Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2024** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

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

1a Name of plan PUERTO RICO TELEPHONE COMPANY LUMP SUM RETIREMENT PLAN	**1b** Three-digit plan number (PN) ▶ 004 **1c** Effective date of plan 01/01/1996
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PUERTO RICO TELEPHONE COMPANY GPO BOX 360998 1513 ROOSEVELT AVENUE, 10TH FLOOR SAN JUAN, PR 00936-0998	**2b** Employer Identification Number (EIN) 66-0564397 **2c** Plan Sponsor's telephone number 787-706-6360 **2d** Business code (see instructions) 517000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	ENRIQUE ORTIZ DE MONTELLANO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1908
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1038
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	903
b	Retired or separated participants receiving benefits	**6b**	59
c	Other retired or separated participants entitled to future benefits	**6c**	755
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1717
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	37
f	Total. Add lines **6d** and **6e**.	**6f**	1754
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 3C

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code______________________

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

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

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

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

A Name of plan
PUERTO RICO TELEPHONE COMPANY LUMP SUM RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PUERTO RICO TELEPHONE COMPANY

D Employer Identification Number (EIN)
66-0564397

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	**2a**	17614008
b Actuarial value	**2b**	17984700

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	51	875071	875071
b For terminated vested participants	819	6105775	6105775
c For active participants	1038	12327251	13554107
d Total	1908	19308097	20534953

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	4.90 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	0

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/13/2025
Date

BARBARA RUEL, F.S.A.
Type or print name of actuary

23-05746
Most recent enrollment number

MERCER
Firm name

813-207-6333
Telephone number (including area code)

3031 NORTH ROCKY POINT DRIVE WEST
TAMPA, FL 33607
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	578010
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	86098
9	Amount remaining (line 7 minus line 8)	0	491912
10	Interest on line 9 using prior year's actual return of 11.89 %	0	58488
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		470909
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.00 %		19241
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		10237
	c Total available at beginning of current plan year to add to prefunding balance		500387
	d Portion of (c) to be added to prefunding balance		500387
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1050787

Part III Funding Percentages

14	Funding target attainment percentage	14	82.46 %
15	Adjusted funding target attainment percentage	15	82.46 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.81 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	57

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3601040	358542
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ________ Day ________ Year ________) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	358542

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	358542	358542

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	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).	2024
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection**
Pension Benefit Guaranty Corporation		

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

A Name of plan
PUERTO RICO TELEPHONE COMPANY LUMP SUM RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PUERTO RICO TELEPHONE COMPANY

D Employer Identification Number (EIN)
66-0564397

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	67905	83306
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	666588	957013
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16879515	14199945
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17614008	15240264
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17614008	15240264

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1012548	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1012548
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-640081
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		372467

Expenses

		(a) Amount	(b) Total
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2746211	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2746211
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2746211

Net Income and Reconciliation

		(a) Amount	(b) Total
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2373744
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [X] 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: DRIVEN PSC **(2)** EIN: 66-0961896

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

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

Part IV Compliance Questions

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

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Retirement Plan Information** This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection.**

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

A Name of plan
PUERTO RICO TELEPHONE COMPANY LUMP SUM RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
PUERTO RICO TELEPHONE COMPANY

D Employer Identification Number (EIN)
66-0564397

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 66-0564397 ____________

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 153

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month ________ Day ________ Year ________

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 74.0 %
High-Yield Debt: 26.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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__________.

Structured Attachment

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule SB, line 26b

Schedule of Projection of Expected Benefit Payments

2024

This Form is Open to Public Inspection

Name of Plan	PUERTO RICO TELEPHONE COMPANY LUMP SUM RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	66-0564397	PN	004

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	3242195	1524813	92530	4859538
2025	2271278	357053	63657	2691988
2026	2243010	313218	63088	2619316
2027	1612254	260635	62484	1935373
2028	1330057	351081	61841	1742979
2029	1112211	306955	61154	1480320
2030	881001	444519	60419	1385939
2031	695021	287519	59630	1042170
2032	589718	388894	58781	1037393
2033	443171	470210	57865	971246
2034	352546	443463	56875	852884
2035	303581	395110	55804	754495
2036	239103	619275	54644	913022
2037	187961	420589	53388	661938
2038	138022	460679	52028	650729
2039	112280	333160	50560	496000
2040	76396	340615	48976	465987
2041	51894	250175	47274	349343
2042	44683	247799	45453	337935
2043	19876	163592	43514	226982
2044	15205	148155	41460	204820
2045	15968	78454	39299	133721
2046	4276	63352	37040	104668
2047	5544	88448	34698	128690
2048	5219	73043	32288	110550

Name of Plan	PUERTO RICO TELEPHONE COMPANY LUMP SUM RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	66-0564397	PN	004

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	1752	31002	29832	62586
2050	952	17769	27351	46072
2051	51	6259	24871	31181
2052	320		22420	22740
2053	7		20026	20033
2054			17716	17716
2055			15515	15515
2056			13445	13445
2057			11523	11523
2058			9763	9763
2059			8172	8172
2060			6755	6755
2061			5509	5509
2062			4432	4432
2063			3513	3513
2064			2742	2742
2065			2107	2107
2066			1591	1591
2067			1180	1180
2068			859	859
2069			613	613
2070			429	429
2071			293	293
2072			196	196
2073			128	128

