

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
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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 MILLICOM INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2015
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) MILLICOM INTERNATIONAL SERVICES, LLC 8400 NW 36TH STREET SUITE 530 DORAL, FL 33166
2b	Employer Identification Number (EIN) 27-0590110
2c	Plan Sponsor's telephone number 786-296-8731
2d	Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/21/2026	JEAN MOLONEY
	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 ☐ Same as Plan Sponsor FIDELITY WORKPLACE SERVICES LLC JEAN MOLONEY 100 CROSBY PARKWAY COVINGTON, KY 41015	3b Administrator's EIN 04-3532603 3c Administrator's telephone number 859-386-4199
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	5 186
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 81 6a(2) 62 6b 0 6c 103 6d 165 6e 0 6f 165 6g(1) 181 6g(2) 160 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 Characteristic Codes in the instructions:

3H 2K 2T 3B 2E 2F 2G 2J 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 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 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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MILLICOM INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MILLICOM INTERNATIONAL SERVICES, LLC	D Employer Identification Number (EIN) 27-0590110	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY WORKPLACE SERVICES LLC
04-3532603

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

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

STRATEGIC ADVISERS LLC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	7535	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY WORKPLACE SERVICES LLC

04-3532603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 24 28 37 60 64 65	PLAN ADMINISTRATOR	2190	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY WORKPLACE SERVICES LLC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AS SPL MD CP VAL ADM - SS&C GIDS, 52-2269240	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY WORKPLACE SERVICES LLC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AS SPL SM CP VAL ADM - SS&C GIDS, 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY WORKPLACE SERVICES LLC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA BALANCED A - COLUMBIA MGT 430 W 7TH STREET STE 219104 KANSAS CITY, MO 64105	0.50%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY WORKPLACE SERVICES LLC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA DIV INC A - COLUMBIA MGT 430 W 7TH STREET STE 219104 KANSAS CITY, MO 64105	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY WORKPLACE SERVICES LLC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GLENMEDE LG CAP CORE - STATE STREE 04-0025081	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY WORKPLACE SERVICES LLC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GS INFL-PRO SECS INV - GOLDMAN SAC 13-5108880	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY WORKPLACE SERVICES LLC	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H TRITON A - JANUS HENDERSON SER 151 DETROIT STREET DENVER, CO 80206	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY WORKPLACE SERVICES LLC	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS INTL DIVRSN R3 - MFS SERVICE C 04-2865649	0.50%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY WORKPLACE SERVICES LLC	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS MID CAP GRTH R3 - MFS SERVICE 04-2865649	0.50%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY WORKPLACE SERVICES LLC	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIF SMALL CAP R5 - PRINCIPAL SHARE 711 HIGH STREET DES MOINES, IA 50392	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MILlicom INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MILlicom INTERNATIONAL SERVICES, LLC	D Employer Identification Number (EIN) 27-0590110	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	266645	462549
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans	1c(8)	239579	295931
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21317368	24475505
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	21823592	25233985

Liabilities

1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	21823592	25233985
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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)	554292	
(B) Participants	2a(1)(B)	1290020	
(C) Others (including rollovers)	2a(1)(C)	188720	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2033032
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14748	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	21955	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		36703
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	905170	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		905170
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3007285
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		5982190

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2558365	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2558365
f Corrective distributions (see instructions)	2f		3707
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	2190	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	7535	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9725
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2571797

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3410393
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **PBMARES LLP**

(2) EIN: **54-0737372**

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.)	☒	☐	104015
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	613000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MILlicom INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MILlicom INTERNATIONAL SERVICES, LLC		D Employer Identification Number (EIN) 27-0590110
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
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): 04-6568107		
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
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

MILLICOM INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

FINANCIAL REPORT

DECEMBER 31, 2025



ASSURANCE, TAX & ADVISORY SERVICES

MILlicom INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Millicom International Services Employees' Retirement Savings Plan

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

We have performed audits of the financial statements of Millicom International Services Employees' Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's 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 (U.S. GAAP).

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 U.S. GAAP.

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 U.S. GAAP.

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 audits.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2025 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

PBMares, LLP

New Bern, North Carolina
July 23, 2026

FINANCIAL STATEMENTS

MILLICOM INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value		
Registered investment companies (mutual funds)	\$ 24,475,505	\$ 21,317,368
Money market fund	462,549	266,645
	<u>24,938,054</u>	<u>21,584,013</u>
Receivables:		
Employer's contributions	45,627	58,109
Notes from participants	295,931	239,579
	<u>341,558</u>	<u>297,688</u>
Net assets available for benefits	<u><u>\$ 25,279,612</u></u>	<u><u>\$ 21,881,701</u></u>

MILlicom INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2025

Additions to Net Assets Attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 3,007,285
Interest and dividends	919,918
Total investment income	3,927,203
Interest income on notes receivable from participants	21,955
Contributions:	
Participants	1,290,020
Employer	541,810
Rollovers	188,720
Total contributions	2,020,550
Total additions	5,969,708
Deductions from Net Assets Attributed to:	
Benefits paid to participants	2,562,072
Administrative expenses	9,725
Total deductions	2,571,797
Net increase	3,397,911
Net Assets Available for Benefits:	
Beginning of year	21,881,701
End of year	\$ 25,279,612

MILlicom INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Plan Description

The following description of the Millicom International Services Employees' Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan that provides for contributions made under salary deferral agreements pursuant to Section 401(k) of the Internal Revenue Code (the Code). The Plan covers substantially all employees of Millicom International Services, LLC (the Company or Sponsor) who are not members of the following classes of employees: (a) those subject to a collective bargaining agreement; (b) non-residents who have no earned income from sources within the United States of America; and/or (c) an employee as a result of a transaction related to an asset or stock acquisition, merger, or similar transaction involving a change in the employer of the employees of a trade or business. To be eligible to participate in the Plan, employees must reach a minimum age of 21 and complete two full calendar months of service. The Plan's management, who are members of management of the Company, are responsible for oversight of the Plan, determine the appropriateness of the Plan's investment offerings, and monitor investment performance. Fidelity Investment Institutional (Fidelity) serves as the Plan recordkeeper. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Eligible participants may elect to make contributions to the Plan by means of a salary deferral agreement pursuant to Section 401(k) of the Code, subject to maximum dollar limitations established by the Internal Revenue Service (IRS). In addition, participants who have reached age 50 before the end of the Plan year may make catch-up contributions up to limits defined by the IRS. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may make discretionary matching and nonelective contributions as defined in the Plan. The Sponsor's discretionary matching contribution percentage was 80% of the first 4% of eligible compensation. The contribution period for purposes of calculating the amount of matching employer contribution is each Plan year. Total contributions made by the Sponsor amounted to \$541,810 during the year ended December 31, 2025. The allocation of qualified nonelective employer contributions is all participants eligible to participate in the Plan at any time during the Plan year. There were no nonelective contributions for the year ended December 31, 2025. Contributions are subject to certain IRS limitations.

