Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] 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
MAP COMMUNICATIONS HOLDINGS, INC. 401(K) EMPLOYEES' STOCK OWNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2002

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)
MAP COMMUNICATIONS HOLDINGS, INC.

555 BELAIRE AVENUE, SUITE 600
CHESAPEAKE, VA 23320

2b Employer Identification Number (EIN)
71-0918983

2c Plan Sponsor's telephone number
757-424-1191

2d Business code (see instructions)
561420

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2026	LEANNE JORDAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2026	LEANNE JORDAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	3191
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1932
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1869
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	625
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2495
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	2507
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	2161
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	2388
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	158
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:

2E 2F 2G 2I 2J 2K 2O 2Q 2T 3H 3I

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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached 0
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
MAP COMMUNICATIONS HOLDINGS, INC. 401(K) EMPLOYEES' STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MAP COMMUNICATIONS HOLDINGS, INC.

D Employer Identification Number (EIN)
71-0918983

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	132393	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(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?
26 27 50 70	INV ADV, PARTICIPANTS	39848	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

MORNINGSTAR INVESTMENT MANAGEMENT L

36-4317381

(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?
26 70	INV ADV, PARTICIPANTS	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
CAPFINANCIAL PARTNERS, LLC	26 27 50 70	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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	15 BASIS POINTS ON ASSETS MANAGED BY CAPFINANCIAL PARTNERS, LLC

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR INVESTMENT MANAGEMENT L	26 70	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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	15 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MANAGEMENT LLC FOR BLUEPRINT MANAGED ADVICE

(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

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(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
MAP COMMUNICATIONS HOLDINGS, INC. 401(K) EMPLOYEES' STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MAP COMMUNICATIONS HOLDINGS, INC.

D Employer Identification Number (EIN)
71-0918983

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2015 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	320584
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2020 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	489130
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2025 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1769859
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2030 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2228745
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2035 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2754632
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2040 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2686178
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2045 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3627761

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2050 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4041123

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2055 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4156805

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR INC CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61955

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2060 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1989054

a Name of MTIA, CCT, PSA, or 103-12 IE: REL TRUST NYL ANCH ACCT SER 1

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN 46-6350416-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1174749

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2065 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 384841

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLL AGG BD IDX FD - NL T4

b Name of sponsor of entity listed in (a): NORTHERN TRUST

c EIN-PN 45-6138589-088	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128583

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COL S&P 500 IDX FD DC NL T4

b Name of sponsor of entity listed in (a): NORTHERN TRUST

c EIN-PN 45-6138589-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2927123

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COL EXTD EQ MKT IDX DC NL 4

b Name of sponsor of entity listed in (a): NORTHERN TRUST

c EIN-PN 45-6138589-110	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1139202

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COL ACWI XUS I MT IX DCNL 4

b Name of sponsor of entity listed in (a): NORTHERN TRUST

c EIN-PN 45-6138589-223	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 331759

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LARGE CAP VALUE CIT CL CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-7275332-781	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 623383

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GRWTH CIT CL CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-4126294-597	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 410575

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE FD CL CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-4139822-616	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 363146

a Name of MTIA, CCT, PSA, or 103-12 IE: GREATGRAY TRUST EUPAC CLASS CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-7289843-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 612176

a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOR CAPITAL APPREC CIT CL R

b Name of sponsor of entity listed in (a): HARBOR TRUST COMPANY, INC.

c EIN-PN 84-4022934-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1360756

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2070 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-014	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26952

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM CR PL COMM PL CLASS I CIT

b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO

c EIN-PN 20-4659714-052	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 416319

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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
MAP COMMUNICATIONS HOLDINGS, INC. 401(K) EMPLOYEES' STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MAP COMMUNICATIONS HOLDINGS, INC.

D Employer Identification Number (EIN)
71-0918983

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	508	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	534690	762242
(9) Value of interest in common/collective trusts	1c(9)	30353091	34025392
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	551641	453628
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	360430229	297399626
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	391870159	332640888
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	391870159	332640888

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)	8649726	
(B) Participants	2a(1)(B)	2391243	
(C) Others (including rollovers)	2a(1)(C)	1695145	
(2) Noncash contributions	2a(2)	419000	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		13155114
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	55293	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		55293
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8457	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8457
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-7606098	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-7606098

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4785454
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		26136
c Other income	2c		932
d Total income. Add all **income** amounts in column (b) and enter total	2d		10425288
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	69387617	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		69387617
f Corrective distributions (see instructions)	2f		94701
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	132393	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	39848	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		172241
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		69654559
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-59229271
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] 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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
MAP COMMUNICATIONS HOLDINGS, INC. 401(K) EMPLOYEES' STOCK OWNERSHIP PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MAP COMMUNICATIONS HOLDINGS, INC.