PUERTO RICO TELEPHONE COMPANY
LUMP-SUM RETIREMENT PLAN

INDEPENDENT AUDITORS' REPORT
AND
AUDITED FINANCIAL STATEMENTS

December 31, 2024 and 2023

AND
SUPPLEMENTAL SCHEDULES

as of December 31, 2024

PUERTO RICO TELEPHONE COMPANY LUMP-SUM RETIREMENT PLAN
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DECEMBER 31, 2024 AND 2023

INDEPENDENT AUDITORS' REPORT

To the Funds Administration Committee
and Participants of the
Puerto Rico Telephone Company Lump-Sum Retirement Plan:

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

We have performed an audit of the financial statements of Puerto Rico Telephone Company Lump-Sum Retirement 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statements of actuarial present value of accumulated plan benefits as of January 1, 2024 and 2023, the related statement of changes in actuarial value of accumulated plan benefits for the year ended January 1, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 and 2023, financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Opinion on the Financial Statements

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

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

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

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Basis for Opinion on the Financial Statements

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with auditing standards generally accepted in the United States of America, 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 Puerto Rico Telephone Company Lump-Sum Retirement 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 Puerto Rico Telephone Company Lump-Sum Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

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

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Driven, PSC

Driven, P.S.C.
License No. 329 Expires December 1, 2027
Guaynabo, Puerto Rico
October 15, 2025

DPSC329-1340
PUERTO RICO TELEPHONE COMPANY
LUMP-SUM RETIREMENT PLAN

PUERTO RICO TELEPHONE COMPANY LUMP-SUM RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS, at fair value	$ 15,156,958	$ 17,546,103
ACCRUED INTEREST RECEIVABLE	83,306	67,905
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,240,264	$ 17,614,008

The accompanying notes are an integral part of these financial statements.

PUERTO RICO TELEPHONE COMPANY LUMP-SUM RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Employer contributions	$ -	$ 750,000
Interest and dividend income	1,012,548	880,374
Net appreciation in fair value of investments	-	1,065,618
Total additions	1,012,548	2,695,992
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to plan participants	2,746,211	2,425,303
Net depreciation in fair value of investments	640,081	-
Total deductions	3,386,292	2,425,303
NET (DECREASE)/INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(2,373,744)	270,689
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	17,614,008	17,343,319
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 15,240,264	$ 17,614,008

The accompanying notes are an integral part of these financial statements.

PUERTO RICO TELEPHONE COMPANY LUMP-SUM RETIREMENT PLAN
STATEMENT OF ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
AS OF JANUARY 1, 2024 AND 2023

	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Inactive participants receiving benefits	$ 758,270	$ 661,124
Other participants	17,160,695	17,844,372
Total vested benefits	17,918,965	18,505,496
Non-vested benefits	1,082,897	1,306,075
Total actuarial present value of accumulated benefits	$ 19,001,862	$ 19,811,571

The accompanying notes are an integral part of these financial statements.

PUERTO RICO TELEPHONE COMPANY LUMP-SUM RETIREMENT PLAN
STATEMENT OF CHANGES IN ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
AS OF JANUARY 1, 2024

	2024
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, beginning of year	$ 19,811,571
Decrease during the year attributable to:	
Benefits accumulated and (gains)/losses	(304,089)
Increase for interest due to decrease in discount period	1,387,340
Benefits paid to participants	(2,425,303)
Change in actuarial assumptions	532,343
Net decrease	(809,709)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, end of year	$ 19,001,862

The accompanying notes are an integral part of these financial statements.

1. DESCRIPTION THE PLAN

The following brief description of the Puerto Rico Telephone Company Lump-Sum Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information of the Plan's provisions.

General – The Puerto Rico Telephone Company Lump-Sum Retirement Plan is a defined benefit plan providing retirement benefits to all eligible participants. Prior to January 1, 2009, all salaried and hourly employees of Puerto Rico Telephone Company, Inc. ("PRTC" or the "Company") who were participants in the Retirement Plan for Salaried Employees of Puerto Rico Telephone Company II and the Puerto Rico Telephone Company Pension Plan for Hourly Employees II (collectively the "Pension Plans") participated in this Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended, ("ERISA").

The Plan closed participation to management and hourly employees who had not satisfied the participation requirements as of January 1, 2009, other than employees covered by a collective bargaining agreement between the Company and the "Hermandad Independiente de Empleados Telefónicos" ("HIETEL"). Effective September 30, 2009 the Plan was frozen to all salaried participants. No additional benefits will be accrued for salaried participants on and after October 1, 2009.

Effective January 31, 2012, the Plan was frozen for all hourly employees participating in the Plan and no additional benefits will be accrued on and after February 1, 2012.

Eligibility – Salaried and Hourly employees who are participants in the Retirement Plan for Salaried Employees of Puerto Rico Telephone Company as of September 30, 2009 and in the prior formula of the Puerto Rico Telephone Company Pension Plan for Hourly Employees as of January 31, 2012, respectively, are Participants in this Plan. Participants with three years of service are fully vested. If termination of employment occurs before rendering three years of service, participants forfeit the right to receive their accumulated lump-sum benefit.