Investment options: Upon enrollment in the Plan, a participant may direct contributions into any of the various investment options offered by the Plan. Participants may change their investment options at any time via the internet or telephone.

Participant accounts: Each participant's account is credited with the participant's contributions, the Company's discretionary matching contribution and an allocation of the Company's discretionary nonelective contribution, if any, and Plan earnings. Each participant's account is charged with an allocation of Plan earnings, if any, and administrative expenses that are paid by the Plan. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled to is the benefit that can be provided from the participant's vested account.

MILLICOM INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Plan Description (Continued)

Vesting: Participants are vested immediately in their contributions, plus actual earnings thereon. Participants are immediately vested in the Sponsor's matching and nonelective contributions plus actual earnings thereon.

Payment of benefits: The Plan permits withdrawals when a participant terminates employment, reaches retirement age, or becomes disabled or deceased. In-service withdrawals are also permitted when a participant reaches age 59½. Hardship distributions are not permitted under the Plan. Benefits are payable in lump-sum payments or installments subject to certain exceptions. The Plan requires automatic cash outs of participant account balances equal or lesser than \$1,000 upon their termination of employment.

Forfeitures: Forfeitures are used to pay Plan expenses or reduce future employer contributions. As of December 31, 2025 and 2024, there was no balance of unallocated forfeited accounts.

Notes receivable from participants: Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000. Loan terms range up to five years or over a reasonable period of time for the purchase of a participant's primary residence, as established by the Plan Administrator at the time of the loan. The loans are collateralized by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. These rates range from 4.25% to 9.50% on loans outstanding at December 31, 2025, and the loans mature through 2035. Principal and interest are paid ratably through regular payroll deductions.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation 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. The Plan's Trustee determines the Plan's valuation policies utilizing information provided by Fidelity. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis as earned. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

MILlicom INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Investment valuation and income recognition (continued): Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near-term and such changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make the scheduled repayments and the Plan Administrator deems the participant to be in default, the participant's note receivable is reduced, and a benefit payment is recorded based on the terms of the Plan. No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

Contributions: Contributions from Plan participants and the matching contributions from the Sponsor are recorded in the year in which the employee contributions are withheld from compensation.

Payment of benefits: Benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid directly by the Sponsor and are excluded from these financial statements. Administrative expenses include fees related to the administration of the Plan and payment of certain recordkeeping fees. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent events: The Plan has evaluated subsequent events (events occurring after December 31, 2025) through July 23, 2026, the date the financial statements were available to be issued.

MILLICOM INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 3. Information Certified or Provided by Fidelity Management Trust Company (Trustee)

The following is a summary of the Plan's asset information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information certified by Fidelity Management Trust Company, the Trustee of the Plan. The Plan Administrator has obtained certifications from the Trustee that information provided to the Plan Administrator by the Trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information that appears throughout the financial statements and ERISA-required supplemental schedules related to the following assets:

	December 31,	
	2025	2024
Investments, at fair value:		
Registered investment companies	\$ 24,475,505	\$ 21,317,368
Money market fund	462,549	266,645
	<u>\$ 24,938,054</u>	<u>\$ 21,584,013</u>
Notes Receivable from Participants	<u>\$ 295,931</u>	<u>\$ 239,579</u>

The Trustee also certified to the completeness and accuracy of \$3,007,285 of net appreciation in fair value of investments, \$919,918 of interest and dividends, and \$21,955 of interest income on notes receivable from participants related to the aforementioned Plan assets for the year ended December 31, 2025.

Note 4. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

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 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; and

MILLICOM INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market fund: Valued at the daily closing price as reported by the fund, representing the NAV of shares held by the Plan.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Description	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 24,475,505	\$ -	\$ -	\$ 24,475,505
Money market fund	462,549	-	-	462,549
Investments, at fair value	\$ 24,938,054	\$ -	\$ -	\$ 24,938,054

Description	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 21,317,368	\$ -	\$ -	\$ 21,317,368
Money market fund	266,645	-	-	266,645
Investments, at fair value	\$ 21,584,013	\$ -	\$ -	\$ 21,584,013

MILLICOM INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits.

Note 5. Party-in-Interest Transactions

Fidelity is the Trustee of the Plan; therefore, transactions with the Trustee qualify as party-in-interest transactions. Strategic Advisors, Inc. is an advisor of the Plan; therefore, transactions with the advisor qualify as party-in-interest transactions. Fees paid by the Plan to the Trustee and the advisor totaled \$2,190 and \$7,535 for the year ended December 31, 2025. Notes receivable from participants and related interest income qualifies as party-in-interest transactions. The Plan Sponsor also paid certain administrative expenses of the Plan.

Note 6. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would be 100% vested in their Sponsor contributions.

Note 7. Tax Status

Effective April 14, 2022, the Plan has adopted a non-standardized form of a pre-approved plan sponsored by FMR LLC. The pre-approved plan has received an opinion letter from the IRS as to the pre-approved plan's qualified status. The pre-approved plan opinion letter has been relied upon by the Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any significant uncertain tax positions that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

MILLICOM INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500:

	<u>2025</u>	<u>2024</u>
Net Assets Available for Benefits per the Financial Statements	\$ 25,279,612	\$ 21,881,701
Differences in:		
Employer's contribution receivable	(45,627)	(58,109)
Net assets per the Form 5500	<u>\$ 25,233,985</u>	<u>\$ 21,823,592</u>

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to the net income per the Form 5500:

	<u>2025</u>
Net Increase in Net assets Available for Benefits per the Financial Statements	\$ 3,397,911
2024 Contributions receivable	58,109
2025 Contributions receivable	(45,627)
Net income per the Form 5500	<u>\$ 3,410,393</u>

Note 9. Prohibited Transactions

During the 2023 Plan year, the Company failed to deposit \$104,015 of participant deferrals within the required timeframe as stated by the DOL regulations. They were considered to be prohibited transactions. The Company deposited the lost earnings to correct the failure during the 2024 Plan year, using one of the DOL's prescribed correction methods. The Company filed the Form 5330 and paid the applicable excise tax to the IRS in 2026. The reimbursement will be made from the Company's assets and not from the assets of the Plan.

SUPPLEMENTARY INFORMATION

MILlicom INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2025

EIN: 27-0590110 PN: 001

Participant Contributions Transferred Late to Plan	Totals That Constitute Non-Exempt Prohibited Transactions			
	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included ☒				
2023	\$ -	\$ 104,015	\$ -	\$ -

Participant contributions were not remitted timely during the year ended December 31, 2023 but were subsequently deposited into the Plan. The Sponsor has reimbursed the Plan for lost earnings in 2024 and filed Form 5330 and paid applicable excise tax in 2026.