D Employer Identification Number (EIN)
71-0918983

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 | 55843505

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

EIN(s): 42-0127290 32-0058766

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

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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

MAP COMMUNICATIONS HOLDINGS, INC.
401(k) EMPLOYEES' STOCK OWNERSHIP PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

PBMares SM

ASSURANCE, TAX & ADVISORY SERVICES

MAP COMMUNICATIONS HOLDINGS, INC.
401(k) EMPLOYEES' STOCK OWNERSHIP PLAN

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INDEPENDENT AUDITOR'S REPORT

The Plan Administrative Committee
MAP Communications Holdings, Inc. 401(k) Employees' Stock Ownership Plan

Opinion

We have audited the financial statements of MAP Communications Holdings, Inc. 401(k) Employees' Stock Ownership Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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.

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

Other Matter – Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at year end) and reportable transactions as of and for the end ended December 31, 2025 are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (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 has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

PBMares, LLP

Norfolk, Virginia
September 30, 2026

FINANCIAL STATEMENTS

MAP COMMUNICATIONS HOLDINGS, INC.
401(k) EMPLOYEES' STOCK OWNERSHIP PLAN

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

	2025	2024
Investments at fair value:		
Common collective trusts	**$ 34,025,392**	$ 30,353,091
Mutual funds	**453,628**	551,641
Investment in Company common stock	**297,399,626**	360,430,229
Total investments at fair value	**331,878,646**	391,334,961
Receivables:		
Participant contributions	**-**	508
Notes receivable from participants	**762,242**	534,690
Total receivables	**762,242**	535,198
Net assets available for benefits	**$ 332,640,888**	$ 391,870,159

See Notes to Financial Statements.

MAP COMMUNICATIONS HOLDINGS, INC.
401(k) EMPLOYEES' STOCK OWNERSHIP PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation in fair value of mutual funds and common collective trusts	**$ 4,777,788**	$ 4,299,003
Unrealized appreciation (depreciation) in fair value of Company common stock	**(7,606,098)**	95,063,355
Interest and dividends	**43,191**	62,317
	(2,785,119)	99,424,675
Interest income on notes receivable from participants	**55,293**	41,544
Contributions:		
Participants	**2,391,243**	2,295,613
Employer	**8,649,726**	4,217,813
Noncash employer contributions	**419,000**	907,452
Rollover	**1,695,145**	164,925
	13,155,114	7,585,803
Total additions	**10,425,288**	107,052,022
Deductions from net assets attributed to:		
Benefits paid to participants	**69,482,318**	25,567,152
Administrative expenses	**172,241**	167,667
Total deductions	**69,654,559**	25,734,819
Net change	**(59,229,271)**	81,317,203
Net assets available for benefits:		
Beginning of year	**391,870,159**	310,552,956
End of year	**$332,640,888**	$ 391,870,159

See Notes to Financial Statements.

MAP COMMUNICATIONS HOLDINGS, INC.
401(k) EMPLOYEES' STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Plan Description

The following brief description of the MAP Communications Holdings, Inc. 401(k) Employees' Stock Ownership Plan (KSOP or Plan) provides only general information. Participants should refer to the Plan document and the summary plan description for more complete information.

The Plan is a defined contribution plan covering U.S. employees of MAP Communications Holdings, Inc. and affiliates that have adopted the Plan (collectively the Company).

Plan administration: The KSOP includes two components: one component is an employee stock ownership plan (ESOP component) designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986, as amended (Code) and the second component is a salary deferral plan (401(k) component) under Section 401(k) of the Code. The KSOP is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended.

The Plan is administered by a Plan Administrative Committee comprised of employees appointed by the Company's board of directors. Lance Studdard, an independent third party, serves as the trustee of the ESOP component (ESOP Trustee). The majority of the Plan's assets available for benefits are invested in common stock of the Company, which is held by the ESOP Trustee. Delaware Charter Guarantee and Trust d/b/a Principal Trust Company, serves as the trustee of the 401k component (401k Trustee). There are certain additional investments, the majority of which are managed by the 401k Trustee and by Principal Financial Group (Principal), the custodian for the 401(k) component of the Plan. Principal executes investment transactions at the direction of the participants.

