

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></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><b>1a</b> Name of plan <u>PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><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>DELANEY TELECOM, INC.</u></p> <p><u>5219 MILITIA HILL ROAD</u> <u>PLYMOUTH MEETING, PA 19462</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1995</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>23-2388066</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>724-873-7095</u></p> <p><b>2d</b> Business code (see instructions) <u>517000</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	JACKIE COUTURE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	SHUBHRA PRADHAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<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>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	683
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	8
	<b>6a(2)</b>	8
	<b>6b</b>	380
	<b>6c</b>	230
	<b>6d</b>	618
	<b>6e</b>	56
	<b>6f</b>	674
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<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 01/01/2024 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.

<b>A</b> Name of plan <u>PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC</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>DELANEY TELECOM, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2388066</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 type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>40312246</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>40312246</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>395</u>	<u>25333218</u>
	<b>b</b> For terminated vested participants .....	<u>280</u>	<u>18808958</u>
	<b>c</b> For active participants .....	<u>8</u>	<u>1234157</u>
	<b>d</b> Total .....	<u>683</u>	<u>45376333</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>5.12 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>504177</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>504177</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>10/14/2025</u>	Date
	<u>CATIE GRAY</u>	<u>23-08473</u>	Most recent enrollment number
	<u>USI CONSULTING GROUP</u>	<u>629-895-7806</u>	Telephone number (including area code)
	<u>5301 VIRGINIA WAY, SUITE 400 BRENTWOOD, TN 37027-7542</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

<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	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>14.80</u> % .....	0	0
<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>5.19</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<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	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	88.83 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	85.61 %
<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>	81.94 %
<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		
04/15/2024	225312	0					
07/11/2024	225312	0					
10/10/2024	225312	0					
01/09/2025	225312	0					
09/02/2025	140805	0					
			<b>Totals ▶</b>	<b>18(b)</b>	1042053	<b>18(c)</b>	0

**19** 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>	1001386

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  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
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<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> 58
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<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>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	504177	
<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 .....	5064087	497209	
<b>b</b> Waiver amortization installment.....			
<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>	1001386	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	1001386	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	1001386	
<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>		
<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	

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<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 checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

<b>SCHEDULE C</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>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</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 **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DELANEY TELECOM, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-2388066</b>	

**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

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

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

PRINCIPAL TRUST COMPANY

51-0099493

(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?
15 21 25	TRUSTEE	139079	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)

KNAV CPA LLP

92-3540684

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	10816	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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DELANEY TELECOM, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2388066</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>S&amp;P 500 INDEX CIT N</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>PRINCIPAL/ BLACKROCK</u>		
<b>c</b> EIN-PN <u>94-3224211-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2534808</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INTERNATIONAL EQTY INDEX CIT N</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>PRINCIPAL / BLACKROCK</u>		
<b>c</b> EIN-PN <u>52-2265229-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>974792</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LIABILITY DRIVEN SOLUTION CIT I</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>PRINCIPAL</u>		
<b>c</b> EIN-PN <u>30-6225619-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>17293267</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VALUE CIT N</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>PRINCIPAL / MFS</u>		
<b>c</b> EIN-PN <u>45-6648640-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>966287</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>MULTI-MANAGER SMALL CAP CIT N</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>PRINCIPAL</u>		
<b>c</b> EIN-PN <u>45-6648658-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>931004</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INTERNATIONAL VALUE CIT N</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>PRINCIPAL/CAUSEWAY</u>		
<b>c</b> EIN-PN <u>47-6375784-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>747671</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INST EQ INC MGD CIT N</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>PRINCIPAL / T ROWE PRICE</u>		
<b>c</b> EIN-PN <u>46-6586666-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>959721</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INSTITUTIONAL LCG MGD CIT N

**b** Name of sponsor of entity listed in (a): PRINCIPAL / T ROWE PRICE

<b>c</b> EIN-PN 45-6648614-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 973219
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIABILITY DRIVEN SOLUTION CIT II

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

<b>c</b> EIN-PN 80-6049172-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10540330
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND N

**b** Name of sponsor of entity listed in (a): PRINCIPAL/BLACKROCK

<b>c</b> EIN-PN 41-6292499-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 863511
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH CIT

**b** Name of sponsor of entity listed in (a): PRINCIPAL/ALLIANCE BERNSTEIN

<b>c</b> EIN-PN 92-1443848-003	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 963001
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: S&P MIDCAP INDEX CIT N

**b** Name of sponsor of entity listed in (a): PRINCIPAL/BLACKROCK

<b>c</b> EIN-PN 52-2265235-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1646251
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</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>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</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 <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DELANEY TELECOM, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-2388066</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1518976	366117
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2764	3255
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	773789	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	35730004	39393862
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	2340190	1342240
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	40365723	41105474
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	43218	10500
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	43218	10500
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	40322505	41094974

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1042053	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1042053
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	37420	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		37420
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	22457	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		22457
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	4483752	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	4483752	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		0
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		2467619
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		110522
<b>c</b> Other income .....	<b>2c</b>		937
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		3681008

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	2459639	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2459639
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	0	
(3) Recordkeeping fees .....	<b>2i(3)</b>	0	
(4) IQPA audit fees .....	<b>2i(4)</b>	10816	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	0	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	106361	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	0	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses.....	<b>2i(11)</b>	331723	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		448900
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		2908539

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		772469
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **KNAV CPA LLP**

(2) EIN: **92-3540684**

**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
<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 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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</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>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 550901.