MILLICOM INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

EIN: 27-0590110 PN: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Cost**	Current Value	
	Money market fund:			
* Fidelity	Fidelity Federal Money Market Fund		\$	462,549
	Mutual fund, registered investment companies:			
Columbia	Columbia Dividend Income Fund Class A			523,628
Columbia	Columbia Balanced A			24,834
* Fidelity	Fidelity 500 Index Fund			4,391,048
* Fidelity	Fidelity Blue Chip Growth K6 Fund			3,141,326
* Fidelity	Fidelity Emerging Markets Fund - Class K			372,206
* Fidelity	Fidelity Freedom 2010 Fund			57,099
* Fidelity	Fidelity Freedom 2015 Fund			20,325
* Fidelity	Fidelity Freedom 2020 Fund			77,743
* Fidelity	Fidelity Freedom 2025 Fund			850,859
* Fidelity	Fidelity Freedom 2030 Fund			851,056
* Fidelity	Fidelity Freedom 2035 Fund			2,460,908
* Fidelity	Fidelity Freedom 2040 Fund			2,513,263
* Fidelity	Fidelity Freedom 2045 Fund			2,188,006
* Fidelity	Fidelity Freedom 2050 Fund			1,739,502
* Fidelity	Fidelity Freedom 2055 Fund			606,341
* Fidelity	Fidelity Freedom 2060 Fund			24,542
* Fidelity	Fidelity Freedom 2065 Fund			7,100
* Fidelity	Fidelity Freedom Retirement			27,137
* Fidelity	Fidelity Global Ex US Index Fund			640,214
* Fidelity	Fidelity Mid Cap Index Fund			440,817
* Fidelity	Fidelity Overseas Fund - Class K			225,022
* Fidelity	Fidelity Real Estate Investment Fund			144,363
* Fidelity	Fidelity Select Technology Portfolio			736,290
* Fidelity	Fidelity Small Cap Index Fund			219,784
* Fidelity	Fidelity Total Bond K6 Fund			909,796
* Fidelity	Fidelity US Bond Index Fund			508,860
Goldman Sachs	Goldman Sachs Inflation Protected Secs R Fund			39,296
Janus Henderson	Janus Henderson Triton A Fund			99,920
MFS	MFS International Diversification Fund Class R3			237,541
MFS	MFS Mid Cap Growth Fund Class R3			210,692
Principal	Principal SmallCap R5 Fund			75,238
Wells Fargo	Wells Fargo Special Mid Cap Value Admin Fund			34,209
Wells Fargo	Wells Fargo Special Small Cap Value Admin Fund			76,540
				<u>24,475,505</u>
	Participant loans:			
* Participants	4.25% – 9.50%; maturing through 2035			<u>295,931</u>
			\$	<u><u>25,233,985</u></u>

* Designates party-in-interest.

** All investments are participant directed; therefore, cost information has not been presented.

The above information has been certified by Fidelity Management Trust Company, the Trustee, to be complete and accurate.

MILlicom INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2025

EIN: 27-0590110 PN: 001

Participant Contributions Transferred Late to Plan	Totals That Constitute Non-Exempt Prohibited Transactions			
	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included ☒				
2023	\$ -	\$ 104,015	\$ -	\$ -

Participant contributions were not remitted timely during the year ended December 31, 2023 but were subsequently deposited into the Plan. The Sponsor has reimbursed the Plan for lost earnings in 2024 and filed Form 5330 and paid applicable excise tax in 2026.

MILLICOM INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

EIN: 27-0590110 PN: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Cost**	Current Value	
	Money market fund:			
* Fidelity	Fidelity Federal Money Market Fund		\$	462,549
	Mutual fund, registered investment companies:			
Columbia	Columbia Dividend Income Fund Class A			523,628
Columbia	Columbia Balanced A			24,834
* Fidelity	Fidelity 500 Index Fund			4,391,048
* Fidelity	Fidelity Blue Chip Growth K6 Fund			3,141,326
* Fidelity	Fidelity Emerging Markets Fund - Class K			372,206
* Fidelity	Fidelity Freedom 2010 Fund			57,099
* Fidelity	Fidelity Freedom 2015 Fund			20,325
* Fidelity	Fidelity Freedom 2020 Fund			77,743
* Fidelity	Fidelity Freedom 2025 Fund			850,859
* Fidelity	Fidelity Freedom 2030 Fund			851,056
* Fidelity	Fidelity Freedom 2035 Fund			2,460,908
* Fidelity	Fidelity Freedom 2040 Fund			2,513,263
* Fidelity	Fidelity Freedom 2045 Fund			2,188,006
* Fidelity	Fidelity Freedom 2050 Fund			1,739,502
* Fidelity	Fidelity Freedom 2055 Fund			606,341
* Fidelity	Fidelity Freedom 2060 Fund			24,542
* Fidelity	Fidelity Freedom 2065 Fund			7,100
* Fidelity	Fidelity Freedom Retirement			27,137
* Fidelity	Fidelity Global Ex US Index Fund			640,214
* Fidelity	Fidelity Mid Cap Index Fund			440,817
* Fidelity	Fidelity Overseas Fund - Class K			225,022
* Fidelity	Fidelity Real Estate Investment Fund			144,363
* Fidelity	Fidelity Select Technology Portfolio			736,290
* Fidelity	Fidelity Small Cap Index Fund			219,784
* Fidelity	Fidelity Total Bond K6 Fund			909,796
* Fidelity	Fidelity US Bond Index Fund			508,860
Goldman Sachs	Goldman Sachs Inflation Protected Secs R Fund			39,296
Janus Henderson	Janus Henderson Triton A Fund			99,920
MFS	MFS International Diversification Fund Class R3			237,541
MFS	MFS Mid Cap Growth Fund Class R3			210,692
Principal	Principal SmallCap R5 Fund			75,238
Wells Fargo	Wells Fargo Special Mid Cap Value Admin Fund			34,209
Wells Fargo	Wells Fargo Special Small Cap Value Admin Fund			76,540
				<u>24,475,505</u>
	Participant loans:			
* Participants	4.25% – 9.50%; maturing through 2035			<u>295,931</u>
			\$	<u><u>25,233,985</u></u>

* Designates party-in-interest.

** All investments are participant directed; therefore, cost information has not been presented.

The above information has been certified by Fidelity Management Trust Company, the Trustee, to be complete and accurate.