Pension Benefits - ***Salaried Employees Not Covered Under a Collective Bargaining Agreement*** – Participants are entitled to a lump-sum amount equal to a specified number of months of the employees' earnings, as defined. The specified number of months is determined based on the employees' credited years of service up to September 30, 2009. Less than five years will receive two months of earnings; five to nine years, three months of earnings; ten to fifteen years, four months of earnings; sixteen to twenty years, six months of earnings; twenty-one to twenty-five years, eight months of earnings; twenty-six to twenty-nine years, ten months of earnings; and thirty years and over, will receive twelve months of earnings.

Pension Benefits - ***Salaried Employees Covered Under a Collective Bargaining Agreement*** – Participants are entitled to a lump-sum amount equal to a specified number of months of the employees' earnings, as defined in the Plan's provision.

The specified number of months is determined based on the employees credited years of service up to September 30, 2009. Employees with up to fifteen years will receive three months of earnings; sixteen to twenty years, four months of earnings; twenty-one to twenty-five years, five months of earnings; twenty-six to twenty-nine years, six months of earnings; and thirty years and over, will receive eight months of earnings.

Pension Benefits - Hourly Employees Covered under a Collective Bargaining Agreement – Participants commencing Plan Participation prior to January 1, 2009 are entitled to a lump-sum amount equal to a specified number of months of the employees' earnings, as defined in the Plan's provisions. The specified number of months is determined based on the employees' credited years of service. Twenty years or less will receive six months of earnings; twenty-one to twenty-nine years, nine months of earnings; and thirty years and over will receive twelve months of earnings.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies adopted by the Plan follows:

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in these financial statements and accompanying notes. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Values provided by the pricing services, as well as values determined by the Trustee, are generally determined based on quoted market values on the last day of the Plan year. See Note 5 for disclosures related to fair value measurements.

The Plan investment return includes interest income, gains and losses on sales of investments and unrealized appreciation or depreciation of investments. The financial statements reflect the net appreciation or depreciation in the fair value of the Plan's investments. This net appreciation or depreciation consists of realized gains and losses calculated as the difference between proceeds from a sales transaction and cost, and unrealized gains and losses calculated as the change in the fair value between beginning of the year (or purchase date if later) and the end of the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payments of Benefits – Benefits payments to participants are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits – Accumulated plan benefits represent lump-sum distributions to be paid, attributable under the Plan provisions for services employees have rendered. Accumulated plan benefits include benefits expected to be paid to employees at date of retirement or termination. Benefits payable under all circumstances 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 the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial computation of the present value of accumulated plan benefits as of January 1, 2024 and 2023, is based on a interest rate of 6.75% and 7.50%, respectively. Other significant actuarial assumptions and the actuarial method are as follows:

Mortality Rates – Mortality rates were updated to the Pri-2012 no collar tables with MSS 2023.

Actuarial Cost Method – Projected Unit Credit Cost Method.

Retirement rates for the year ended December 31, 2024, are as follows:

Retirement Rates		
Management Employees		
Attained age	**Unreduced retirement**	**Reduced retirement**
52 & under	30%	N/A
53	30%	N/A
54	30%	N/A
55-57	20%	4%
58-59	10%	4%
60	10%	10%
61	30%	10%
62	60%	10%
63	30%	10%
64	35%	10%
65-66	100%	25%
67	100%	37.50%
68-69	100%	50%
70 & over	100%	100%

HIETEL Employees		
Attained age	**Unreduced retirement**	**Reduced retirement**
52 & under	30%	N/A
53	25%	N/A
54	20%	N/A
55	20%	3%
56	15%	3%
57	10%	3%
58-59	12.50%	3%
60	10%	4%
61	20%	15%
62	35%	10%
63-64	25%	10%
65-66	100%	30%
67-69	100%	15%
70 & over	100%	100%

Hourly UIET Employees		
Attained age	**Unreduced retirement**	**Reduced retirement**
53 & Under	22%	6%
54	27%	6%
55	27%	11%
56	20%	11%
57	20%	8%
58	25%	8%
59	30%	8%
60-61	40%	20%
62	60%	70%
63	30%	50%
64	50%	35%
65	100%	20%
66	100%	10%
67-69	100%	50%
70 & over	100%	100%

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan is scheduled to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of the accumulated plan benefits were made as of January 1, 2024 and 2023. Had the evaluations been performed as of December 31, there would be no expected material differences. Plan amendments adopted after the valuation date are excluded from the valuation. The last plan amendment included in the valuation as of January 1, 2024 and 2023 is the amendment dated December 23, 2016.

Plan expenses – as per Plan's document, all required administrative expenses must be paid by the Plan Sponsor and excluded from financial statements. In addition, certain investment-related expenses are included in the net appreciation of fair value of investments presented in the accompanying statements of changes in the net assets available for benefits.

3. FUNDING POLICY

The Plan's funding policy is to make contributions to the Plan as determined by the consulting actuaries, necessary to fund the current year cost and any authorized prior service cost and to meet the annual minimum funding requirement by ERISA. During the years ended December 31, 2024, the Company don't made contributions, for the year December 31, 2023 company made a contribution of $750,000. According to the Plan's actuaries, the Plan has met the minimum funding requirements during the years ended December 31, 2024 and 2023, respectively.