<b>SCHEDULE R</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>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

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

<b>A</b> Name of plan <u>PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC</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 <u>DELANEY TELECOM, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2388066</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 42-1466678

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0
--	---	---

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

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

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

# **Pension Plan for Bargaining Unit Employees of NextiraOne, LLC**

Financial Statements

December 31, 2024, and December 31, 2023

**KNAV CPA LLP**

Certified Public Accountants  
One Lakeside Commons, Suite 850,  
990 Hammond Drive NE, Atlanta, GA 30328



America Counts on CPAs

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# Report of Independent Auditor

To,  
The Plan Administrative Committee of the  
Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

## Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the accompanying financial statements of Pension Plan for Bargaining Unit Employees of NextiraOne, LLC (“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 December 31, 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024, and December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024, and December 31, 2023, and for the years ended December 31, 2024, and December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

## Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s responsibilities for the audit of the financial statements section—

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

## Basis for opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s responsibilities for the audits 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.

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## KNAV CPA LLP

### Certified Public Accountants

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2025-331-US

### **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 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.

### **Auditor's responsibilities for the audit of the financial statements**

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

In performing an audit in accordance with GAAS, we:

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

The supplemental schedules of Schedule H, Part IV, Line 4i - Schedule of assets as of December 31, 2024, and Schedule H, Part IV, Line 4j - Schedule of reportable transactions for the year ended December 31, 2024, (under supplemental information), are presented for purposes of additional analysis and not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

**KNAV CPA LLP**

Atlanta, Georgia  
October 03, 2025

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**KNAV CPA LLP**

**Certified Public Accountants**

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2025-331-US

**Pension Plan for Bargaining Unit Employees of NextiraOne, LLC**

Financial Statements

December 31, 2024, and December 31, 2023

# **Financial Statements**

**Pension Plan for Bargaining Unit Employees of NextiraOne, LLC**

Financial Statements

December 31, 2024, and December 31, 2023

**Statements of Net Assets Available for  
Benefits**

*(All amounts in United States Dollars, unless otherwise stated)*

**ASSETS**

**Investments, at fair value:**

Mutual Funds

1,342,240 2,340,190

Common/collective trusts

39,393,862 36,503,793

**Total investments**

**40,736,102 38,843,983**

**Receivables:**

Dividends

3,255 2,764

Employer contribution

366,117 1,518,976

**Total receivables**

**369,372 1,521,740**

**Total assets**

**41,105,474 40,365,723**

**LIABILITIES**

Accrued expenses

10,500 43,218

**Total liabilities**

**10,500 43,218**

**Net assets available for benefits**

**41,094,974 40,322,505**

*(See accompanying notes to financial statements)*

**Pension Plan for Bargaining Unit Employees of NextiraOne, LLC**

Financial Statements

December 31, 2024, and December 31, 2023

**Statements of changes in Net Assets  
Available for Benefits***(All amounts in United States Dollars, unless otherwise stated)*

	For the year ended	
	December 31, 2024	December 31, 2023
<b>Additions to net assets attributed to:</b>		
<b>Investment income:</b>		
Net appreciation in the fair value of investments	2,578,141	4,973,299
Interest income and dividend income	59,877	134,844
Other income	937	3,582
<b>Total investment income</b>	<b>2,638,955</b>	<b>5,111,725</b>
<b>Contributions:</b>		
Employer	1,042,053	1,518,976
<b>Total contributions</b>	<b>1,042,053</b>	<b>1,518,976</b>
<b>Total additions</b>	<b>3,681,008</b>	<b>6,630,701</b>
<b>Deductions from net assets attributed to:</b>		
Benefits paid to participants	2,459,639	2,300,388
Administrative expenses	448,900	668,454
<b>Total deductions</b>	<b>2,908,539</b>	<b>2,968,842</b>
<b>Net increase</b>	<b>772,469</b>	<b>3,661,859</b>
<b>Net assets available for benefits:</b>		
<b>Beginning of the year</b>	<b>40,322,505</b>	<b>36,660,646</b>
<b>End of the year</b>	<b>41,094,974</b>	<b>40,322,505</b>

*(See accompanying notes to financial statements)*

## **Pension Plan for Bargaining Unit Employees of NextiraOne, LLC**

Financial Statements

December 31, 2024, and December 31, 2023

# **Notes to Financial Statements**

*(All amounts are in United States Dollars unless otherwise stated)*

### **NOTE 1: DESCRIPTION OF PLAN**

The following description of the Pension Plan for the Bargaining Unit Employees of NextiraOne, LLC (“the Plan”) provides only general information. Participants should refer to the Plan document or the summary plan description for a complete description of the Plan’s provisions.

#### *General*

Eligible employees automatically become Plan participants on the first anniversary of the date they commence employment. The Plan is a noncontributory defined benefit plan open to all employees of NextiraOne LLC (“the Company”) who are represented by a collective bargaining unit indicated in the Plan. Participants in the Plan are employees of the Company who are members of the Communications Workers of America AFL-CIO Local #1109 (“CWA #1109”).

On April 30, 2006, Black Box Network Services (“Black Box”) acquired NextiraOne from Platinum Equity, LLC.

Effective February 6, 2022, Black Box renewed the collective bargaining agreement with CWA #1109. The agreement limits eligibility to participate in the Plan to those members who were participants as of August 26, 2006. Additionally, the agreement freezes the amount of credited service for participants at the amount earned as of December 31, 2007.

Effective March 31, 2019, NextiraOne, LLC was merged into Delaney Telecom, Inc. Contemporaneously with this merger, Delaney Telecom, Inc. became the sponsor of the Plan.

