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
GREAT PLAINS COMMUNICATIONS LLC & ADOPTING AFFILIATES EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1961

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)
GREAT PLAINS COMMUNICATIONS LLC

1635 FRONT STREET
BLAIR, NE 68008

1635 FRONT STREET
BLAIR, NE 68008

2b Employer Identification Number (EIN) 47-0397919

2c Plan Sponsor's telephone number 402-456-9511

2d Business code (see instructions) 517000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	MARK KERNS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	MARK KERNS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	182
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)**	59
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	53
b	Retired or separated participants receiving benefits	**6b**	83
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	152
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	11
f	Total. Add lines **6d** and **6e**.	**6f**	163
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3D 3H 1I

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
GREAT PLAINS COMMUNICATIONS LLC & ADOPTING AFFILIATES EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GREAT PLAINS COMMUNICATIONS LLC

D Employer Identification Number (EIN)
47-0397919

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
UNITED OF OMAHA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0322111	69868	39G 07488	94	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	32387
c	Additions: (1) Contributions deposited during the year	7c(1)	4178249		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	5199		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	4183448
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4215835
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4163063		
	(2) Administration charge made by carrier	7e(2)	4355		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	4167418
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	48417

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
GREAT PLAINS COMMUNICATIONS LLC & ADOPTING AFFILIATES EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GREAT PLAINS COMMUNICATIONS LLC

D Employer Identification Number (EIN)
47-0397919

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	23970244
b Actuarial value	**2b**	23867343

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	95	15796478	15796478
b For terminated vested participants	28	2807314	2807314
c For active participants	59	3915230	3968526
d Total	182	22519022	22572318

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	49740
c Target normal cost	**6c**	49740

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/01/2026
Date

GLEN C. GAHAN
Type or print name of actuary

26-04875
Most recent enrollment number

HUB INTERNATIONAL GREAT PLAINS, LLC
Firm name

402-964-5400
Telephone number (including area code)

11516 MIRACLE HILLS DRIVE, STE 100
OMAHA, NE 68154
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4355604	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	4355604	0
10	Interest on line 9 using prior year's actual return of 4.09 %	178144	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16 %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	4533748	0

Part III Funding Percentages

14	Funding target attainment percentage	14	85.65 %
15	Adjusted funding target attainment percentage	15	105.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.53 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	49740
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	49740

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	49740	0	49740

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

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

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

SCHEDULE 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
GREAT PLAINS COMMUNICATIONS LLC & ADOPTING AFFILIATES EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GREAT PLAINS COMMUNICATIONS LLC

D Employer Identification Number (EIN)
47-0397919

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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)

BANK OF AMERICA

94-1687665

(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?
21 28	TRUSTEE, INVESTMENT MANAG	244246	Yes [X] No [ ]	Yes [X] No [ ]	11018	Yes [ ] No [X]

(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 [ ]

(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
(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.	

(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
GREAT PLAINS COMMUNICATIONS LLC & ADOPTING AFFILIATES EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GREAT PLAINS COMMUNICATIONS LLC

D Employer Identification Number (EIN)
47-0397919

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)		
(3) Other	1b(3)	2445	769
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	845108	269739
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	32387	48417
(15) Other	1c(15)	23090303	21224146

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(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	23970243	21543071
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	23970243	21543071

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	19828	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	5199	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25027
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	24572214	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	23913746	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		658468
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	371176	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		371176

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		929820
d Total income. Add all **income** amounts in column (b) and enter total	2d		1984491
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4163063	
(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)		4163063
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	3855	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	46161	
(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)	198584	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		248600
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4411663
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2427172
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: LUTZ & COMPANY **(2)** EIN: 47-0625816

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 577587.

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
GREAT PLAINS COMMUNICATIONS LLC & ADOPTING AFFILIATES EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GREAT PLAINS COMMUNICATIONS LLC

D Employer Identification Number (EIN)
47-0397919

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): 47-0322111

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** | 18

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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705360A .