Eligibility: For purposes of the ESOP component, employees of the Company and its participating subsidiaries become participants in the Plan as of the first day of the Plan year during which they complete 750 hours of service. Participants who do not have at least 750 hours of service during a plan year or are not employed on the last day of the plan year are generally not eligible for an allocation of shares.

For purposes of the 401(k) component, employees of the Company are generally eligible to participate after completing one year of service. An employee has completed one year of service if credited with 750 hours of service during a consecutive 12-month period.

Participant accounts and contributions: The ESOP component of the Plan is designed to invest primarily in shares of the Company's stock, and the 401(k) component generally invests in assets other than the Company's stock. Once a year participants may transfer their vested balance in their ESOP component, subject to certain minimums, to an after-tax basis Roth account within the ESOP component. The benefits to which a participant is entitled are the benefits that can be provided from the participant's vested account balances.

NOTES TO FINANCIAL STATEMENTS

Note 1. Plan Description (Continued)

For purposes of the 401(k) component, each year participants may contribute up to 100% of their annual compensation as defined in the Plan, subject to the Internal Revenue Service (IRS) limitation, which was $23,500 and $23,000 during 2025 and 2024, respectively. Participant salary deferrals may be traditional 401(k) (pretax) or Roth (after-tax). Participants who are 50 years or older by the end of the year may make additional contributions, referred to as catch-up contributions, which was limited to $7,500 during 2025 and 2024. Participants may also make rollover contributions of amounts representing distributions from other qualified defined-benefit or defined-contribution plans. Each participant's account is credited with the participant's contributions of compensation, rollover contributions and earnings (losses) derived from investments directed by the participant, based upon a variety of investment options offered.

If a participant makes a contribution of pretax or after-tax compensation to the 401(k) component, the Company makes a matching contribution to the ESOP component equal to 50% of the first 6% of the compensation contributed by each participant. During 2025 and 2024, the Company made matching contributions of $938,385 and $867,496, respectively.

Each plan year, the Company may elect to make discretionary contributions to the ESOP Component. Each eligible participant's account may be credited as of the last day of each plan year with an allocation of shares of the Company's common stock released by the trustee from the unallocated account and forfeitures of terminated participants' nonvested accounts. Only those participants who are eligible employees of the Company as of the last day of the plan year receive an allocation of the contribution. Allocations are determined by a formula under which 50% is based on a participant's eligible compensation and 50% is based upon the participant's tenure with the Company, relative to total eligible compensation and total aggregate tenure for all eligible participants. During 2025 and 2024, the Company made discretionary contributions of $8,131,221 and $4,257,769, respectively.

The Company's matching contributions and discretionary contributions may be either in the form of Company stock or in cash which may be invested in Company stock within the ESOP component of the Plan.

From time to time, a portion of the Plan's investment in shares of the Company's stock may have been acquired through the issuance of notes payable. In such instances, the borrowings may be repaid over a period of years through Company contributions and/or dividends to the trust. As the Plan makes each payment of principal and interest, an appropriate percentage of stock is allocated to eligible employees' accounts in accordance with applicable regulations under the Code. The borrowings are collateralized by the unallocated shares of stock. The Company (also the lender) has no rights against the shares once they are allocated for financial statement purposes.

Vesting: Participants are immediately vested in their contributions of pretax and after-tax compensation and rollover contributions to the 401(k) component, plus actual earnings thereon.

NOTES TO FINANCIAL STATEMENTS

Note 1. Plan Description (Continued)

After three years of service, participants are 100% vested in their allocation of shares of the Company's common stock held within the ESOP component, including amounts resulting from the Company matching contributions and discretionary contributions. If a participant attains normal retirement age (defined as age 62 for matching contributions and age 65 for discretionary contributions) while employed, or the participant's employment with the Company ends as a result of permanent disability or death, the participant will automatically vest in the balances in his or her account, regardless of total years of service with the Company.

Forfeitures: Nonvested account balances are forfeited at the earlier of five years after termination of employment or upon distribution of the participant's vested account balance.

Each plan year, forfeitures of nonvested account balances resulting from the Company contributions are allocated separately to remaining participants based upon the ratio of each remaining participant's eligible compensation to total aggregate eligible compensation for all such participants for the plan year. Forfeitures totaled $564,556 and $1,414,701 for 2025 and 2024, respectively.