In July 2019, Wells Fargo Institutional Retirement & Trust (“Wells Fargo IRT”), a former subsidiary of Wells Fargo Bank, N.A., the Plan's trustee, was acquired by Principal Financial Group (“Principal”). The integration of Wells Fargo IRT was completed by the Principal in August 2021.

#### *Pension benefits*

A Plan participant is eligible to receive a normal retirement benefit if the participant terminates employment upon attaining the normal retirement age of 65. Participants who continue to work past normal retirement are entitled to a Postponed Retirement Benefit. Participants who terminate employment before normal retirement age and who have at least five years of vesting service are entitled to a Deferred Vested Retirement Benefit. A participant who has at least five years of vesting service is also eligible to receive an Early Retirement Benefit if the participant terminates employment after reaching age 55.

The normal form of benefit payment is a joint and survivor annuity for married participants or a straight-life annuity for participants who are not married. In lieu of the normal benefit, a participant may elect to receive benefits in the form of a straight-life annuity, a joint or survivor annuity, or a 10-year certain and life annuity.

Monthly benefits for service are calculated based on agreements negotiated by the bargaining unit covered by the Plan. Benefits are reduced if benefit payments are initiated prior to participants attaining age 65.

## **Pension Plan for Bargaining Unit Employees of NextiraOne, LLC**

Financial Statements

December 31, 2024, and December 31, 2023

### *Death benefits*

Options are available under the Plan that allow a participant to provide for benefits to be paid to survivors in the event of the participant's death. Under such options, benefit payments are reduced during the participant's life. Upon the death of the participant, equal or smaller benefits are paid to the surviving spouse or beneficiary for life.

## **NOTE 2: SIGNIFICANT ACCOUNTING POLICIES**

### *Basis of accounting*

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

### *Investment valuation and income recognition*

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date, and interest is accrued when earned. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year. The accumulated unit value is used as a practical expedient to estimate fair value.

### *Funding policy*

The Company contributes such amounts that are necessary, on an actuarial basis, to provide sufficient assets to meet the benefits due to Plan participants and to fund prior service costs.

The Plan has met the minimum funding requirements as required by the Employee Retirement Income Security Act of 1974 ("ERISA") for the years 2024 and 2023.

Although it has not expressed any intention to do so, the Company reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth in ERISA.

### *Actuarial present value of accumulated plan benefits*

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits under the Plan are based on a monthly benefit unit determined by job classification and years of credited service. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included to the extent they are deemed attributable to employee services rendered to the valuation date.

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

## Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

Financial Statements

December 31, 2024, and December 31, 2023

The significant assumptions underlying the actuarial computations for 2024 and 2023 are as follows:

	January 01, 2024	January 01, 2023
Rate of Return on Plan Assets	6.70 percent	6.25 percent
Mortality basis	Pri-2012 Blue Collar Mortality Tables projected generationally (male and female) using scale MP-2021.	Pri-2012 Blue Collar Mortality Tables projected generationally (male and female) using scale MP-2021.
Retirement Age	Graduated scale from ages 55 to 63 and over.	Graduated scale from ages 55 to 63 and over.

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

### *Use of estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial value of accumulated plan benefits reported in the financial statements and accompanying notes. Actual results could materially differ from those estimates.

### *Plan administration*

All Plan administrative and professional expenses incurred in the operation of the Plan are paid directly by the Plan (note 10).

### *Benefit payments*

Benefit payments to participants are recorded when paid.

### *Risks and uncertainties*

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

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

### *Plan termination*

In the event the Plan terminates, its net assets generally will be made available on a pro-rata basis to provide participants' accumulated benefits in the order prescribed by ERISA and its related regulations.

## Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

Financial Statements

December 31, 2024, and December 31, 2023

If the Plan is terminated, certain pension benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and beneficiaries’ 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 are guaranteed at the level in effect on the date of the Plan’s termination, except for those benefits which become nonforfeitable solely because of the termination.

Whether all participants and/or beneficiaries receive their full pension benefits if the Plan is terminated will depend on the sufficiency of the Plan’s net assets at that time to pay those benefits. It may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

### *Forfeiture*

Under the terms of the Plan, any forfeiture arising from a participant’s termination of employment, death, or inability to be located prior to the termination of the Plan is used to pay plan expenses or reduce employer contributions. Forfeited amounts are used to pay plan expenses or reduce employer contributions, not to increase benefits for other participants. There were no forfeiture balances during the year December 31, 2024 and December 31, 2023.

### **NOTE 3: ACTUARIAL INFORMATION**

The accumulated plan benefit information as of January 1, 2024, and January 1, 2023, is as follows:

	<u>January 1, 2024</u>	<u>January 1, 2023</u>
<b>Vested benefits:</b>		
Participants currently receiving payments	21,971,494	22,082,764
Other participants	16,557,143	17,216,040
<b>Actuarial present value of accumulated plan benefits</b>	<u><u>38,528,637</u></u>	<u><u>39,298,804</u></u>

The changes in the actuarial present value of accumulated plan benefits are as follows:

<b>Actuarial present value of accumulated plan benefits on January 1, 2023</b>	<b>39,298,804</b>
Increase (decrease) during the year attributable to:	
Interest	2,385,378
Benefits paid	(2,300,388)
Assumption changes	(1,542,581)
Other, including accumulation of benefits	687,424
<b>Net increase</b>	<u><u>(770,167)</u></u>
<b>Actuarial present value of accumulated plan benefits on January 1, 2024</b>	<u><u>38,528,637</u></u>

Actuarial assumption changes were primarily due to a change in the mortality assumption to the Internal Revenue Service (IRS)-andated table under the Pension Protection Act.