4. INFORMATION CERTIFIED BY TRUSTEE

The Plan's investments are held by a bank-administered trust. All investment information disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2024 and 2023, and net appreciation or depreciation in fair value of investments and interest and dividends for the years then ended, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee, as follows:

	2024	2023
Investment at fair value:		
PIMCO Emerging Market Loc./Corp. Bond Funds	$ 6,700,969	$ 6,303,936
PIMCO Emerging Local Bond	7,498,976	10,575,579
BPPR Time Deposit Open Account	957,013	666,588
Total investments	$ 15,156,958	$ 17,546,103
Investment income -		
Interest and dividend income	$ 1,012,548	$ 880,374
Net (depreciation)/appreciation in fair value on investments	$ (640,081)	$ 1,065,618

5. FAIR VALUE MEASUREMENTS

FASB Accounting Standard Codification (ASC) 820-10-35, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023. At December 31, 2024 and 2023, all investments were categorized as follows:

Interest bearing deposits - The carrying amount of interest-bearing deposits are reasonable estimates of the fair value due to its short term maturity. These interest-bearing deposits are available upon demand, hence, classified as Level 1.

Mutual funds - PIMCO value its Mutual Funds investment at the market Net Asset Value ("NAV") at valuation date. Since NAV is an observable item in the market (like Bloomberg), are calculated daily and are the values at which both purchases, and sales will be conducted; these assets are classified as Level 1.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 14,199,945	$ -	$ -	$ 14,199,945
Interest-bearing deposits	957,013	-	-	957,013
	$ 15,156,958	$ -	$ -	$ 15,156,958

	Assets at Fair Value as of December 31, 2023			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 16,879,515	$ -	$ -	$ 16,879,515
Interest-bearing deposits	666,588	-	-	666,588
	$ 17,546,103	$ -	$ -	$ 17,546,103

Transfers between levels – The availability of observable market data are monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no transfers between levels.

6. CONCENTRATION OF CREDIT RISK

The Plan maintains a time deposit account in a highly-credited financial institution in Puerto Rico and has not experienced any losses on such account in the past. While the Company attempts to limit any financial exposure, its deposit balances may, at times, exceed federally insured limits. The Federal Deposit Insurance Corporation ("FDIC") standardly insure all deposit accounts, money markets deposits accounts and certificates of deposits for up to $250,000 per depositor, per insured bank. At December 31, 2024 and 2023, there was $707,013 and $416,588, respectively depository bank balance in excess of the amount insured by the FDIC.

7. PLAN FREEZE

Effective September 30, 2009, the Plan Sponsor's Board of Directors determined to freeze the Plan subject to the provisions set forth in ERISA, for management and HIETEL employees. Management and the "Unión lndependiente de Empleados Telefónicos" ("UIET") employees shall not be eligible to commence or recommence participation in the Plan on or after January 1, 2009. HIETEL employees shall not be eligible to commence or recommence participation in the Plan on or after September 30, 2009. Effective January 31, 2012, the Plan Sponsor's Board of Directors resolved to freeze the Plan subject to the provisions set forth in ERISA, for all Hourly Employees.

8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to reduce, suspend or discontinue its contributions at any time and to terminate the Plan subject to compliance with certain ERISA provisions. In the event the Plan terminates, the interest of each participating employee in the Plan shall be fully vested and such termination shall not reduce the interest of any participating employee, or their beneficiaries accrued under the Plan up to the date of termination.

9. INCOME TAX STATUS

The Plan obtained a favorable determination letter from the Puerto Rico Treasury Department, dated November 10, 2015, which qualifies the Plan as tax-exempt under former Section 1165(a) of the Puerto Rico Income Taxes Code. The plan has been amended since receiving the determination letter. However, the Plan administrator and the legal counsels believes the Plan is being subsequently operated in compliance with the applicable requirements of the Code.

In Puerto Rico, the tax laws permit examination of the Plan Sponsor's income tax returns for up to four years after the initial return is filed. The tax years of the Plan Sponsor with respect to the Plan that remain open for examination are 2021 to 2024.

10. 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, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

11. PARTY-IN-INTEREST TRANSACTIONS

Plan Investments are managed by Banco Popular de Puerto Rico, (the "Trustee") of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Other related parties consist of Puerto Rico Telephone Company as employer, plan sponsor and plan administrator; employees of Puerto Rico Telephone Company; Pietrantoni Méndez & Alvarez, LLC. as legal counselor; Mercer USA, Inc. as actuary, valuation specialist, Form 5500 preparer and investment advisors; Driven, PSC as service provider.

12. SUBSEQUENT EVENTS

The Plan Administrator evaluated subsequent events through October 15, 2025, the date on which the financial statements were available to be issued. There are no material subsequent events that would require further disclosure in the Plan's financial statements.

SUPPLEMENTAL SCHEDULES

(See Independent Auditors' Report)

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

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39		1	4								5
40–44		11	13	14							38
45–49		13	51	42	46						152
			8,826	12,228	16,477						
50–54		14	44	128	128	22	1				337
			8,749	11,204	16,454	23,465					
55–59		11	19	68	113	71	13				295
				11,434	16,922	24,927					
60–64		4	17	17	47	73	22				180
					15,600	25,085	33,367				
65–69		3	5	2	4	4	5	3			26
70 & up					1	4					5
Total		57	153	271	339	174	41	3			1,038
											15,680

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average frozen lump sum amount. Average lump sum amount is not shown for plans cells with fewer than 20 participants.