Great Plains Communications LLC & Adopting Affiliates Employees' Pension Plan

Financial Statements and Independent Auditors' Report

December 31, 2025 and 2024

Great Plains Communications LLC & Adopting Affiliates Employees' Pension Plan

Index

	Page
Independent Auditors' Report	1-3
Financial Statements	
Statement of Net Assets Available for Benefits in Liquidation and Statement of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits in Liquidation	5
Notes to Financial Statements	6-15
Supplementary Information	
Schedule of Assets (Held at End of Year) – Schedule H – Item 4i	16
Schedule of Reportable Transactions – Schedule H – Item 4j	17

Note: Schedules required by the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable.

INDEPENDENT AUDITORS' REPORT

Plan Committee
Great Plains Communications LLC & Adopting Affiliates Employees' Pension Plan
Blair, Nebraska

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the financial statements of Great Plains Communications LLC & Adopting Affiliates Employees' Pension 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 statement of net assets available for benefits in liquidation as of December 31, 2025 and statement of net assets available for benefits as of December 31, 2024, the related statement of changes in net assets available for benefits in liquidation 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 qualified institutions 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 5 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet 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 Auditors' 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.

Emphasis of Matter – Plan Termination
As further discussed in Note 9 to the financial statements, the board of directors of Great Plains Communications LLC approved the termination of the Plan on October 30, 2025, to be effective December 31, 2025. In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting from the ongoing plan basis used in presenting the 2024 financial statements to the liquidation basis used in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

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 available to be issued.

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

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 audit.

Other Matter – Supplementary Information Required by ERISA
The supplementary information as of and for the year ended December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 supplementary information, 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 supplementary information 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 supplementary information, we evaluated whether the supplementary information, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 supplementary information, other than the information in the supplementary information 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 supplementary information related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Lutz & Company, P.C.

October 8, 2026

Great Plains Communications LLC & Adopting Affiliates Employees' Pension Plan

Statement of Net Assets Available for Benefits in Liquidation and Statement of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025 (In Liquidation)	2024 (Ongoing)
ASSETS		
Investments at Fair Value		
Exchange Traded Funds	$ 21,224,146	$ 23,090,303
Insurance Company General Account	48,417	32,387
Money Market Fund	269,739	845,108
Total Investments at Fair Value	21,542,302	23,967,798
Receivables		
Accrued Interest and Dividends	769	2,445
Total Assets	21,543,071	23,970,243
LIABILITIES		
Accrued Investment Loss in Liquidation	118,528	-
Estimated Annuities to be Purchased and Accrued Payments to Participants Upon Liquidation	20,399,545	-
Accrued Expenses to be Incurred in Liquidation	218,852	-
Total Liabilities	20,736,925	-
NET ASSETS AVAILABLE FOR BENEFITS (ONGOING)	**$ -**	**$ 23,970,243**
NET ASSETS AVAILABLE FOR BENEFITS (IN LIQUIDATION)	**$ 806,146**	**$ -**

See Notes to Financial Statements.

Great Plains Communications LLC & Adopting Affiliates Employees' Pension Plan

Statement of Changes in Net Assets Available for Benefits in Liquidation

Year Ended December 31, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income		
Net Appreciation in Fair Value of Investments	$	1,029,644
Interest from Investments		954,847
Total Investment Income		1,984,491
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits Paid Directly to Participants		4,163,063
Administrative Expenses		248,600
Total Deductions		4,411,663
NET DECREASE		(2,427,172)
ADJUSTMENTS TO LIQUIDATION BASIS		
Accrued Investment Loss in Liquidation		(118,528)
Estimated Annuities to be Purchased and Accrued Payments to Participants Upon Liquidation		(20,399,545)
Accrued Expenses to be Incurred in Liquidation		(218,852)
Total Adjustments on Liquidation Basis		(20,736,925)
Net Assets Available for Benefits, Beginning of Year		23,970,243
NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION, END OF YEAR	**$**	**806,146**

See Notes to Financial Statements.