### **NOTE 4: INFORMATION CERTIFIED BY PRINCIPAL BANK (“TRUSTEE”) (UNAUDITED)**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such an election, the Plan administrator instructed the Plan’s independent auditors not to perform any auditing procedures with respect to the following information certified by Principal Bank, the trustee, except for comparing such information certified by Principal Bank to information included in the Plan’s financial statements as at December 31, 2024, and December 31, 2023, and supplemental information as of and for the year ended December 31, 2024:

## Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

Financial Statements

December 31, 2024, and December 31, 2023

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
<b>Investments:</b>		
Mutual fund	1,342,240	2,340,190
Common/collective trusts	39,393,862	36,503,793
<b>Total investments certified by trustee (unaudited)*</b>	<b>40,736,102</b>	<b>38,843,983</b>

### Receivables

Dividends	3,255	2,764
Employer contribution	366,117	1,518,976

### Transactions during the years ended

Net appreciation in the fair value of investments	2,578,141	4,973,299
Interest income and dividend income	59,877	134,844
Other income	937	3,582

\*Refer note 7 for reconciliation with Schedule H, Form 5500

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

## NOTE 5: CONCENTRATIONS OF CREDIT RISK

The following table reflects the individual investment within the Plan that was equal to or greater than 5% of the net assets available for benefits as of:

	<u>December 31, 2024</u>	<u>%</u>	<u>December 31, 2023</u>	<u>%</u>
Principal/Multi-Manager Liability Driven Solution Cit I	17,293,267	42	7,365,677	18
Principal/Multi-Manager Liability Driven Solution Cit II	10,540,330	26	9,319,688	23
Principal/Blackrock S&P 500 Index Cit N	2,534,808	6	4,499,959	11
Principal/Blackrock S&P Midcap Index Cit N	*	*	2,975,356	7

\*Value as at the reporting date does not equal or exceed 5% of net assets.

## NOTE 6: FAIR VALUE MEASUREMENTS

Accounting Standards Codification("ASC") 820, Fair Value Measurements and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

### *Basis of fair value measurement*

**Level 1** – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

**Level 2** – Quoted prices in markets that are not considered to be active, or financial instruments for which all significant inputs are observable, either directly or indirectly.

## Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

Financial Statements

December 31, 2024, and December 31, 2023

**Level 3** – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation methodologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used as at December 31, 2024, and December 31, 2023.

*Mutual funds:* Mutual funds represent investments with various investment managers. The fair value of these investments is determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at net asset value (NAV) as of December 31, 2024, and December 31, 2023.

*Common/collective trusts:* Common/collective trusts represent investments with various investment managers. Units held in common/collective trusts are valued at NAV as reported by the investment managers as a practical expedient as of December 31, 2024, and December 31, 2023. The Plan has no restrictions or redemption period requirements. There are no unfunded commitments relating to the common/collective trusts.

Description	December 31, 2024				Amount (\$)
	Quoted in active markets for identical assets. (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Others	
Mutual funds	1,342,240	-	-	-	1,342,240
Common/collective trusts*	-	-	-	39,393,862	39,393,862
<b>Total investments</b>	<b>1,342,240</b>	<b>-</b>	<b>-</b>	<b>39,393,862</b>	<b>40,736,102</b>

Description	December 31, 2023				Amount (\$)
	Quoted in active markets for identical assets. (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Others*	
Mutual funds	2,340,190	-	-	-	2,340,190
Common/collective trusts*	-	-	-	36,503,793	36,503,793
<b>Total investments</b>	<b>2,340,190</b>	<b>-</b>	<b>-</b>	<b>36,503,793</b>	<b>38,843,983</b>

\*Certain investments that are measured at fair value using NAV per share (or its equivalent), practical expedients have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit the reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

## Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

Financial Statements

December 31, 2024, and December 31, 2023

Transfers between fair value hierarchy levels: The Plan's policy is to recognize transfers between levels at the end of the reporting period. There were no transfers between Level 1, Level 2, or Level 3 during the years ended December 31, 2024, and December 31, 2023.

### *Fair Value of Investments that Calculate Net Asset Value*

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024, and December 31, 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<b>December 31, 2024</b>	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency (if currently eligible)</b>	<b>Redemption Notice Period</b>
Common/collective trusts	39,393,862	-	Daily	None

  

<b>December 31, 2023</b>	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency (if currently eligible)</b>	<b>Redemption Notice Period</b>
Common/collective trusts	36,503,793	-	Daily	None

As of December 31, 2024, and December 31, 2023, the Plan had no unfunded commitments related to its investment in the common/collective trust. Redemptions are permitted daily at NAV with no advance notice requirement, lock-ups, gates, or other redemption restrictions at the participant level.

### **NOTE 7: RECONCILIATION OF INFORMATION CERTIFIED BY TRUSTEE TO FORM 5500 (UNAUDITED)**

	<b>As at December 31, 2024</b>	<b>As at December 31, 2023</b>
Total investments as certified by trustee ( <i>unaudited</i> ) - 'refer note 4'	40,736,102	38,843,983
Add: dividends receivable	3,255	2,764
Add: contributions receivable from employer	366,117	1,518,976
Less: accrued expenses	(10,500)	(43,218)
<b>Net assets as per Schedule H, Form 5500</b>	<b>41,094,974</b>	<b>40,322,505</b>

### **NOTE 8: COMPANY CONTRIBUTIONS**

Company contributions that meet the funding requirements of ERISA are determined by actuarial valuations and are made to the Plan in amounts expected to be sufficient to provide the Plan with assets to pay estimated pension benefits to Plan participants. Contributions to the Plan are determined based upon calculations made by the actuary and are designed to annually fund current normal cost and to amortize the unfunded liability, which results in annual contributions equal to or in excess of the minimum funding requirements for Plan years.