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

Actuarial assumptions for January 1, 2024 funding valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	**Nonstabilized**
• First 5 years	4.75%	3.62%
• Next 15 years	4.87%	4.46%
• Over 20 years	5.59%	4.52%

Mortality sponsor elections	
• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables for 2024. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale (including improvements limited to 0% for 2020-2023 and 0.78% for future years) in accordance with the IRS regulation 1.430(h)(3)-1.
• Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995
• Post-1994 disabilities	Hourly UIET: Revenue Ruling 96-7 table for participants who became disabled after 1994 and before January 31, 2012 and are eligible for Social Security disability benefits. Management and HIETEL: Revenue Ruling 96-7 table for participants who became disabled after 1994 and before September 30, 2009 and are eligible for Social Security disability benefits
Other economic assumptions	
• Salary increases	Not applicable
• Social Security wage base	Not applicable
• Inflation	Not applicable
• Expected investment return	6.25% per year for 2022, 7.50% per year for 2023 and 6.75% per year for 2024.
• Expenses	None
Demographic assumptions	
• Withdrawal	See table of sample rates. **Hourly:** Based on 100% to age 41, 50% from age 42 to 54 and 100% for age 55 and beyond of the Mercer Modified 2003 SOA select and ultimate table rates **Salaried:** Based on 100% to age 41, 55% from age 42 to 54 and 100% for age 55 and beyond of the Mercer Modified 2003 SOA select and ultimate table rates
• Disability incidence	Hourly UIET: 1985 Pension Disability Table, Class 2 rates. Management and HIETEL: 1985 Pension Disability Table, Class 1 rates.

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

	100% of participants becoming disabled are assumed to be eligible for Social Security benefits		
• Retirement age	See table of sample rates.		
• Benefit commencement age for			
— Future vested deferred	55		
— Current vested deferred	65		
• Spouse assumptions		**Male participants**	**Female participants**
— Percentage married	UIET	60%	40%
	Management and HIETEL	70%	50%
— Spouse age difference		3 years younger	3 years older
Form of payment	**Lump sum**		
• Active retirements	100%		
• Future vested deferred	100%		
• Future disabilities	100%		
• Future deaths	100%		
• Current vested deferred	100%		
Unpredictable contingent event assumptions	Not applicable		

Table of sample rates

Withdrawal rates

Attained age	Salaried – Management and HIETEL Employees										
	Years of Service										
	0	1	2	3	4	5	6	7	8	9	10+
20	26.60%	23.60%	21.60%	19.60%	17.60%	16.60%	15.60%	14.80%	14.10%	13.50%	12.50%
25	23.10%	20.10%	18.10%	16.10%	14.10%	13.10%	12.10%	11.30%	10.60%	10.00%	9.00%
30	20.00%	17.00%	15.00%	13.00%	11.00%	10.00%	9.00%	8.20%	7.50%	6.90%	5.90%
35	18.80%	15.80%	13.80%	11.80%	9.80%	8.80%	7.90%	7.10%	6.40%	5.80%	4.80%
40	17.80%	14.80%	12.80%	10.80%	8.80%	8.00%	7.40%	6.60%	5.90%	5.30%	4.30%
45	9.24%	7.59%	6.49%	5.39%	4.46%	4.13%	3.80%	3.36%	2.97%	2.64%	2.09%
50	8.69%	7.04%	5.94%	5.06%	4.18%	3.85%	3.52%	3.08%	2.70%	2.37%	1.82%
55	14.80%	11.90%	10.30%	8.70%	7.10%	6.50%	5.90%	5.10%	4.40%	3.80%	2.80%
60	13.90%	11.40%	9.80%	8.20%	6.60%	6.00%	5.40%	4.60%	3.90%	3.30%	2.30%

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

Attained age	Hourly – UIET Employees										
	Years of Service										
	0	1	2	3	4	5	6	7	8	9	10+
20	26.60%	23.60%	21.60%	19.60%	17.60%	16.60%	15.60%	14.80%	14.10%	13.50%	12.50%
25	23.10%	20.10%	18.10%	16.10%	14.10%	13.10%	12.10%	11.30%	10.60%	10.00%	9.00%
30	20.00%	17.00%	15.00%	13.00%	11.00%	10.00%	9.00%	8.20%	7.50%	6.90%	5.90%
35	18.80%	15.80%	13.80%	11.80%	9.80%	8.80%	7.90%	7.10%	6.40%	5.80%	4.80%
40	17.80%	14.80%	12.80%	10.80%	8.80%	8.00%	7.40%	6.60%	5.90%	5.30%	4.30%
45	8.40%	6.90%	5.90%	4.90%	4.05%	3.75%	3.45%	3.05%	2.70%	2.40%	1.90%
50	7.90%	6.40%	5.40%	4.60%	3.80%	3.50%	3.20%	2.80%	2.45%	2.15%	1.65%
55	14.80%	11.90%	10.30%	8.70%	7.10%	6.50%	5.90%	5.10%	4.40%	3.80%	2.80%
60	13.90%	11.40%	9.80%	8.20%	6.60%	6.00%	5.40%	4.60%	3.90%	3.30%	2.30%

Retirement rates

Any employee who meets the criteria required for unreduced retirement between the ages of 65 and 70 is assumed to retire immediately upon meeting the applicable criteria.