Payment of benefits: Generally, no distributions from the Plan will be made until a participant retires, dies (in which case, payment will be made to his or her beneficiary or, if none, to his or her estate), or otherwise terminates employment with the Company and its participating subsidiaries. If a participant terminates employment by reason of death, disability, or attainment of normal retirement age, distribution of his or her ESOP Component account will commence not later than one year after the plan year in which such event occurs. If a vested participant terminates employment for any other reason, distribution of his or her ESOP Component account will commence not later than five plan years after the plan year in which he or she terminates employment with the Company.

Distributions made in cash will equal the fair market value of Company stock held in the participant's account plus the fair market value of investments held in the 401(k) component of the Plan. Under the provisions of the Plan, the Company is obligated to repurchase participant shares that have been distributed under the terms of the Plan at fair market value.

If the participant's 401(k) component and ESOP component is less than $7,000, the balance will be paid when administratively practicable. If the participant's 401k component and ESOP component exceeds $7,000, the participant may also elect to leave the balance within the Plan and take a distribution at a later date. However, in this instance, at the discretion of the Plan Administrative Committee, the participant's shares of Company stock may be converted to cash based upon their fair market value as of the preceding plan year end, pending the participant's election to receive a distribution. Further, as to the participant's shares of Company stock, the Plan Administrative Committee may elect to make distribution in substantially equal payments, generally over a period of up to five years.

Benefits paid to participants were $69,482,318 and $25,567,152 for the years ended December 31, 2025 and 2024, respectively. Benefits are recorded when paid.

Put option: Stock of the Company that is distributed to its participants is subject to a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants at a put price representative of the fair market value of the stock. In certain circumstances, the Company may pay for the purchase with interest over a period of up to five years.

NOTES TO FINANCIAL STATEMENTS

Note 1. Plan Description (Continued)

The Company repurchased 744.6074 and 244.6365 shares from participants during the years ended December 31, 2025 and 2024, respectively.

Voting rights: With regard to certain corporate matters, each participant is entitled to direct the ESOP trustee regarding the voting of shares allocated to his or her account and is notified by the Company prior to the time that such rights are to be exercised. With regard to other corporate matters and in instances that instructions have not been given by a participant, the Plan Administrative Committee will direct the trustee to vote for any allocated shares.

Diversification: The Plan includes a provision under which participants close to retirement age may move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least age 55 and have at least 10 years of participation in the Plan may elect to diversify a portion of their accounts. Diversification is offered to each eligible participant over a six-year period. During a specified period following each of the first five plan years, a participant may diversify up to 25% of the Company shares allocated to his or her account less any amounts previously diversified. In the sixth year, the percentage changes to 50%. Participants who elect to diversify may either receive a cash distribution, transfer a portion of the account to another qualified plan or have a portion of the account transferred to their account within the 401(k) component of the Plan.

Participant loans: Participants may borrow up to 50% of their vested pretax and after-tax salary deferral account balances, in amounts ranging from a minimum of $1,000 to a maximum of $50,000. Participants may have one outstanding loan at any point in time. Each loan is secured by the balance in the participant's deferral account and bears interest at a rate commensurate with local prevailing rates. Principal and interest are paid ratably through payroll deductions, over terms that generally range from one to five years. At December 31, 2025, outstanding loans bore interest at rates ranging from 3.25% to 10.50%.

Termination: Although it has not expressed any intent to do so, the Company reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon termination of the Plan, the interest of each participant in the Plan would be immediately vested. The vested balances would, at each participant's option, either be distributed to the participant or his or her beneficiary or used by the Plan Administrative Committee to purchase a deferred annuity contract for the participant or beneficiary.

Note 2. Summary of Significant Accounting Policies

Basis of presentation: The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for benefits and the changes in net assets available for benefits.

Investment valuation and income recognition: Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest is recorded when earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as those held during the year. Realized gains and losses from sales of securities are determined on the average-cost method.

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Use of estimates: The Plan administrator has made estimates and assumptions relating to the reporting of the Plan's assets available for benefits, changes in assets available for benefits, and the disclosure of contingent assets available for benefits and liabilities to prepare these financial statements in accordance with U.S. generally accepted accounting principles (US GAAP). Actual results could differ from these estimates.