<b>Contributions were made on:</b>	<b>Amount (\$)</b>
April 15, 2024	225,312
July 11, 2024	225,312
October 10, 2024	225,312
January 09, 2025	225,312

## Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

Financial Statements

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September 15, 2025	140,805
<b>Total contributions for the year ended December 31, 2024</b>	<b>1,042,053</b>

### Contributions were made on:

	<b>Amount (\$)</b>
September 12, 2024	1,518,976
<b>Total contributions for the year ended December 31, 2023</b>	<b>1,518,976</b>

## NOTE 9: INCOME TAX STATUS

The Plan received a determination letter from the IRS dated August 21, 2017, stating that the Plan, as amended through September 14, 2015, is qualified under applicable sections of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from federal taxation. The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by federal, state, and/or local taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, and December 31, 2023, 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 tax positions taken include the Plan status as a qualified plan. The Plan Administrator believes that the Plan has operated in a manner that did not jeopardize this status.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## NOTE 10: ADMINISTRATIVE EXPENSES AND PARTIES-IN-INTEREST

Certain administrative expenses of the Plan are paid by the Plan and certain expenses may be paid by the Company, at the Plan administrator's discretion. Plan administrative expenses include recordkeeping, trustee/custodial, audit, actuarial, and other professional fees. For the years ended December 31, 2024 and December 31, 2023, total administrative expenses paid by the Plan were \$448,900 and \$668,454, respectively, as presented in the Statement of Changes in Net Assets Available for Benefits. Amounts paid to parties-in-interest (including the trustee/recordkeeper and investment advisor) were \$184,313 and \$191,772 for 2024 and 2023, respectively. Investment management fees that are netted against investment returns are not included in administrative expenses.

## NOTE 11: RECLASSIFICATION

The previous year's figures have been restated, regrouped, reworked, or reclassified wherever required; however, this has no impact on net assets available for benefits.

## NOTE 12: SUBSEQUENT EVENTS

The Plan evaluated all events and transactions that occurred after December 31, 2024, through the date the financial statements were available to be issued. Based on the evaluation:

**Pension Plan for Bargaining Unit Employees of NextiraOne, LLC**

Financial Statements

December 31, 2024, and December 31, 2023

*Cash contributions*

During the period January 1, 2025, to October 3, 2025, the Company contributed \$532,327 of cash to the Plan, \$366,117 of which was applied to the year ended December 31, 2024, and \$166,210 of which will be completely applied to the Plan year ending December 31, 2025.

## Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

Financial Statements

December 31, 2024, and December 31, 2023

# Supplemental Information

Plan name: Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

EIN: 23-2388066

Plan Number: 001

Schedule H, Part IV, Line 4i - Schedule of assets held as of December 31, 2024\*\*

(a)	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Number of Shares/Unit Number of Shares/Units	Cost	Current Value (\$)
*	Principal/Multi-Manager Liability Driven Solution Cit I	Common/collective trust	1,012,415	17,213,075	17,293,267
*	Principal/Multi-Manager Liability Driven Solution Cit II	Common/collective trust	567,998	11,782,400	10,540,330
*	Principal/Blackrock S&P 500 Index Cit N	Common/collective trust	9,332	1,171,638	2,534,808
*	Principal/Blackrock S&P Midcap Index Cit N	Common/collective trust	19,290	1,285,693	1,646,251
*	Principal/Blackrock International Equity Index Cit N	Common/collective trust	34,802	582,893	974,792
*	Principal/T Rowe Price Institutional Equity Income Managed Cit N	Common/collective trust	14,622	378,924	973,219
*	Principal/Mfs Value Cit N	Common/collective trust	30,511	463,516	966,287
*	Principal/Alliance Bernstein Large Cap Growth Cit	Common/collective trust	60,536	646,793	963,001
*	Principal/T Rowe Price Institutional Equity Income Managed Cit N	Common/collective trust	35,967	508,017	959,721
*	Principal/Multi-Manager Small Cap Ci Cit N	Common/collective trust	35,839	564,821	931,004
*	Principal/Blackrock Short Term Investment Fund S1	Common/collective trust	863,511	863,511	863,511
*	Principal/Causeway International Value Cit N	Common/collective trust	44,005	455,170	747,671
	Europacific Growth Fund Class R6 #2616	Mutual fund	13,439	759,485	721,959
	Acadian Emerging Markets Portfolio Class I #1960	Mutual fund	13,799	295,341	312,268
	Invesco Oppenheimer Developing Markets Fund Class R6 #7038	Mutual fund	8,097	349,273	308,013
	<b>Total investments</b>				<b>40,736,102</b>

\*Party-in-interest as defined by ERISA

\*\*Other schedules required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because there is no information to report.

The above information has been certified by Principal Bank to be complete and accurate to the best of its knowledge.