HIETEL employees

Attained age	Unreduced retirement	Reduced retirement
52 & under	30.00%	N/A
53	25.00%	N/A
54	20.00%	N/A
55	20.00%	3.00%
56	15.00%	3.00%
57	10.00%	3.00%
58-59	12.50%	3.00%
60	10.00%	4.00%
61	20.00%	15.00%
62	35.00%	10.00%
63-64	25.00%	10.00%
65-66	100.00%	30.00%
67-69	100.00%	15.00%
70 & over	100.00%	100.00%

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

Hourly UIET employees

Attained age	Unreduced retirement	Reduced retirement
53 & under	22.00%	6.00%
54	27.00%	6.00%
55	27.00%	11.00%
56	20.00%	11.00%
57	20.00%	8.00%
58	25.00%	8.00%
59	30.00%	8.00%
60-61	40.00%	20.00%
62	60.00%	70.00%
63	30.00%	50.00%
64	50.00%	35.00%
65	100.00%	20.00%
66	100.00%	10.00%
67-69	100.00%	50.00%
70 & over	100.00%	100.00%

Management employees

Attained age	Unreduced retirement	Reduced retirement
52 & under	30.00%	N/A
53	30.00%	N/A
54	30.00%	N/A
55-57	20.00%	4.00%
58-59	10.00%	4.00%
60	10.00%	10.00%
61	30.00%	10.00%
62	60.00%	10.00%
63	30.00%	10.00%
64	35.00%	10.00%
65-66	100.00%	25.00%
67	100.00%	37.50%
68-69	100.00%	50.00%
70 & over	100.00%	100.00%

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

Disability rates

	Disability incidence			
	Hourly		Others	
Attained age	Male	Female	Male	Female
20	0.06%	0.06%	0.03%	0.03%
25	0.09%	0.10%	0.04%	0.05%
30	0.13%	0.17%	0.05%	0.08%
35	0.20%	0.25%	0.07%	0.14%
40	0.31%	0.36%	0.12%	0.21%
45	0.51%	0.52%	0.20%	0.32%
50	0.83%	0.85%	0.36%	0.53%
55	1.50%	1.49%	0.72%	0.95%
60	2.27%	1.79%	1.26%	1.16%
65	N/A	N/A	N/A	N/A

Rationale for economic assumptions

- **Expected return on assets:** This assumption is based on the median simulated forward-looking investment return using capital market assumptions published in Mercer Investment Consulting's Capital Market Outlook (CMO) for the plan's target asset mix plus expected alpha, also provided by Mercer Investment Consulting. This is offset by expected investment management expenses.
- **Expenses:** The plan sponsor does not pay any administrative expenses from the trust.
- **Withdrawal:** Withdrawal rates were developed based on an experience study performed during 2023 using data from 2017-2021 and the expectation that the future withdrawal patterns and circumstances of the employer will not differ significantly from the period studied.
- **Retirement:** Retirement rates were developed based on an experience study performed during 2023 using data from 2017-2021 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- **Disability:** The disability incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates (Management and HIETEL participants) and Class 2 rates (Hourly UIET participants) because the plan's disability requirements are the same as Social Security Disability. Puerto Rico Telephone Company's salaried population most closely resembles the description of the Class 1 population and the hourly population most closely resembles the description of the Class 2 population.

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

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

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.

- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.

- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

PUERTO RICO TELEPHONE COMPANY LUMP-SUM RETIREMENT PLAN
EIN: 66-0564397 - PLAN NO. 004
FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

	(a) Identity of Party Involved	(b) Description of Assets		(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
*	BPPR - Time Deposit Open Account	Cash equivalent	(i)	$ -	$ 2,807,687	$ -	$ -	$ 2,807,687	$ -	$ -
	PIMCO Emerging Local Bond Inst	Mutual Fund	(i)	$ -	$ 472,759	$ -	$ -	$ 1,000,000	$ -	$ (527,241)
*	BPPR - Time Deposit Open Account	Cash equivalent	(i)	$ 3,098,113	$ -	$ -	$ -	$ 3,098,113	$ -	$ -

(i) Represent series of selling and purchasing transactions of the same issue in excess of 5% of the current value of the Plan's net assets.
* Represents a party-in-interest as defined by ERISA.

Note: The above data was prepared from information certified as complete and accurate by Banco Popular de Puerto Rico, the Plan's Trustee.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

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

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

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

A Name of plan
PUERTO RICO TELEPHONE COMPANY LUMP SUM RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PUERTO RICO TELEPHONE COMPANY

D Employer Identification Number (EIN)
66-0564397

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2	Assets:		
	a Market value	2a	17,614,008
	b Actuarial value	2b	17,984,700

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	51	875,071	875,071
b For terminated vested participants	819	6,105,775	6,105,775
c For active participants	1,038	12,327,251	13,554,107
d Total	1,908	19,308,097	20,534,953

4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	4.90%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	0

Statement by Enrolled Actuary

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

SIGN HERE Barbara Ruel BR — 10/13/2025

Signature of actuary — Date

BARBARA RUEL, F.S.A. — 2305746

Type or print name of actuary — Most recent enrollment number

MERCER — 813-207-6333

Firm name — Telephone number (including area code)

3031 NORTH ROCKY POINT DRIVE WEST

TAMPA FL 33607

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	578,010
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	86,098
9 Amount remaining (line 7 minus line 8)	0	491,912
10 Interest on line 9 using prior year's actual return of 11.89 %	0	58,488
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		470,909
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.00 %		19,241
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		10,237
c Total available at beginning of current plan year to add to prefunding balance		500,387
d Portion of (c) to be added to prefunding balance		500,387
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,050,787

Part III Funding Percentages

14 Funding target attainment percentage	14	82.46 %
15 Adjusted funding target attainment percentage	15	82.46 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.81 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	☐ N/A, full yield curve used	
b Applicable month (enter code)				21b	4
22 Weighted average retirement age				22	57

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,601,040	358,542
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ______ Day ______ Year ______) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	358,542

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	358,542	358,542

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 57.