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

Administrative expenses: Certain administrative expenses, including trustee and custodial fees, financial statement audit fees, valuations, attorney fees, and plan administration fees, are paid directly by the Company. During the years ended December 31, 2025 and 2024, the Company paid approximately $344,000 and $397,000, respectively, for the administration of the Plan.

Note 3. Fair Value Measurements

Fair value as defined under US GAAP is an exit price representing 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. US GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

Level 1 Observable inputs such as quoted prices in active markets.

Level 2 Inputs other than quoted prices in active markets that are either directly or indirectly observable.

Level 3 Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

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

NOTES TO FINANCIAL STATEMENTS

Note 3. Fair Value Measurements (Continued)

Mutual funds: Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded (Level 1).

Common collective trusts: The common collective trusts use net asset value (NAV) as fair value, and the participants transact at NAV. The common collective trusts do not have a finite life, unfunded commitments relating to the investments, or restrictions on redemptions. The NAV of the funds are calculated daily, and net investment income and unrealized and realized gains on investments are not distributed but rather are reinvested and reflected in the NAV of the fund. Units of the trust are issued and redeemed at the current NAV (Level 2).

Company stock: Investment in Company common stock is reported at fair value. Fair value is determined by an annual independent appraisal based on a combination of the market and income valuation techniques, consistent with prior years. The appraiser takes into account historical and projected cash flow and net income, return on assets, return on equity, weighted average cost of capital, market comparables and estimated fair value of the Company's assets and liabilities. As observable prices for identical or similar investments are not available, these investments are valued using a discounted cash flow model with unobservable inputs (Level 3).

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

The Plan's policy is to recognize transfers between levels of the fair value hierarchy on the date of the event or change in circumstances that caused the transfer. There were no transfers into or out of Level 1, 2, or 3 during the years ended December 31, 2025 and 2024.

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

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Common collective trusts	$ -	$ 34,025,392	$ -	$ 34,025,392
Mutual funds	453,628	-	-	453,628
Investment in Company common stock	-	-	297,399,626	297,399,626
Total investments at fair value	$ 453,628	$ 34,025,392	$ 297,399,626	$ 331,878,646

NOTES TO FINANCIAL STATEMENTS

Note 3. Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common collective trusts	$ -	$30,353,091	$ -	$ 30,353,091
Mutual funds	551,641	-	-	551,641
Investment in Company common stock	-	-	360,430,229	360,430,229
Total investments at fair value	$ 551,641	$ 30,353,091	$ 360,430,229	$ 391,334,961

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets (investment in Company common stock) for the years ended December 31:

	2025	2024
Balance, beginning of the year	**$ 360,430,229**	$ 277,967,458
Unrealized gains (losses) relating to instruments still held at the reporting date	**(7,606,098)**	95,063,355
Contribution of stock	**419,000**	907,452
Company repurchase of shares	**(55,843,505)**	(13,508,036)
	$ 297,399,626	$ 360,430,229

The following tables show quantitative information about unobservable inputs related to the Level 3 fair value measurements as of December 31:

	2025					
Instrument	**Fair value**	**Principal valuation technique**	**Unobservable inputs**	**Weighted average cost of capital**	**Long term growth rate**	**Implied multiples**
Investment in Company common stock	**$ 297,399,626**	**Discounted cash flow**	**Risk-adjusted discount rate applied**	**14.1%**	**2.5%**	**7.4-8.5**

	2024					
Instrument	Fair value	Principal valuation technique	Unobservable inputs	Weighted average cost of capital	Long term growth rate	Implied multiples
Investment in Company common stock	$ 360,430,229	Discounted cash flow	Risk-adjusted discount rate applied	14.2%	2.5%	7.5-8.6

NOTES TO FINANCIAL STATEMENTS

Note 4. Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in the net assets relating to nonparticipant-directed investments is as follows:

	December 31,	
	2025	**2024**
Net assets:		
Mutual funds	**$ 22,336**	$ 12,494
Investment in Company common stock	**297,399,626**	360,430,229
	$ 297,421,962	$ 360,442,723

	Year Ended December 31,	
	2025	**2024**
Change in net assets:		
Interest and dividends	**$ 7,560**	$ 8,870
Unrealized appreciation (depreciation) in fair value of Company common stock	**(7,606,098)**	95,063,355
Employer contributions	**8,649,726**	4,217,813
Noncash employer contributions	**419,000**	907,452
Benefits paid to participants	**(64,446,295)**	(17,614,543)
Transfers to participant-directed investments	**(44,654)**	(115,278)
	$ (63,020,761)	$ 82,467,669