See Report of Independent Auditor

## Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

Financial Statements

December 31, 2024, and December 31, 2023

# Supplemental Information

Plan name: Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

EIN: 23-2388066

Plan Number: 001

Schedule H, Part IV, Line 4(j) - Schedule of reportable transactions for the year ended December 31, 2024

Single transaction of the same security in excess of 5% of Plan net assets:

<b>Identity of party involved</b>	<b>Description of asset</b>	<b>Purchase price</b>	<b>Selling price</b>	<b>Cost of asset</b>	<b>Net gain (loss)</b>
Principal	Multi-Manager Liability Driven Solution Cit II	3,296,935	-	-	-
Principal	Multi-Manager Liability Driven Solution Cit II	-	3,897,160	4,450,188	(553,028)
Principal	Multi-Manager Liability Driven Solution Cit I	2,632,423	-	-	-
Principal	Multi-Manager Liability Driven Solution Cit I	3,976,772	-	-	-
Principal	Multi-Manager Liability Driven Solution Cit I	2,624,967	-	-	-

Series of transactions of the same security in excess of 5% of Plan net assets:

<b>Identity of party involved</b>	<b>Description of asset</b>	<b>Purchase price</b>	<b>Selling price</b>	<b>Cost of asset</b>	<b>Net gain (loss)</b>
Principal	Blackrock Short Term Investment Fund S1	4,573,477	-	-	-
Principal	Blackrock Short Term Investment Fund S1	-	4,483,748	4,483,748	-
Principal	Blackrock S&P Midcap Index Cit N	-	2,269,089	1,840,896	428,193
Principal	Blackrock S&P 500 Index Cit N	-	3,036,282	1,466,158	1,570,124
Principal	Multi-Manager Liability Driven Solution Cit II	-	10,567,363	11,165,778	(598,415)
Principal	Multi-Manager Liability Driven Solution Cit I	-	11,073,161	11,073,096	65

## Distribution of Active Participants

Age Near Year	Years of Vesting Service										
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25											
25-29											
30-34											
35-39											
40-44											
45-49											
50-54											
55-59									1		1
60-64							1		1	2	4
65-69									1	1	2
70+									1		1
Total	0	0	0	0	0	0	1	0	4	3	8

## Statement of Actuarial Assumptions and Methods

<b>Minimum Funding Annual Interest Rates</b>	24-month segment rates averaged through the end of December 2023 and published in January 2024 (as prescribed by IRC 430) and adjusted to reflect ARPA: <ul style="list-style-type: none"><li>• Segment 1 (0 – 5 years) 4.75%</li><li>• Segment 2 (5 to 20 years) 4.96%</li><li>• Segment 3 (more than 20 years) 5.59%</li><li>• Effective Interest Rate 5.12%</li></ul>
<b>Maximum Deductible Annual Interest Rates</b>	24-month segment rates averaged through the end of December 2023 and published in January 2024 (as prescribed by IRC 430) as follows: <ul style="list-style-type: none"><li>• Segment 1 (0 – 5 years) 4.37%</li><li>• Segment 2 (5 to 20 years) 4.96%</li><li>• Segment 3 (more than 20 years) 4.95%</li><li>• Effective Interest Rate 4.92%</li></ul>
<b>PBGC and LDRM Annual Interest Rates</b>	24-month segment rates averaged through the end of December 2023 and published in January 2024 using the Standard Method (as prescribed by IRC 430) as follows: <ul style="list-style-type: none"><li>• Segment 1 (0 – 5 years) 5.01%</li><li>• Segment 2 (5 to 20 years) 5.13%</li><li>• Segment 3 (more than 20 years) 5.15%</li><li>• Effective Interest Rate 5.13%</li></ul>
<b>ASC 960 Discount Rate</b>	Discount Rate 6.70%  Rationale: as selected by the Plan Sponsor to align with ASC 715 results
<b>Salary Scale</b>	Not applicable
<b>Mortality</b>	Funding: IRS 2024 Generational Mortality, for male and female, with different rate for annuitants and nonannuitants (as prescribed by IRC 430).  ASC 960-20: Pri-2012 Blue Collar Mortality Table Projected Generationally, male and female, using scale MP-2021.  Rationale: as selected by the Plan Sponsor to align with ASC 715 results.

**Rates of Withdrawal** Participants are assumed to withdrawal according to the following pattern (per 1,000 lives):

Age	Rate
15	430
20	350
25	270
30	210
35	180
40	160
45	150
50	120
55	0
60	0

**Rates of Retirement** Actives are assumed to retire based on age as follows:

Age	Rate
55-56	20%
57	25
58	30
59	35
60	45
61	55
62	65
63+	100

Terminated Vested participants and Deferred Beneficiaries are assumed to commence at Normal Retirement Date.

Weighted Average Retirement Age is 58. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

**Rates of Disability** None

**Assumptions Made In Valuing Spouse's Benefit** 60% of all employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

**Optional Form Selection** All employees are assumed to elect the life annuity form of benefit.

**Provision for Expenses** The expense for the current year is the prior year's expense excluding PBGC premium plus current year PBGC premium.