1. Plan Description

The following brief description of the Great Plains Communications LLC and Adopting Affiliates Employees' Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering substantially all employees of Great Plains Communications LLC, Great Plains Underground Construction LLC, Great Plains Cable Television LLC, Great Plains Communication Tele-Data LLC, Great Plains Long Distance LLC, Netlink LLC, Great Plains Broadband LLC, Pinpoint Broadband LLC, Intercarrier Networks, LLC, Great Plains Communications Payroll LLC, Pinpoint Network Solutions LLC, GPC ETC Holdings LLC, Miles Communications LLC, Sunman Telecommunications LLC, Sunman Telecommunications Long Distance LLC, and GPC ETC Towers LLC (collectively, the Companies). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On May 7, 2012, the Companies, effective September 30, 2012, approved to amend the Plan to cease all benefit accruals, freeze all Plan benefits and close all Plan benefits to all employees who would otherwise become eligible after such date. Prior to September 30, 2012, employees of the Companies were eligible to participate in the Plan upon attainment of age 21 and one year of service with 1,000 hours.

The board of directors of Great Plains Communications LLC approved the termination of the Plan on October 30, 2025, to be effective December 31, 2025. See Note 9.

Pension Benefits

Eligible employees are entitled to monthly pension benefits beginning on the later of the day the employee attains age 65 or the fifth anniversary of the first day of the initial Plan year of participation, but in no event later than age 70. Employees who begin participating in the Plan after age 60 are entitled to monthly pension benefits on the fifth anniversary of the first day of the initial Plan year of participation. Early retirement will be permitted upon attaining age 55, completion of 10 years of service and five years of participation. The amount of each monthly retirement payment shall be 1/12 of the sum of (a), (b), (c), and (d).

(a) Years Prior to Dec. 1, 1961	.75% of first $4,800 of compensation, plus 1.00% of excess
(b) Years 1962-1978	1.00% of first $4,800 of compensation, plus 1.50% of excess
(c) Years 1979-1988	1.25% of first $9,600 of compensation, plus 2.00% of excess
(d) Years 1989 through September 30, 2012	1.85% of compensation

Effective May 1, 2013, the Plan was amended to allow active participants who are both at least age 60 and have at least 28 years of service by December 31, 2015, to retire early with no reduction to their accrued benefit. Prior to this amendment, if an employee elected early retirement, monthly pension benefits were reduced prior to age 62. An employee earns a Plan year of participation for each year in which 1 hour is worked.

The normal pension benefits are paid in the form of a life annuity payable monthly from retirement. Employees may receive the value of their accumulated plan benefits in the form of a joint and survivor annuity upon retirement or termination. Participants may also elect to receive a lump-sum distribution of their entire accrued benefit. If the participant's balance is less than $7,000, the participant may only receive a lump-sum distribution. Distribution payments between $1,000 and $7,000 are directly rolled over to an individual retirement account designated by the plan administrator in the event the participant does not elect otherwise. Benefits are recorded when paid.

Death and Disability Benefits

If an active employee dies at age 59 or older and had 20 years of service, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. If the employee is married at the time of death, the spouse will be the beneficiary. Active employees who become totally disabled will remain active Plan participants. If the employee remains disabled until the normal retirement date, the employee will receive retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as the last complete year of employment prior to disability. Effective January 1, 2025, active employees who become totally disabled may elect to receive a reduced amount payable at their early retirement date or elect a lump-sum distribution at any time after becoming disabled. Benefits are recorded when paid.

Vesting

Effective December 31, 2025, the Plan was terminated and all participants became 100% vested. Prior to December 31, 2025, a participant became 100% vested after five years of service.

2. Summary of Significant Accounting Policies

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements is set forth below.