FORM 5330 FILING INSTRUCTIONS

FORM 5330

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Millicom International Services, LLC
8400 NW 36th ST, Suite 530,
Doral, Florida 33166

Prepared By:

KPMG LLP
222 Central Park Avenue,
Suite 1510, Virginia Beach, VA
23462

Amount Due:

\$424.79

Make Check Payable To:

United States Treasury

Mail Form 5330 and Check To:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201

Form 5330 Must Be Mailed On Or Before:

As soon as Possible

Special Instructions:

Include your Plan Name, EIN, Plan Number and the words "Form 5330, Section 4975" on your check.

Return of Excise Taxes Related to Employee Benefit Plans

(under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

OMB No. 1545-0575

Go to www.irs.gov/Form5330 for instructions and the latest information.

Filer tax year beginning January 1 , 2023 and ending December 31 , 2023	
A Name of filer (see instructions) MILLICOM INTERNATIONAL SERVICES, LLC	
Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.) 8400 NW 36TH ST, SUITE 530	
City or town DORAL	State or province FLORIDA
Country	ZIP or foreign postal code 33166
B Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.)	
Employer identification number (EIN) 27-0590110	
Social security number (SSN)	
C Name of plan MILLICOM INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN	
E Plan sponsor's EIN 27-0590110	
D Name and address of plan sponsor MILLICOM INTERNATIONAL SERVICES, LLC, 8400 NW 36TH ST, SUITE 530, DORAL, FL, 33166	
F Plan year ending (MM/DD/YYYY) 12/31/2023	
H If this is an amended return, check here ☐	
G Plan number 001	

Part I Taxes. You can only complete one section of Part I for each Form 5330 filed. See instructions.

Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)	FOR IRS USE ONLY		
1 Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	1	
2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	2	
3a Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a	85.15
b Section 4975(b) tax on failure to correct prohibited transactions	224	3b	339.64
4 Section 4976 tax on disqualified benefits for funded welfare plans	200	4	
5a Section 4978 tax on ESOP dispositions	209	5a	
b The tax on line 5a is a result of the application of: ☐ Sec. 664(g) ☐ Sec. 1042		5b	
6 Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	6	
7 Total Section A taxes. Add lines 1 through 6. Enter here and on Part II, line 17		7	424.79

Section B. Taxes that are reported by the 15th day of the 10th month after the last day of the plan year			
8a Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	8a	
b Section 4971(b) tax for failure to correct minimum funding standards	225	8b	
9a Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	9a	
b Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	9b	
10a Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	10a	
b Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	10b	
c Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	10c	
d Section 4971(h) tax on failure of a CSEC plan sponsor to adopt funding restoration plan (from Schedule L, line 2)	453	10d	

Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees			
11 Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	11	
12 Total Section B taxes. Add lines 8a through 10d or 11. Enter here and on Part II, line 17		12	

Section C. Tax that is reported by the last day of the 15th month after the end of the plan year			
13 Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17	205	13	

Filer's identifying number: **27-0590110**

Name of filer: **MILlicom INTERNATIONAL SERVICES, LLC**Filer's identifying number: **27-0590110****Schedule A Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))	1	
2	Amount allowable as a deduction under section 404	2	
3	Subtract line 2 from line 1	3	
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4	
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year	5	
6	Subtract line 5 from line 4	6	
7	Amount of line 6 carried forward and deductible in this tax year	7	
8	Subtract line 7 from line 6	8	
9	Tentative taxable excess contributions. Add lines 3 and 8	9	
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax	10	
11	Taxable excess contributions. Subtract line 10 from line 9	11	
12	Multiply line 11 by 10%. Enter here and on Part I, line 1	12	

Schedule B Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3)) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total amount contributed for current year less rollovers. See instructions	1	
2	Amount excludable from gross income under section 403(b). See instructions	2	
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-	3	
4	Prior year excess contributions not previously eliminated. If zero, go to line 8	4	
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-	5	
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions	6	
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4	7	
8	Taxable excess contributions. Add lines 3 and 7	8	
9	Multiply line 8 by 6%	9	
10	Enter the value of your account as of the last day of the year	10	
11	Multiply line 10 by 6%	11	
12	Excess contributions tax. Enter the lesser of line 9 or line 11 here and on Part I, line 2	12	

Name of filer: **MILlicom INTERNATIONAL SERVICES, LLC**Filer's identifying number: **27-0590110****Schedule C Tax on Prohibited Transactions (Section 4975) (see instructions) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)****1** Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):**a** ☒ discrete**b** ☐ other than discrete (a lease or a loan)**2** Complete the table below to disclose the prohibited transactions and figure the initial tax. See instructions.

(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
(i)	11/28/2023	FAILURE TO TRANSMIT CONTRIBUTIONS TIMELY	227.98	34.20
(ii)	11/28/2023	FAILURE TO TRANSMIT LOST EARNINGS ON DELINQUENT CONTRIBUTIONS	339.64	50.95
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				
(xi)				
(xii)				

3 Add amounts in column (e); enter here and on Part I, line 3a **3** **85.15****4** Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement. See instructions ☒ **Yes** ☐ **No**

Filer's identifying number: **27-0590110**

5 Complete the table below, if applicable, of other participating disqualified persons and description of correction. See instructions.

[illegible]

1	Aggregate unpaid required contributions (accumulated funding deficiency for multiemployer plans). See instructions	1	
2	Multiply line 1 by 10% (5% for multiemployer plans). Enter here and on Part I, line 8a	2	

		(a) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 4th Quarter	(e) Total (add cols. a–d for line 3)
1	Amount of shortfall	1				
2	Shortfall paid by the due date	2				
3	Net shortfall amount	3				
4	Multiply line 3, column (e), by 10%. Enter here and on Part I, line 9a					4

Name of filer: **MILICOM INTERNATIONAL SERVICES, LLC**Filer's identifying number: **27-0590110****Schedule F Tax on Multiemployer Plans in Endangered or Critical Status (Sections 4971(g)(3) and 4971(g)(4))**
Reported by the 15th day of the 10th month after the last day of the plan year

1	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status.	
a	Enter the amount of contributions necessary to meet the applicable benchmarks or requirements . . .	1a
b	Enter the amount of the accumulated funding deficiency	1b
c	Multiply the greater of line 1a or line 1b by 5%. Enter the result here and on Part I, line 10b	1c
2	Section 4971(g)(4) tax on failure to adopt rehabilitation plan.	
a	Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2	2a
b	Enter the number of days during the tax year which are included in the period beginning on the first day following the close of the 240-day period and ending on the day the rehabilitation plan is adopted	
c	Multiply line 2b by \$1,100	2c
d	Enter the greater of line 2a or line 2c here and on Part I, line 10c	2d

Schedule G Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

1	Did you make an election to be taxed under section 4977? ☐ Yes ☐ No	
2	If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid: _____	
3	If line 1 is "Yes," enter the excess fringe benefits on this line. See instructions	3
4	Enter 30% of line 3 here and on Part I, line 11	4