Note 5. Tax Status

The Plan was designed with the intention of satisfying the requirements applicable to qualified retirement plans under Section 401(a) of the Code. The Plan obtained a favorable tax determination letter dated April 1, 2015 from the Internal Revenue Service (IRS), and the plan sponsor believes that the Plan was qualified and the related trust was tax exempt as of the date of the financial statements. Although the Plan has been amended since receiving the determination letter, the Company believes that the Plan is currently designed and being operated in compliance with the applicable Sections of the Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTES TO FINANCIAL STATEMENTS

Note 6. Related-Party Transactions

Certain administrative functions are performed by officers or employees of the Company or its subsidiaries. These officers and employees receive no compensation from the Plan.

Custodial fees are paid by the Plan to Principal in the form of a yield adjustment to each respective fund. In addition, the Plan paid Principal approximately $132,300 and $136,400 for administrative services during 2025 and 2024, respectively. The Plan also paid CAP Financial Partners for investment advisory services approximately $39,900 and $31,000 during 2025 and 2024, respectively.

These transactions qualify as exempt party-in-interest transactions.

Note 7. Risks and Uncertainties

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

A substantial portion of the Plan's assets available for benefits is invested in common stock of the Company and therefore subject to a concentration of risk.

Note 8. Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through September 30, 2026, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

MAP COMMUNICATIONS HOLDINGS, INC.
401(k) EMPLOYEES' STOCK OWNERSHIP PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025
EIN: 71-0918983 PN: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
*	MAP Communications Holdings, Inc.	Common stock; 4,066.89226 shares	$ 137,040,349	$ 297,399,626
	Common collective trusts:			
*	Principal Global Trust Co	Principal Investors LifeTime 2055 Fund	**	4,156,806
*	Principal Global Trust Co	Principal Investors LifeTime 2050 Fund	**	4,041,123
*	Principal Global Trust Co	Principal Investors LifeTime 2045 Fund	**	3,627,761
	Northern Trust	NT Collective S&P 500 Index Fund – Non Lending Tier 4	**	2,927,123
*	Principal Global Trust Co	Principal Investors LifeTime 2035 Fund	**	2,754,632
*	Principal Global Trust Co	Principal Investors LifeTime 2040 Fund	**	2,686,178
*	Principal Global Trust Co	Principal Investors LifeTime 2030 Fund	**	2,228,745
*	Principal Global Trust Co	Principal Investors LifeTime 2060 Fund	**	1,989,054
*	Principal Global Trust Co	Principal Investors LifeTime 2025 Fund	**	1,769,859
	Wilmington Trust, NA	Harbor Capital Appreciation CT	**	1,360,756
	Reliance Trust Company	Reliance Trust NY Anchor Account – Series 1	**	1,174,749
	Northern Trust	NT Collective Extended Equity Market Index – Non Lending Tier 4	**	1,139,202
	Wilmington Trust, NA	MFS Large Cap Value Fund Class CT	**	623,383
	Capital Bank and Trust Company	Great Gray EuroPacific Growth Class CT	**	612,176
*	Principal Global Trust Co	Principal Investors LifeTime 2020 Fund	**	489,130
	Fidelity Inst Asset Mgmt Trust Co	FIAM Core Plus Commingled Pool Class I CIT	**	416,319
	Wilmington Trust, NA	MFS Mid Cap Growth Fund Class CT	**	410,575
*	Principal Global Trust Co	Principal Investors LifeTime 2065 Fund	**	384,841
	Wilmington Trust, NA	MFS Mid Cap Value Fund Class CT	**	363,146
	Northern Trust	NT Collective ACWI ExUS Investable Mkt Idx – Non Lending Tier 4	**	331,760
*	Principal Global Trust Co	Principal Investors LifeTime 2015 Fund	**	320,584
	Northern Trust	NT Collective Aggregate Bond Index Fund – Non Lending Tier 4	**	128,583
*	Principal Global Trust Co	Principal Investors LifeTime Income Fund	**	61,955
*	Principal Global Trust Co	Principal Investors LifeTime 2070 Fund	**	26,952
	Mutual funds:			
*	Principal Funds Inc.	Principal SmallCap Growth I R6 Fund	**	353,362
	Wells Fargo	Allspring Special Small Cap Value Fund	**	77,930
	State Street Bank	Global Advisors Govt ST Investment Fund	22,336	22,336
*	Participant loans ***	Interest-bearing range 3.25% - 10.50%, maturing through August 2049	-	762,242
				$ 332,640,888

* Party-in-interest
** Cost information is not required for participant directed investments
*** The accompanying financial statements classify participant loans as notes receivable from participants.