Retirement rates are based on eligibility for reduced and unreduced retirement benefits. To calculate the weighted average retirement rate we used a 50/50 blend of the separate retirement rates for reduced and unreduced retirement eligibility shown below:

	Reduced Retirement			Unreduced Retirement		
Age	**Hourly**	**HIETEL**	**Management**	**Hourly**	**HIETEL**	**Management**
52	6.00%	N/A	N/A	22.00%	30.00%	30.00%
53	6.00%	N/A	N/A	22.00%	25.00%	30.00%
54	6.00%	N/A	N/A	27.00%	20.00%	30.00%
55	11.00%	3.00%	4.00%	27.00%	20.00%	20.00%
56	11.00%	3.00%	4.00%	20.00%	15.00%	20.00%
57	8.00%	3.00%	4.00%	20.00%	10.00%	20.00%
58	8.00%	3.00%	4.00%	25.00%	12.50%	10.00%
59	8.00%	3.00%	4.00%	30.00%	12.50%	10.00%
60	20.00%	4.00%	10.00%	40.00%	10.00%	10.00%
61	20.00%	15.00%	10.00%	40.00%	20.00%	30.00%
62	70.00%	10.00%	10.00%	60.00%	35.00%	60.00%
63	50.00%	10.00%	10.00%	30.00%	25.00%	30.00%
64	35.00%	10.00%	10.00%	50.00%	25.00%	35.00%
65	20.00%	30.00%	25.00%	100.00%	100.00%	100.00%
66	10.00%	30.00%	25.00%	100.00%	100.00%	100.00%
67	50.00%	15.00%	37.50%	100.00%	100.00%	100.00%
68	50.00%	15.00%	50.00%	100.00%	100.00%	100.00%
69	50.00%	15.00%	50.00%	100.00%	100.00%	100.00%
70+	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

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

(A) Age	(B) Blended Retirement (1)	(2)	(3)	(C) Lx (1)	(2)	(3)	(D) #Retirees (1)	(2)	(3)	(E) #Retirees x Age (1)	(2)	(3)
52	14.00%	15.00%	15.00%	10,000	10,000	10,000	1,400	1,500	1,500	72,800	78,000	78,000
53	14.00%	12.50%	15.00%	8,600	8,500	8,500	1,204	1,063	1,275	63,812	56,339	67,575
54	16.50%	10.00%	15.00%	7,396	7,437	7,225	1,220	744	1,084	65,880	40,176	58,536
55	19.00%	11.50%	12.00%	6,176	6,693	6,141	1,173	770	737	64,515	42,350	40,535
56	15.50%	9.00%	12.00%	5,003	5,923	5,404	775	533	648	43,400	29,848	36,288
57	14.00%	6.50%	12.00%	4,228	5,390	4,756	592	350	571	33,744	19,950	32,547
58	16.50%	7.75%	7.00%	3,636	5,040	4,185	600	391	293	34,800	22,678	16,994
59	19.00%	7.75%	7.00%	3,036	4,649	3,892	577	360	272	34,043	21,240	16,048
60	30.00%	7.00%	10.00%	2,459	4,289	3,620	738	300	362	44,280	18,000	21,720
61	30.00%	17.50%	20.00%	1,721	3,989	3,258	516	698	652	31,476	42,578	39,772
62	65.00%	22.50%	35.00%	1,205	3,291	2,606	783	740	912	48,546	45,880	56,544
63	40.00%	17.50%	20.00%	422	2,551	1,694	169	446	339	10,647	28,098	21,357
64	42.50%	17.50%	22.50%	253	2,105	1,355	108	368	305	6,912	23,552	19,520
65	60.00%	65.00%	62.50%	145	1,737	1,050	87	1,129	656	5,655	73,385	42,640
66	55.00%	65.00%	62.50%	58	608	394	32	395	246	2,112	26,070	16,236
67	75.00%	57.50%	68.75%	26	213	148	20	122	102	1,340	8,174	6,834
68	75.00%	57.50%	75.00%	6	91	46	5	52	35	340	3,536	2,380
69	75.00%	57.50%	75.00%	1	39	11	1	22	8	69	1,518	552
70	100.00%	100.00%	100.00%	0	17	3	0	17	3	0	1,190	210
Total							**10,000**	**10,000**	**10,000**	**564,371**	**582,562**	**574,288**

Group	Active Participant Count	Weighted Average Retirement Age
(1) Hourly	357	56
(2) HIETEL	384	58
(3) Management	297	57
Total	**1,038**	**57**