**Standing Elections** The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.

Asset Method	Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date.
	ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.
Funding Method	Pure Unit Credit
	The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to values the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.
Employees Valued	Only participants as of the valuation date were valued.
Changes in Assumptions and Methods since the Last Actuarial Valuation	The interest rates used for determining the funding target were 4.75%, 5.00% and 5.74%. These rates were updated to the rates required for the current plan year.
	The mortality table for the funding target was changed as required under PPA '06 final mortality table regulations.
	The ASC 960 discount rate assumption was updated from 6.25% to 6.70% to align with ASC 715.
Justification for Changes in Actuarial Assumptions	The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

**Pension Plan for Bargaining Unit Employees of NextiraOne, LLC**  
 Financial Statements  
 December 31, 2024, and December 31, 2023

**Supplemental Information**

Plan name: Pension Plan for Bargaining Unit Employees of NextiraOne, LLC  
 EIN: 23-2388066  
 Plan Number: 001

Schedule H, Part IV, Line 4(j) - Schedule of reportable transactions for the year ended December 31, 2024

Single transaction of the same security in excess of 5% of Plan net assets:

<b>Identity of party involved</b>	<b>Description of asset</b>	<b>Purchase price</b>	<b>Selling price</b>	<b>Cost of asset</b>	<b>Net gain (loss)</b>
Principal	Multi-Manager Liability Driven Solution Cit II	3,296,935	-	-	-
Principal	Multi-Manager Liability Driven Solution Cit II	-	3,897,160	4,450,188	(553,028)
Principal	Multi-Manager Liability Driven Solution Cit I	2,632,423	-	-	-
Principal	Multi-Manager Liability Driven Solution Cit I	3,976,772	-	-	-
Principal	Multi-Manager Liability Driven Solution Cit I	2,624,967	-	-	-

Series of transactions of the same security in excess of 5% of Plan net assets:

<b>Identity of party involved</b>	<b>Description of asset</b>	<b>Purchase price</b>	<b>Selling price</b>	<b>Cost of asset</b>	<b>Net gain (loss)</b>
Principal	Blackrock Short Term Investment Fund S1	4,573,477	-	-	-
Principal	Blackrock Short Term Investment Fund S1	-	4,483,748	4,483,748	-
Principal	Blackrock S&P Midcap Index Cit N	-	2,269,089	1,840,896	428,193
Principal	Blackrock S&P 500 Index Cit N	-	3,036,282	1,466,158	1,570,124
Principal	Multi-Manager Liability Driven Solution Cit II	-	10,567,363	11,165,778	(598,415)
Principal	Multi-Manager Liability Driven Solution Cit I	-	11,073,161	11,073,096	65

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

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

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

<b>A</b> Name of plan PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC		<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 Delaney Telecom, INC.		<b>D</b> Employer Identification Number (EIN) 23-2388066	
<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 type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	40,312,246	
<b>b</b> Actuarial value .....	<b>2b</b>	40,312,246	
<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 .....	395	25,333,218	25,333,218
<b>b</b> For terminated vested participants .....	280	18,808,958	18,808,958
<b>c</b> For active participants .....	8	1,234,157	1,234,157
<b>d</b> Total .....	683	45,376,333	45,376,333
<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>	5.12%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	504,177	
<b>c</b> Target normal cost .....	<b>6c</b>	504,177	

**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>	<u>Catie Gray</u> Signature of actuary	<u>10/14/2025</u> Date
CATIE GRAY	Type or print name of actuary	2308473 Most recent enrollment number
USI CONSULTING GROUP	Firm name	629-895-7806 Telephone number (including area code)
5301 VIRGINIA WAY, SUITE 400 BRENTWOOD TN 37027-7542	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 V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	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> 58
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<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>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 504,177
<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 .....	5,064,087		497,209	
<b>b</b> Waiver amortization installment .....				
<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> 1,001,386
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 1,001,386
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 1,001,386
<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>
<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

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<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 checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Pension Plan for Bargaining Unit Employees of NextiraOne LLC

EIN: 23-2388066    PN: 001    Plan Year End: 12-31-2024

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

The retirement age shown is based on an employee who fulfilled the minimum requirement for early eligibility and is calculated in accordance with the following formula which generally assumes employees terminate at the middle of the year.

This age is derived by applying, for an employee with the characteristics of an average new entrant to the plan, the following formula, modified so that the “½” is not used for t = FRA-ERA.

$$\frac{\sum_{t=0}^{FRA-ERA} (tP_{ERA}) * (q_{ERA+t}^r) * (ERA + t + \frac{1}{2})}{\sum_{t=0}^{FRA-ERA} (tP_{ERA}) * (q_{ERA+t}^r)}$$

where FRA = age by which everyone is assumed to retire  
 ERA = age before which nobody is assumed to retire  
 $tP_{ERA}$  = probability of surviving at work to age ERA + t  
 $q_{ERA+t}^r$  = probability of retiring at age ERA + t

<u>Age</u>	<u>Probability of Retirement</u>	<u>Probability of Survival to Next Age</u>	<u>Probabilities</u>	<u>to Expected Retirement Age</u>
55.5	20.00%	80.00%	23.49%	13.04
56.5	20.00%	64.00%	18.79%	10.62
57.5	25.00%	48.00%	17.61%	10.13
58.5	30.00%	33.60%	14.80%	8.66
59.5	35.00%	21.84%	11.22%	6.68
60.5	45.00%	12.01%	7.93%	4.80
61.5	55.00%	5.41%	4.36%	2.68
62.5	65.00%	1.89%	1.80%	1.13
63.5	100.00%	0.00%	0.00%	0.00
64.5	100.00%	0.00%	0.00%	0.00
65.5	100.00%	0.00%	0.00%	0.00
			100.00%	57.74

Val Date 01/01/2024  
 Plan Year End 12/31/2024  
 Plan Name Pension Plan for Bargaining Unit Employees of NextiraOne LLC  
 EIN 23-2388066  
 PN 001

Pension Plan For Bargaining Unit Employees Of Nextiraone Llc  
 EIN: 23-2388066 PN: 001 Plan Year End: 12-31-2024  
 Schedule SB, Line 19 - Discounted Employer Contributions