Schedule H Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

1	Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), or 501(c)(18) or excess aggregate contributions	1
2	Multiply line 1 by 10% and enter here and on Part I, line 13	2

Schedule I Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

1	Date reversion occurred MM ____ DD ____ YY ____	
2a	Employer reversion amount: _____ b Excise tax rate (20% or 50%): _____	
3	Multiply line 2a by line 2b and enter the amount here and on Part I, line 14	3
4	Explain below why you qualify for a 20% rather than a 50% excise tax rate:	

Schedule J Tax on Failure To Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred

1	Enter the number of applicable individuals who were not provided ERISA section 204(h) notice: _____	
2	Enter the effective date of the amendment MM ____ DD ____ YY ____	
3	Enter the number of days in the noncompliance period: _____	
4	Enter the total number of failures to provide ERISA section 204(h) notice. See instructions	4
5	Multiply line 4 by \$100. Enter here and on Part I, line 15	5
6	Provide a brief description of the failure, and of the correction, if any:	

Schedule K Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

1	Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to: _____	
2	Multiply line 1 by \$20,000. Enter the result here and on Part I, line 16	2

Schedule L Tax on Failure of a CSEC Plan Sponsor To Adopt Funding Restoration Plan (Section 4971(h)) Reported by the 15th day of the 10th month after the last day of the plan year

1	Enter the number of days during the tax year which are included in the period beginning on the day following the close of the 180-day period described in section 433(j)(3) and ending on the day on which the funding restoration plan is adopted	
2	Multiply line 1 by \$100. Enter the result here and on Part I, line 10d	2

Audit Summary for Millicom_2023 Form 5330

Report Time 05/15/2026 14:59:55 (GMT)	Agreement Name Millicom_2023 Form 5330	Document Created Time 05/15/2026 14:36:48 (GMT)
Document Created By Camila Minero (camila.minero@millicom.com)	Document Sent Time 05/15/2026 14:41:50 (GMT)	Transaction ID 0aad1827-aa20-44b6-ab12-efefccf111f4
Documents Millicom_2023 Form 5330.pdf	Recipients Alessandra Braggion (Alessandra.Braggion@Millicom.com), Salvador Escalon (salvador.escalon@millicom.com)	Document Status Completed
Document Status Action Time 05/15/2026 14:59:53 (GMT)	Number of Signatures 2	Number of Initials 0
Number of Stamps 0	Number of Pages in Document 7	CC Users Clementine Groussin (clementine.groussin@millicom.com)

Audit Events

- Document created by Camila Minero (camila.minero@millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:36:48 (GMT)	54.221.15.236	-	Edge 148	Windows 10

- Document emailed by Camila Minero (camila.minero@millicom.com)
Email copied to - Clementine Groussin (clementine.groussin@millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:41:51 (GMT)	54.221.15.236	-	Edge 148	Windows 10

- Document emailed by Camila Minero (camila.minero@millicom.com)
Sent to - Alessandra Braggion (Alessandra.Braggion@Millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:41:52 (GMT)	54.221.15.236	-	Edge 148	Windows 10

- Email link authenticated by Alessandra Braggion (Alessandra.Braggion@Millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:42:31 (GMT)	34.224.27.187	-	Edge 148	Windows 10

- Document viewed by Alessandra Braggion (Alessandra.Braggion@Millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:42:34 (GMT)	34.224.27.187	-	Edge 148	Windows 10

- Email link authenticated by Alessandra Braggion (Alessandra.Braggion@Millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:42:42 (GMT)	72.145.83.104	-	Chrome 142	Windows 10

- Document viewed by Alessandra Braggion (Alessandra.Braggion@Millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:42:44 (GMT)	72.145.83.104	-	Chrome 142	Windows 10

- Certinal eSign Terms of Use, User Disclosure and Privacy Policy associated with this document have been agreed by Alessandra Braggion (Alessandra.Braggion@Millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:42:50 (GMT)	34.224.27.187	-	Edge 148	Windows 10

- Document eSigned by Alessandra Braggion (Alessandra.Braggion@Millicom.com)
Signature Method - Signature Typed (Pre-Saved)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:42:50 (GMT)	34.224.27.187	-	Edge 148	Windows 10

- Document emailed
Sent to - Salvador Escalon (salvador.escalon@millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:42:53 (GMT)	-	-	-	-

- Email link authenticated by Salvador Escalon (salvador.escalon@millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:59:44 (GMT)	104.28.94.175	-	Mobile Safari 26	iOS 18

● Document viewed by Salvador Escalon (salvador.escalon@millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:59:46 (GMT)	104.28.94.175	-	Mobile Safari 26	iOS 18

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Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:59:53 (GMT)	104.28.94.175	-	Mobile Safari 26	iOS 18

● Document eSigned by Salvador Escalon (salvador.escalon@millicom.com)
Signature Method - Signature Typed (Pre-Saved)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:59:53 (GMT)	104.28.94.175	-	Mobile Safari 26	iOS 18

● Final agreement emailed
Sent to - Alessandra Braggion (Alessandra.Braggion@Millicom.com)
Salvador Escalon (salvador.escalon@millicom.com),
Camila Minero (camila.minero@millicom.com)
CC Users - Clementine Groussin (clementine.groussin@millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:59:55 (GMT)	-	-	-	-

End of Report

Sender Assigned Fields To Recipients

Recipient	Field	Required	PDF Page No.	Value	Activity Time
Alessandra Braggion (Alessandra. Braggion@Millicom.com)	Field Type: Signature Field Name: Signature	Yes	Page No.:3	<i>Alessandra Braggion</i> Signed on 05/15/2026 10:42:50 (GMT -5:00)	05/15/2026 14:42:50 (GMT)
Salvador Escalon (salvador.escalon@millicom. com)	Field Type: Signature Field Name: Signature 2	Yes	Page No.:3	<i>Salvador Escalon</i> Signed on 05/15/2026 10:59:53 (GMT -5:00)	05/15/2026 14:59:53 (GMT)

Company and its Users' Disclosure Regarding Conducting Business Electronically, and Signing Documents Electronically

By using Certinal Application, you hereby specifically provide your consent to use Certinal Application for receiving notifications electronically and/or electronically signing e-documents rather than executing those documents through wet signatures. If you do not wish to receive notifications electronically and/or execute e-documents by applying electronic signatures, then you may withdraw your consent in following manner:

- You may notify the sender by writing email to the sender of e-document that you do not wish to execute e-documents by applying electronic signatures.
- You may write email to the sender of e-document and ask the sender to provide print of the document for executing the same by applying wet signatures.
- You yourself may download the document from Certinal Application and print the same for executing it by applying wet signatures.