The weighted average retirement age is the total for column E divided by the total for column D rounded to the nearest integral age.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: January 1, 1996 Restated plan: January 1, 2008 Plan year: January 1 through December 31
Status of the plan	The plan froze benefit accruals effective September 30, 2009, for Management and HIETEL employees and effective January 31, 2012, for UIET employees. Additionally, the plan is closed to new entrants, effective January 1, 2009, for Management and UIET employees and effective September 30, 2009, for HIETEL employees.
Significant events that occurred during the year	None
Definitions	
• Covered employees	Salaried employees (Management and HIETEL) and Hourly UIET employees
• Participation	No Management or Hourly UIET employee shall be eligible to commence or recommence participation on or after January 1, 2009 and no HIETEL employee shall be eligible to participate after September 30, 2009.
• Vesting service	Participants are vested in their benefits according to the following schedule:

Years of Service	Percent Vested
Under 3	0%
3+	100%

• Credited service	Employment from hire date to termination date, calculated using the elapsed-time method.
• Pensionable earnings	Base rate of pay in effect immediately prior to termination or retirement, computed on a monthly basis, excluding overtime, bonuses, commission, and incentive compensation among other items. Compensation is limited to the IRS code section 401(a)(17) limit.
Normal retirement	
• Eligibility	Age 65 and 5 years of service.
• Benefit	A lump sum amount based on the following table:

Years of	Months of Salary		
Service	Management	HIETEL	UIET
0 – 4	2	3	6
5 – 9	3	3	6
10 – 15	4	3	6
16 – 20	6	4	6
21 – 25	8	5	9
26 – 29	10	6	9
30+	12	8	12

Accrued benefits of management and HIETEL employees were frozen as of September 30, 2009 and accrued benefits of UIET employees were frozen as of January 31, 2012.

Early retirement	
• Eligibility	• Age 55 and completion of 10 Years of Service; or

Schedule SB, Part V — Summary of Plan Provisions

	• 85 age plus service points (Management and HIETEL) • Minimum of age 52 and 20 years of service; Age 62 and 10 years of service; or 30 years of service (UIET).
• Benefit	No reduction for early commencement.
Late retirement	
• Benefit	Normal retirement benefit based on Credited Service and rate of pay at date of late retirement.
Deferred vested	
• Benefit	The benefit calculated at termination is payable on or after age 55 and is actuarially reduced from age 65.
Disability	
• Eligibility	Total and Permanent Disability, eligible for Social Security disability benefits (and 5 years of service, for UIET employees)
• Benefit	No reduction for early commencement for UIET employees. Management and HIETEL participants continued to accrue benefits while on disability; however, these benefits are frozen as of September 30, 2009.
Pre-retirement death	
• Early Retirement eligible	50% of the benefit the participant was entitled to receive under the early retirement provisions had he retired the day before his death and elected payment in the form of a lump sum.
• Not early retirement eligible	50% of the benefit to which the participant was entitled under the plan provisions had the participant terminated employment on the date of death, survived to his earliest retirement age, and elected a lump sum.
Post-Retirement Death	
• Benefit	As set forth in option elected.
Form of benefits	
• Automatic form for unmarried participants	Single life annuity actuarially equivalent to the benefit described above.
• Automatic form for married participants	Joint and 50% Survivor Annuity actuarially equivalent to the benefit described above.
• Optional forms	• Lump sum • Two installments – 50% of the lump sum amount paid at retirement and one year later, with no additional interest. • Three installments – 33 & 1/3% of the lump sum paid at retirement, one year later, and 18 months after retirement, with no additional interest.
• Optional form conversion factors	Single life annuity based on 417(e)(3)(A)(ii). Joint and survivor factors based on Table A2 in the plan document.

Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in

Schedule SB, Part V — Summary of Plan Provisions

	which the 12-month period begins. This limit is indexed annually. For 2024, the limit is $345,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is $275,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as amended and restated effective January 1, 2008, are included in this valuation:

- **Most recent plan amendments included:** Twelfth Amendment.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - Active participants: The valuation does not include late retirement actuarial increases for participants who defer retirement beyond their normal retirement date. Suspension of benefits notices are provided to actives working past their normal retirement date.
  - Deferred vested participants: The valuation does not include late retirement actuarial increases for participants who defer retirement beyond their normal retirement date .
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* The plan does not have any unpredictable contingent event benefits.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

None.

PUERTO RICO TELEPHONE COMPANY LUMP-SUM RETIREMENT PLAN
EIN: 66-0564397 - PLAN NO. 004
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identify of issue	(c) Description of investment	(d) Cost	(e) Current Value
	Pacific Investment Management Co. (PIMCO)	PIMCO Emerging Corp. Bond Inst.	$ 8,410,742	$ 6,700,969
	Pacific Investment Management Co. (PIMCO)	PIMCO Emerging Local Bond Inst.	10,735,896	7,498,976
	Total Mutual Funds		19,146,638	14,199,945
*	BPPR Bank Time Deposit Open Account	Open Deposit Account	957,013	957,013
	Total Investments		$ 20,103,651	$ 15,156,958

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

Note: The above data was prepared from information certified as complete and accurate by Banco Popular de Puerto Rico, the Plan's Trustee.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases			
Year established	Outstanding balance	Years remaining	2024 Installment
2021	$ 1,156,813	12	$ 123,415
2022	519,299	13	52,251
2023	1,735,593	14	165,650
2024	189,335	15	17,226
Total	$ 3,601,040		$ 358,542

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- The expected investment return was updated from 7.50% to 6.75%.