Date	Amount	Year Applied	Effective Rate	Late Quarterly Rate	Late Quarterly Period	Interest Adjusted Contribution
04/15/2024	225,312	2024	5.12%	N/A	N/A	222,054
07/11/2024	225,312	2024	5.12%	N/A	N/A	219,300
10/10/2024	225,312	2024	5.12%	N/A	N/A	216,579
01/09/2025	225,312	2024	5.12%	N/A	N/A	213,892
09/02/2025	140,805	2024	5.12%	N/A	N/A	129,561

**Total: 1,042,053**

**Total:**

**1,001,386**

## Summary of Principal Plan Provisions

Plan Sponsor	Delaney Telecom, Inc.
EIN/PN	23-2388066/001
Effective Date	January 1, 1995; restated effective January 1, 2016 and last amended effective August 31, 2020.
Plan Year	The 12-month period beginning each January 1.
Participation	An eligible employee shall become a participant on the first day of the month coincident with or immediately following the date on which he or she completes one Year of Service. Any employee whose original hire date is on or after December 31, 2007 shall not be eligible to participate in this Plan.
Accrued Benefit	Accrued benefits are frozen effective December 31, 2007.
Normal Retirement Benefit	<p><u>Eligibility:</u></p> <p>Age 65, or fifth anniversary if later</p> <p><u>Monthly Benefit:</u></p> <p>The Accrued Benefit</p>
Early Retirement Benefit	<p><u>Eligibility:</u></p> <p>Age 55 and 5 Years of Service.</p> <p><u>Monthly Benefit:</u></p> <p>The Accrued Benefit at early retirement reduced by 1/15th for each of the first 5 years by which the commencement precedes his Normal Retirement Date, and by 1/30th for each of the next 5 years.</p>
Termination Benefit	<p><u>Eligibility:</u></p> <p>Upon termination of employment prior to retirement after completion of at least five Years of Service.</p> <p><u>Monthly Benefit:</u></p> <p>The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.</p>

Death Benefit

Eligibility:

100% vested and married for at least one year.

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

Normal Form

Annuity payable for the life of the participants only; actuarially equivalent 50% joint and survivor annuity if married.

Optional Forms of Payments

Straight Life Annuity.

Joint and Survivor with 50%, 75% or 100% continued to the beneficiary if predeceased by participant.

10 Year Certain and life annuity continued to the beneficiary or estate if the participant dies before the end of the certain period.

Lump Sum, if under \$5,000.

The conversion factors for the above optional forms are based on the 1994 GAR Table as defined in Rev. Rul. 2002-61 and an interest rate of 6.00%.

Plan Compensation Limit

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

Changes in Plan Provisions

The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes.

## Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

Financial Statements

December 31, 2024, and December 31, 2023

## Supplemental Information

Plan name: Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

EIN: 23-2388066

Plan Number: 001

Schedule H, Part IV, Line 4i - Schedule of assets held as of December 31, 2024\*\*

(a)	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Number of Shares/Unit Number of Shares/Units	Cost	Current Value (\$)
*	Principal/Multi-Manager Liability Driven Solution Cit I	Common/collective trust	1,012,415	17,213,075	17,293,267
*	Principal/Multi-Manager Liability Driven Solution Cit II	Common/collective trust	567,998	11,782,400	10,540,330
*	Principal/Blackrock S&P 500 Index Cit N	Common/collective trust	9,332	1,171,638	2,534,808
*	Principal/Blackrock S&P Midcap Index Cit N	Common/collective trust	19,290	1,285,693	1,646,251
*	Principal/Blackrock International Equity Index Cit N	Common/collective trust	34,802	582,893	974,792
*	Principal/T Rowe Price Institutional Equity Income Managed Cit N	Common/collective trust	14,622	378,924	973,219
*	Principal/Mfs Value Cit N	Common/collective trust	30,511	463,516	966,287
*	Principal/Alliance Bernstein Large Cap Growth Cit	Common/collective trust	60,536	646,793	963,001
*	Principal/T Rowe Price Institutional Equity Income Managed Cit N	Common/collective trust	35,967	508,017	959,721
*	Principal/Multi-Manager Small Cap Ci Cit N	Common/collective trust	35,839	564,821	931,004
*	Principal/Blackrock Short Term Investment Fund S1	Common/collective trust	863,511	863,511	863,511
*	Principal/Causeway International Value Cit N	Common/collective trust	44,005	455,170	747,671
	Europacific Growth Fund Class R6 #2616	Mutual fund	13,439	759,485	721,959
	Acadian Emerging Markets Portfolio Class I #1960	Mutual fund	13,799	295,341	312,268
	Invesco Oppenheimer Developing Markets Fund Class R6 #7038	Mutual fund	8,097	349,273	308,013
	<b>Total investments</b>				<b>40,736,102</b>

\*Party-in-interest as defined by ERISA

\*\*Other schedules required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because there is no information to report.

The above information has been certified by Principal Bank to be complete and accurate to the best of its knowledge.

See Report of Independent Auditor

Pension Plan for Bargaining Unit Employees of NextiraOne LLC  
 Schedule SB, Line 32 - Schedule of Amortization Bases  
 EIN: 23-2388066    PN: 001    Plan Year End: 12-31-2024

Type of Base	Present Value of Installments	Date Established	Years Reamaining	Amortizaion Installment
Shortfall	\$ 7,727,458	01/01/2023	14	\$ 740,630
Shortfall	\$ (2,663,371)	01/01/2024	15	\$ (243,421)
<hr/>				
Total	\$ 5,064,087			\$ 497,209