Any such action of yours by which you do not proceed to electronically sign e-documents shall be construed as withdrawal of your consent to electronically sign e-documents.

You may be required to pay to the sender for executing hard copy of the document through wet signatures needs to be settled between you and the sender. Certinal is not liable in any manner whatsoever related to any such cost if any incurred by you.

After withdrawal of such consent if at any time in future you again use the Certinal Application either to electronically sign the same document for which you had earlier withdrawn your consent or you use the Certinal Application to sign any other new document then by such act of yours you acknowledge that you are consenting to use Certinal Application for electronically signing e-documents.

Following are the system requirements for using Certinal Application.

System Requirements	
RAM Requirements	Minimum: 8GB Recommended: 16GB
Hard Disk Requirements	100GB
Supported Operating system	MAC OS X v11 or later and Windows 8, 10
Supported Browser	<i>*Edge Chromium based browser Recommended</i> Edge Version 81.0.416.58 + Firefox Version 75.0 + Chrome 78.0.3904.97 + Safari 11 +
System Resolution	1920*1080, 1024*768, 1152*864, 1366*768, 1440x900, 2560*1600, 3072*1920
Additional Hardware/Software Requirements	4 Cores (CPU)

Please note that Edge Chromium based browser, Firefox, and Chrome are evergreen browsers with automatic updates. Support is provided for two of their latest stable releases. The supported versions will change as and when they release a new version.

Following are the document formats supported for electronic signature.

- PDF (.pdf)
- Word (.doc and .docx)
- Graphics (.tif, .jpg, .jpeg, .gif, .bmp, and .png)

You are required to have Acrobat® or similar software applications to view electronically signed document.

FORM 5330 FILING INSTRUCTIONS

FORM 5330

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

Millicom International Services, LLC
8400 NW 36th ST, Suite 530,
Doral, Florida 33166

Prepared By:

KPMG LLP
222 Central Park Avenue,
Suite 1510, Virginia Beach, VA
23462

Amount Due:

\$50.95

Make Check Payable To:

United States Treasury

Mail Form 5330 and Check To:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201

Form 5330 Must Be Mailed On Or Before:

As soon as Possible

Special Instructions:

Include your Plan Name, EIN, Plan Number and the words "Form 5330, Section 4975" on your check.

Return of Excise Taxes Related to Employee Benefit Plans

(under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

OMB No. 1545-0575

Go to www.irs.gov/Form5330 for instructions and the latest information.

Filer tax year beginning January 1 , 2024 and ending December 31 , 2024	
A Name of filer (see instructions) MILLICOM INTERNATIONAL SERVICES, LLC	
Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.) 8400 NW 36TH ST, SUITE 530	
City or town DORAL	State or province FLORIDA
Country	ZIP or foreign postal code 33166
B Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.)	
Employer identification number (EIN) 27-0590110	
Social security number (SSN)	
C Name of plan MILLICOM INTERNATIONAL SERVICES EMPLOYEES' RETIREMENT SAVINGS PLAN	
E Plan sponsor's EIN 27-0590110	
D Name and address of plan sponsor MILLICOM INTERNATIONAL SERVICES, LLC, 8400 NW 36TH ST, SUITE 530, DORAL, FL, 33166	
F Plan year ending (MM/DD/YYYY) 12/31/2024	
H If this is an amended return, check here ☐	
G Plan number 001	

Part I Taxes. You can only complete one section of Part I for each Form 5330 filed. See instructions.

Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)	FOR IRS USE ONLY	
1 Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	1
2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	2
3a Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a 50.95
b Section 4975(b) tax on failure to correct prohibited transactions	224	3b
4 Section 4976 tax on disqualified benefits for funded welfare plans	200	4
5a Section 4978 tax on ESOP dispositions	209	5a
b The tax on line 5a is a result of the application of: ☐ Sec. 664(g) ☐ Sec. 1042		5b
6 Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	6
7 Total Section A taxes. Add lines 1 through 6. Enter here and on Part II, line 17		7 50.95

Section B. Taxes that are reported by the 15th day of the 10th month after the last day of the plan year		
8a Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	8a
b Section 4971(b) tax for failure to correct minimum funding standards	225	8b
9a Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	9a
b Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	9b
10a Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	10a
b Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	10b
c Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	10c
d Section 4971(h) tax on failure of a CSEC plan sponsor to adopt funding restoration plan (from Schedule L, line 2)	453	10d

Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees		
11 Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	11
12 Total Section B taxes. Add lines 8a through 10d or 11. Enter here and on Part II, line 17		12

Section C. Tax that is reported by the last day of the 15th month after the end of the plan year		
13 Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17	205	13

Filer's identifying number:

Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred

204

14

228

15

237

16

17

50.95

18

19

50.95

20a

c Type: ☐ Checking ☐ Savings

d Account number

Date _____

P01873031

Firm's EIN	13-5562507
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Phone no.	757 616 7280
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Name of filer: **MILlicom INTERNATIONAL SERVICES, LLC**Filer's identifying number: **27-0590110****Schedule A Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))	1	
2	Amount allowable as a deduction under section 404	2	
3	Subtract line 2 from line 1	3	
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4	
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year	5	
6	Subtract line 5 from line 4	6	
7	Amount of line 6 carried forward and deductible in this tax year	7	
8	Subtract line 7 from line 6	8	
9	Tentative taxable excess contributions. Add lines 3 and 8	9	
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax	10	
11	Taxable excess contributions. Subtract line 10 from line 9	11	
12	Multiply line 11 by 10%. Enter here and on Part I, line 1	12	

Schedule B Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3)) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total amount contributed for current year less rollovers. See instructions	1	
2	Amount excludable from gross income under section 403(b). See instructions	2	
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-	3	
4	Prior year excess contributions not previously eliminated. If zero, go to line 8	4	
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-	5	
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions	6	
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4	7	
8	Taxable excess contributions. Add lines 3 and 7	8	
9	Multiply line 8 by 6%	9	
10	Enter the value of your account as of the last day of the year	10	
11	Multiply line 10 by 6%	11	
12	Excess contributions tax. Enter the lesser of line 9 or line 11 here and on Part I, line 2	12	

Name of filer: **MILlicom INTERNATIONAL SERVICES, LLC**Filer's identifying number: **27-0590110****Schedule C Tax on Prohibited Transactions (Section 4975) (see instructions) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)****1** Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):**a** ☒ discrete**b** ☐ other than discrete (a lease or a loan)**2** Complete the table below to disclose the prohibited transactions and figure the initial tax. See instructions.

