Mark A. Zayas shall not be eligible to participate in the Plan</p>
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following:

US MOBILE PHONES, INC.  
DEFINED BENEFIT PLAN  
EIN#11-3630224  
PLN# 001

Schedule SB, Part V – Summary of Plan Provisions  
As of January 2, 2025

Normal Retirement Benefit

Attainment of age 62  
Completion of 5 years of participation  
Upon attainment of normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

.5 Percent times credited years

Notwithstanding the above,

Maria R. Cerda, Katy Torres and Shoumar Wallace shall be entitled to the greater of:

- 1) his or her Frozen Accrued Benefit as of July 24, 2020 or
- 2) .5 Percent times credited years

Judah Grinberg shall receive 2.60 Percent times credited years

Rosa Aguilar, Maradely Amaro, Kassem Metta and Sandra Sanchez, shall receive 5.1 Percent times credited years

Christian Jimenez, Griselda Marin, Doris Mosseri and Yanellys Pagan shall receive 5.4 Percent times credited years

Credited years are plan years commencing with the year of employment and ending with the retirement year excluding the following:

Years with less than 1000 hours

Years prior to January 3, 2015.  
with a maximum of 20 years

The benefit as determined above shall be offset by an Actuarially Equivalent Benefit consisting

US MOBILE PHONES, INC.  
DEFINED BENEFIT PLAN  
EIN#11-3630224  
PLN# 001

Schedule SB, Part V – Summary of Plan Provisions  
As of January 2, 2025

of the Participant's vested account balance under the US Mobile Phones, Inc. Profit Sharing Plan. For purposes of determining a Participant's Accrued Benefit the offset shall be applied after determining the Accrued Benefit without regard to the offset.

The benefit is based on the highest 5 consecutive year salary average during all years of employment after January 3, 2015.

Normal Form of Benefit

A benefit payable for the life of the participant

Accrued Benefit

Unit Benefit Method

Termination Benefit

Upon termination for any reason other than death, disability or retirement, a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Top Heavy Minimum Benefit

Years with less than 1000 hours  
Each participant will be entitled to a minimum accrued benefit equal to the following:

2 Percent of average compensation times credited years

US MOBILE PHONES, INC.  
DEFINED BENEFIT PLAN  
EIN#11-3630224  
PLN# 001

Schedule SB, Part V – Summary of Plan Provisions  
As of January 2, 2025

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years plan not top heavy  
Years with less than 1000 hours

With a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top Heavy Normal Form

A benefit payable for the life of the participant

Top Heavy Status

A plan is top heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top heavy.

The benefit as determined above shall be offset by an Actuarially Equivalent Benefit consisting of the Participant's vested account balance attributable to employer contributions under the US Mobile Phones, Inc. Profit Sharing Plan. For purposes of determining a Participant's Accrued Benefit the offset shall be applied after determining the Accrued Benefit without regard to the offset.

Death Benefit

Proceeds of any insurance policies on the life of the participant plus the actuarial equivalent of the accrued benefit earned to date of death less the cash value of such policies

US MOBILE PHONES, INC.  
DEFINED BENEFIT PLAN

Schedule SB, line 26  
Schedule of Active  
Participant Data

Employer Identification Number 00-0000000      Plan Number 000  
As of January 2, 2025

Attained Age	Under									
	1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	9	1	0	0	0	0	0	0	0
25 to 29	0	7	2	0	0	0	0	0	0	0
30 to 34	0	2	7	0	0	0	0	0	0	0
35 to 39	0	1	7	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	2	0	0	0	0	0	0	0
50 to 54	0	0	1	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0
Average Age	31.09			Average Service			6.00			

US MOBILE PHONES, INC.  
DEFINED BENEFIT PLAN  
EIN# 11-3630224  
PLN# 001

**SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES**

<u>Type of Base</u>	<u>Present Value Of Remaining Installments</u>	<u>Valuation Date as of which Base Was Established</u>	<u># Years Remaining Amortization Period</u>	<u>Amortization Installment</u>
SHORTFALL	21,869	01/02/22	12	2,374
SHORTFALL	322,448	01/02/23	13	33,065
SHORTFALL	(294,858)	01/02/24	14	(28,725)
SHORTFALL	73,564	01/02/25	15	6,842

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods  
 As of January 2, 2025

Actuarial Cost Method	Under the provisions of the Pension Protection Act of 2006 (PPA), a single Actuarial Cost Method is prescribed for the annual determination of the range of acceptable Employer contributions for all tax-qualified defined benefit retirement plans subject to the funding requirements of IRC §430 as added by PPA. Under this method, the actuarially determined present value of benefits accrued as of the beginning of the plan year, referred to as the 'Funding Target', is determined on the valuation date. The value of additional benefits accrued or expected to be accrued during the plan year, known as the 'Target Normal Cost' is also determined. Simply stated, and unless the plan is considered fully funded, the Employer's minimum funding requirement for the year consists of the Target Normal Cost along with a payment toward amortizing any shortfall between the Funding target and the adjusted actuarial value of the Plan's assets.	
Asset Valuation Method	Market Value	
Actuarial Assumptions		
Interest: Based upon anticipated date of benefit payment measured from the valuation date	For I.R.C. §430	For I.R.C. §404(o)
Within the first 5 years	5.00%	5.00%
Beyond 5, not more than 20 years	5.27%	5.27%
More than 20 years	5.59%	5.40%
Mortality:		
Pre-retirement	None	
Post-retirement	2024 Static Combined Mortality Table for Small Plans for Males and for Females	
Assumed Retirement Age	Normal Retirement Age, or end of current plan year, if later	
Form of Benefit Payment	Joint and 100% Survivor Life Annuity	
Pre-retirement Withdrawal	None	

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Salary Increases	3 Percent
Disability Incidence	None
Expenses	Assumed to be paid outside of the trust fund