Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
EMPLOYEE SAFETY PROGRAM

1b Three-digit plan number (PN) ▶ 511

1c Effective date of plan 02/01/2023

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)
ALTICE USA, INC.

1 COURT SQUARE WEST
LONG ISLAND CITY, NY 11101

1 COURT SQUARE WEST
LONG ISLAND CITY, NY 11101

2b Employer Identification Number (EIN)
38-3980194

2c Plan Sponsor's telephone number
516-803-2300

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.	07/23/2026	VICKY DICLEMENTE
	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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1882
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)**	1882
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1598
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1598
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	1598
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**	
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 Characteristic Codes in the instructions:

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

4A 4F 4L

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

00

reasury
ervice

abor
Security
n

y Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OM

202

This Form is O
Inspec

Report Identification Information

r 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

s for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

s:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

ectively-bargained plan, check here. ▶ ☐

under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC p
- ☐ special extension (enter description)

vely adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Plan Information—enter all requested information

Y PROGRAM

1b Three-d number

1c Effective 02/01/20

ame (employer, if for a single-employer plan)
(include room, apt., suite no. and street, or P.O. Box)
te or province, country, and ZIP or foreign postal code (if foreign, see instructions)

1 COURT SQUARE WEST
LONG ISLAND CITY, NY 11101

2b Employe Number 38-3980

2c Plan Sp number 516

2d Busines instruct 517000

WEST
, NY 11101

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

erjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accomp chments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, corr

tt Eichenholz	7-23-26	Scott Eichenh
e of plan administrator	Date	Enter name of individual signing as plan ad

2025)

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

3b Administra

3c Administra number

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

4b EIN

4d PN

participants at the beginning of the plan year	5	
ipants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), d 6d).		
of active participants at the beginning of the plan year	6a(1)	
of active participants at the end of the plan year	6a(2)	
parated participants receiving benefits	6b	
or separated participants entitled to future benefits	6c	
d lines 6a(2), 6b, and 6c	6d	1
rticipants whose beneficiaries are receiving or are entitled to receive benefits	6e	
nes 6d and 6e	6f	1
articipants with account balances as of the beginning of the plan year (only defined contribution plans s item)	6g(1)	
articipants with account balances as of the end of the plan year (only defined contribution plans s item)	6g(2)	
articipants who terminated employment during the plan year with accrued benefits that were 0% vested	6h	
number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

des pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruc

ides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruct

rrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
nsurance	(1) [ ] Insurance
Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance cor
Trust	(3) [ ] Trust
General assets of the sponsor	(4) [X] General assets of the sponsor

cable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached.

a Schedules

R (Retirement Plan Information)

b General Schedules

(1) [ ] H (Financial Information)

(2) [ ] I (Financial Information – Small Plan

-1 Compliance Information (to be completed by welfare benefit plans)

es welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and
..... ☐ Yes ☒ No

ed, complete lines 11b and 11c.

ntly in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐

t Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual r
tion Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to
tion Code will subject the Form 5500 filing to rejection as incomplete.)

ation Code_____