(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
(i)	1/1/2024	FAILURE TO TRANSMIT LOST EARNINGS ON DELINQUENT CONTRIBUTIONS	339.64	50.95
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				
(xi)				
(xii)				

3 Add amounts in column (e); enter here and on Part I, line 3a **3** **50.95****4** Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement. See instructions ☒ **Yes** ☐ **No**

Name of filer: **MILICOM INTERNATIONAL SERVICES, LLC**Filer's identifying number: **27-0590110****Schedule F Tax on Multiemployer Plans in Endangered or Critical Status (Sections 4971(g)(3) and 4971(g)(4))**
Reported by the 15th day of the 10th month after the last day of the plan year

1	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status.	
a	Enter the amount of contributions necessary to meet the applicable benchmarks or requirements . . .	1a
b	Enter the amount of the accumulated funding deficiency	1b
c	Multiply the greater of line 1a or line 1b by 5%. Enter the result here and on Part I, line 10b	1c
2	Section 4971(g)(4) tax on failure to adopt rehabilitation plan.	
a	Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2	2a
b	Enter the number of days during the tax year which are included in the period beginning on the first day following the close of the 240-day period and ending on the day the rehabilitation plan is adopted	
c	Multiply line 2b by \$1,100	2c
d	Enter the greater of line 2a or line 2c here and on Part I, line 10c	2d

Schedule G Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

1	Did you make an election to be taxed under section 4977? ☐ Yes ☐ No	
2	If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid: _____	
3	If line 1 is "Yes," enter the excess fringe benefits on this line. See instructions	3
4	Enter 30% of line 3 here and on Part I, line 11	4

Schedule H Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

1	Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), or 501(c)(18) or excess aggregate contributions	1
2	Multiply line 1 by 10% and enter here and on Part I, line 13	2

Schedule I Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

1	Date reversion occurred MM ____ DD ____ YY ____	
2a	Employer reversion amount: _____ b Excise tax rate (20% or 50%): _____	
3	Multiply line 2a by line 2b and enter the amount here and on Part I, line 14	3
4	Explain below why you qualify for a 20% rather than a 50% excise tax rate:	

Schedule J Tax on Failure To Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred

1	Enter the number of applicable individuals who were not provided ERISA section 204(h) notice: _____	
2	Enter the effective date of the amendment MM ____ DD ____ YY ____	
3	Enter the number of days in the noncompliance period: _____	
4	Enter the total number of failures to provide ERISA section 204(h) notice. See instructions	4
5	Multiply line 4 by \$100. Enter here and on Part I, line 15	5
6	Provide a brief description of the failure, and of the correction, if any:	

Schedule K Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

1	Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to: _____	
2	Multiply line 1 by \$20,000. Enter the result here and on Part I, line 16	2

Schedule L Tax on Failure of a CSEC Plan Sponsor To Adopt Funding Restoration Plan (Section 4971(h)) Reported by the 15th day of the 10th month after the last day of the plan year

1	Enter the number of days during the tax year which are included in the period beginning on the day following the close of the 180-day period described in section 433(j)(3) and ending on the day on which the funding restoration plan is adopted	
2	Multiply line 1 by \$100. Enter the result here and on Part I, line 10d	2

Audit Summary for Millicom_2024 Form 5330

Report Time 05/15/2026 15:00:10 (GMT)	Agreement Name Millicom_2024 Form 5330	Document Created Time 05/15/2026 14:42:09 (GMT)
Document Created By Camila Minero (camila.minero@millicom.com)	Document Sent Time 05/15/2026 14:44:56 (GMT)	Transaction ID f02ed891-edcc-4a95-b417-50cd28ab5b7b
Documents Millicom_2024 Form 5330.pdf	Recipients Alessandra Braggion (Alessandra.Braggion@Millicom.com), Salvador Escalon (salvador.escalon@millicom.com)	Document Status Completed
Document Status Action Time 05/15/2026 15:00:07 (GMT)	Number of Signatures 2	Number of Initials 0
Number of Stamps 0	Number of Pages in Document 7	CC Users Clementine Groussin (clementine.groussin@millicom.com)

Audit Events

- Document created by Camila Minero (camila.minero@millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:42:09 (GMT)	54.221.15.236	-	Edge 148	Windows 10

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Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:44:57 (GMT)	54.221.15.236	-	Edge 148	Windows 10

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Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:44:57 (GMT)	54.221.15.236	-	Edge 148	Windows 10

- Email link authenticated by Alessandra Braggion (Alessandra.Braggion@Millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:45:54 (GMT)	34.224.27.187	-	Edge 148	Windows 10

- Document viewed by Alessandra Braggion (Alessandra.Braggion@Millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:45:55 (GMT)	34.224.27.187	-	Edge 148	Windows 10

- Certinal eSign Terms of Use, User Disclosure and Privacy Policy associated with this document have been agreed by Alessandra Braggion (Alessandra.Braggion@Millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:46:12 (GMT)	34.224.27.187	-	Edge 148	Windows 10

- Document eSigned by Alessandra Braggion (Alessandra.Braggion@Millicom.com)
Signature Method - Signature Typed (Pre-Saved)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:46:12 (GMT)	34.224.27.187	-	Edge 148	Windows 10

- Email link authenticated by Alessandra Braggion (Alessandra.Braggion@Millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:46:13 (GMT)	72.145.76.1	-	Chrome 142	Windows 10

- Document emailed
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Time	IP Address	Geolocation	Browser	OS
05/15/2026 14:46:16 (GMT)	-	-	-	-

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Time	IP Address	Geolocation	Browser	OS
05/15/2026 15:00:00 (GMT)	104.28.94.174	-	Mobile Safari 26	iOS 18

- Document viewed by Salvador Escalon (salvador.escalon@millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 15:00:02 (GMT)	104.28.94.174	-	Mobile Safari 26	iOS 18

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Time	IP Address	Geolocation	Browser	OS
05/15/2026 15:00:07 (GMT)	104.28.94.174	-	Mobile Safari 26	iOS 18

- Document eSigned by Salvador Escalon (salvador.escalon@millicom.com)
Signature Method - Signature Typed (Pre-Saved)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 15:00:07 (GMT)	104.28.94.174	-	Mobile Safari 26	iOS 18

- Final agreement emailed
Sent to - Alessandra Braggion (Alessandra.Braggion@Millicom.com)
Salvador Escalon (salvador.escalon@millicom.com),
Camila Minero (camila.minero@millicom.com)
CC Users - Clementine Groussin (clementine.groussin@millicom.com)

Time	IP Address	Geolocation	Browser	OS
05/15/2026 15:00:10 (GMT)	-	-	-	-

End of Report

Sender Assigned Fields To Recipients

Recipient	Field	Required	PDF Page No.	Value	Activity Time
Alessandra Braggion (Alessandra.Braggion@Millicom.com)	Field Type: Signature Field Name: Signature	Yes	Page No.:3	<i>Alessandra Braggion</i> Signed on 05/15/2026 10:46:12 (GMT -5:00)	05/15/2026 14:46:12 (GMT)
Salvador Escalon (salvador.escalon@millicom.com)	Field Type: Signature Field Name: Signature 2	Yes	Page No.:3	<i>Salvador Escalon</i> Signed on 05/15/2026 11:00:07 (GMT -5:00)	05/15/2026 15:00:07 (GMT)