MAP COMMUNICATIONS HOLDINGS, INC.
401(k) EMPLOYEES' STOCK OWNERSHIP PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025
EIN: 71-0918983 PN: 002

Number of Purchases (P) Sales (S)	Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction	Net Gain
S-1	MAP Communications Holdings, Inc.	Common stock	$ -	$ 55,843,505	$ 24,328,344	$ 55,843,505	$ 31,515,161

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MAP COMMUNICATIONS HOLDINGS, INC. 401(K) EMPL
AN
EIN 71 0918983
PLAN NUMBER 002
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	SEI TRUST COMPANY	Registered Investment Company Allspring Spec Sm Cp Value R6	$ 0.00	$ 77,929.66
	Benefit Trust	Registered Investment Company Cash - Registered Investment Company	$ 0.00	$ 22,335.68
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM Cr Pl Comm Pl Class I CIT	$ 0.00	$ 416,319.28
	GREAT GRAY TRUST COMPANY	Common/Collective Trust GreatGray Trust EUPAC Class CT	$ 0.00	$ 612,176.42
	HARBOR TRUST COMPANY, INC.	Common/Collective Trust Harbor Capital Apprec CIT Cl R	$ 0.00	$ 1,360,756.18
	MAP Communications	Employer Security MAP Communications Stock - Employer Secu	$137,062,686.60	$297,399,625.91
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MFS Large Cap Value CIT Cl CT	$ 0.00	$ 623,382.51
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MFS Mid Cap Grwth CIT Cl CT	$ 0.00	$ 410,574.78
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MFS Mid Cap Value Fd Cl CT	$ 0.00	$ 363,146.29
	Northern Trust	Common/Collective Trust NT COL ACWI XUS IMI DCNL CT	$ 0.00	$ 331,759.48
	Northern Trust	Common/Collective Trust NT COL EXTD EQ MK IDX-DC-NL CT	$ 0.00	$ 1,139,201.84
	Northern Trust	Common/Collective Trust NT COL S&P 500 IDX FD DC NL CT	$ 0.00	$ 2,927,123.34
	Northern Trust	Common/Collective Trust NT COLL AGG BD IDX FD-NL-T CT	$ 0.00	$ 128,582.65
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2070 CIT Z	$ 0.00	$ 26,951.94
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr Inc CIT Z	$ 0.00	$ 61,955.44

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MAP COMMUNICATIONS HOLDINGS, INC. 401(K) EMPL
AN
EIN 71 0918983
PLAN NUMBER 002
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2015 CIT Z	$ 0.00	$ 320,584.22
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2020 CIT Z	$ 0.00	$ 489,130.35
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2025 CIT Z	$ 0.00	$ 1,769,859.04
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2030 CIT Z	$ 0.00	$ 2,228,745.11
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2035 CIT Z	$ 0.00	$ 2,754,631.71
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2040 CIT Z	$ 0.00	$ 2,686,178.07
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2045 CIT Z	$ 0.00	$ 3,627,761.13
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2050 CIT Z	$ 0.00	$ 4,041,122.77
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2055 CIT Z	$ 0.00	$ 4,156,805.49
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2060 CIT Z	$ 0.00	$ 1,989,053.77
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hybr 2065 CIT Z	$ 0.00	$ 384,841.35
*	Principal Funds Inc	Registered Investment Company Princ SmallCap Growth I R6 Fd	$ 0.00	$ 353,362.61
	Reliance Trust Company	Common/Collective Trust Rel Trust NYL Anch Acct Ser 1	$ 0.00	$ 1,174,749.27
*	Participant Loans	Range of Interest Rates Rates Range From 3.25% To 10.50%	$ 0.00	$ 762,242.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MAP COMMUNICATIONS HOLDINGS, INC.
401(k) EMPLOYEES' STOCK OWNERSHIP PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025
EIN: 71-0918983 PN: 002

Number of Purchases (P) Sales (S)	Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction	Net Gain
S-1	MAP Communications Holdings, Inc.	Common stock	$ -	$ 55,843,505	$ 24,328,344	$ 55,843,505	$ 31,515,161