Company and its Users' Disclosure Regarding Conducting Business Electronically, and Signing Documents Electronically

By using Certinal Application, you hereby specifically provide your consent to use Certinal Application for receiving notifications electronically and/or electronically signing e-documents rather than executing those documents through wet signatures. If you do not wish to receive notifications electronically and/or execute e-documents by applying electronic signatures, then you may withdraw your consent in following manner:

- You may notify the sender by writing email to the sender of e-document that you do not wish to execute e-documents by applying electronic signatures.
- You may write email to the sender of e-document and ask the sender to provide print of the document for executing the same by applying wet signatures.
- You yourself may download the document from Certinal Application and print the same for executing it by applying wet signatures.

Any such action of yours by which you do not proceed to electronically sign e-documents shall be construed as withdrawal of your consent to electronically sign e-documents.

You may be required to pay to the sender for executing hard copy of the document through wet signatures needs to be settled between you and the sender. Certinal is not liable in any manner whatsoever related to any such cost if any incurred by you.

After withdrawal of such consent if at any time in future you again use the Certinal Application either to electronically sign the same document for which you had earlier withdrawn your consent or you use the Certinal Application to sign any other new document then by such act of yours you acknowledge that you are consenting to use Certinal Application for electronically signing e-documents.

Following are the system requirements for using Certinal Application.

System Requirements	
RAM Requirements	Minimum: 8GB Recommended: 16GB
Hard Disk Requirements	100GB
Supported Operating system	MAC OS X v11 or later and Windows 8, 10
Supported Browser	<i>*Edge Chromium based browser Recommended</i> Edge Version 81.0.416.58 + Firefox Version 75.0 + Chrome 78.0.3904.97 + Safari 11 +
System Resolution	1920*1080, 1024*768, 1152*864, 1366*768, 1440x900, 2560*1600, 3072*1920
Additional Hardware/Software Requirements	4 Cores (CPU)

Please note that Edge Chromium based browser, Firefox, and Chrome are evergreen browsers with automatic updates. Support is provided for two of their latest stable releases. The supported versions will change as and when they release a new version.

Following are the document formats supported for electronic signature.

- PDF (.pdf)
- Word (.doc and .docx)
- Graphics (.tif, .jpg, .jpeg, .gif, .bmp, and .png)

You are required to have Acrobat® or similar software applications to view electronically signed document.

J.P.Morgan

712 Main St, Floor 04
Houston, TX 77002-3201

June 16, 2026

MILLICOM INTERNATIONAL SERVICES LLC
8400 NW 36TH STREET, SUITE 530
DORAL FL 33166

DEBIT ADVICE

Date: 6/16/2026
Your Reference: UNITED STATES TREASURY
Our Reference: C20260615CLDCHM
Customer Acct#: XXXXXXXX1424
Reason Code: Cashier Check(s)
Total Debit Amount: \$424.79

We recently made an adjustment to your account ending in XXXXXXXX1424

Dear MILLICOM INTERNATIONAL SERVICES LLC:

We removed \$424.79 from your account ending in #XXXXXXXXXX1424 for the following reason: Cashier Check(s).

If you have questions, please call us at 1-800-779-4870; we accept operator relay calls. We're here Monday through Friday from 8 a.m. to 6 p.m. Eastern Time. If you're outside the United States, you can call us at 1-713-651-1428.

Please mention reference number C20260615CLDCHM when you contact us.

Thank you for being our customer.

JP MORGAN CHASE BANK, NA
Phoenix, AZ

CASHIER'S CHECK

06/16/2026 03:47 AM
OUR REF : TSS CLIENT SERVICE
YOUR REF: MILLICOM INTERNA

Four hundred twenty four dollars and 79/100

Pay To The Order Of

UNITED STATES TREASURY
REF: EIN270690110/FORM 5330 SEC.4975
INTERNAL REVENUE SERVICE CENTER
OGDEN UT 84201 US

NO: 5006945487

91-2/1221

\$*424.79**

Michael E. Morgan

282111106 2/2024 8810004305
HOLD DOCUMENT AT ANGLE TO VIEW ARTIFICIAL WATERMARK ON BACK

⑈5006945487⑈ ⑆122100024⑆ 758661813⑈

J.P.Morgan

712 Main St, Floor 04
Houston, TX 77002-3201

June 16, 2026

MILLICOM INTERNATIONAL SERVICES LLC
8400 NW 36TH STREET, SUITE 530
DORAL FL 33166

DEBIT ADVICE

Date:	6/16/2026
Your Reference:	UNITED STATES TREASURY
Our Reference:	C20260615CLDCHM
Customer Acct#:	XXXXXXXXXX1424
Reason Code:	Cashier Check(s)
Total Debit Amount:	\$50.95

We recently made an adjustment to your account ending in XXXXXXXXX1424

Dear MILLICOM INTERNATIONAL SERVICES LLC:

We removed \$50.95 from your account ending in #XXXXXXXXXX1424 for the following reason: Cashier Check(s).

If you have questions, please call us at 1-800-779-4870. We accept operator relay calls. We're here Monday through Friday from 8 a.m. to 6 p.m. Eastern Time. If you're outside the United States, you can call us at 1-713-651-1428.

Please mention reference number C20260615CLDCHM when you contact us.

Thank you for being our customer.

JP MORGAN CHASE BANK, NA
Phoenix, AZ

06/16/2026 03:47 AM
OUR REF : TSS CLIENT SERVICE
YOUR REF: MILLICOM INTERNA

Fifty dollars and 95/100

Pay To The Order Of

UNITED STATES TREASURY
REF: EIN270590110/FORM 5330 SEC.4975
INTERNAL REVENUE SERVICE CENTER
OGDEN UT 84201 US

CASHIER'S CHECK

NO: 5006945481

91-2/1221

\$***50.95

Michael E. McEgamon

⑈5006945481⑈

⑆122100024⑆

758881813⑈



Proof of Delivery

Dear Customer,
This notice serves as proof of delivery for the shipment listed below.

Tracking Number
1Z880EX41398811393

Service
UPS Next Day Air Saver®

Delivered On
06/18/2026 9:55 A.M.

Delivered To
OGDEN, UT, US

Shipped / Billed On
06/17/2026

Received By
IRS SCAMPS

Delivery Location
Receiver

Sincerely,
UPS

Tracking results provided by UPS as of 06/18/2026 2:18 P.M. EST