Basis of Presentation

Due to the termination of the Plan during 2025, management determined that liquidation of the Plan is imminent and, accordingly, the 2025 financial statements have been prepared using the liquidation basis of accounting as required under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 205-30-25. The 2024 financial statements were prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Under the liquidation basis of accounting, the Plan is to recognize all income and expenses it will incur to liquidate the Plan. The Plan will settle its payments to Plan participants by liquidating the remaining investments and the Plan Sponsor will contribute funds to cover any expenses remaining as necessary, however, the Plan does not anticipate having to make any contributions after December 31, 2025. Any remaining funds will be placed in a Qualified Replacement Plan as outlined in Section 4980 of the IRS Code. All investments are measured at liquidation value as of December 31, 2025, which in most cases approximates fair value. The final liquidation payment from the Plan is expected to occur by December 31, 2026 (see Note 9). Any residual assets left over after all benefit payments and expenses are paid are expected to be transferred to another benefit plan sponsored by the Companies.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements. The Plan utilizes various investments. Investments, 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 investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits in liquidation and statement of net assets available for benefits.

Investment Valuation and Income Recognition

Investments are reported at fair value, which represents liquidation value. Fair value is the price that would be received to sell an investment in an orderly transaction between market participants of the measurement date. See Note 6 for further discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Realized gains and losses from security transactions are reported on the average cost method. Interest income is recorded on the accrual basis. Net appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties

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

Other

Audit, legal and record-keeping expenses of the Plan are paid by the Companies and are excluded from the financial statements. Certain investment-related expenses and trustee fees for the Plan are paid by the Plan and are included in administrative expenses. Certain other investment-related expenses are included in net appreciation in fair value of investments.

Subsequent Events

Subsequent events are events or transactions that occur after the statement of net assets available for benefits date, but before the financial statements are available to be issued and may require potential recognition or disclosure in the financial statements. Management has considered such events or transactions through October 8, 2026. See Note 9 for a description of a subsequent event.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' cumulative compensation during their years of credited service. The accumulated plan benefits for active employees are based on their cumulative compensation during employment to September 30, 2012. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are also excluded from accumulated plan benefits.

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

The significant actuarial assumptions used in these January 1, 2025 and 2024 valuations are (a) life expectancy of participants (the PRI-2012 mortality table was used), (b) actual salaries for each year prior to the plan freeze date, (c) retirement age assumptions (the assumed average retirement age was 62) and (d) investment return. The January 1, 2025 and 2024 valuations included assumed long-term rates of return of 5.50% and 5.00%, respectively. The foregoing actuarial assumptions were based on the presumption that the Plan would continue.

At January 1, 2025 and 2024, the actuarial present value of accumulated plan benefits for the Plan was as follows:

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Participants Currently Receiving Payments	$ 15,607,136	$ 16,244,677
Terminated Participants	2,766,328	413,448
Active Participants	3,724,979	6,957,904
Nonvested Benefits	196,917	199,696
Total Actuarial Present Value of Accumulated Plan Benefits	$ 22,295,360	$ 23,815,725

The changes in accumulated plan benefits of the Plan for the year ended January 1, 2025 were as follows:

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$ 23,815,725
Increase (Decrease) During the Year Attributable to:	
Changes in Actuarial Assumptions	(1,077,443)
Benefits Accumulated and Experience Losses	523,617
Increase for Interest Due to the Decrease in the Discount Period	1,138,169
Benefits Paid Directly to Participants	(2,104,708)
Net Decrease	(1,520,365)
Actuarial Present Value of Accumulated Plan Benefits at End of Year	$ 22,295,360

Effective December 31, 2025, the Companies elected to terminate the Plan resulting in changes in the assumptions subsequent to the January 1, 2025 valuation and a January 1, 2026 valuation was not prepared. The Companies estimate $20,399,545 will be paid in benefit payments and annuity purchases upon liquidation. See Note 9.

4. Funding Policy

The Companies have voluntarily agreed to make contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. The contributions are determined annually by the consulting actuary and are designed to fund the Plan's current service costs on a current basis. The estimated accrued benefit cost arising from amendments and changes in certain assumptions used for Plan valuations are funded and amortized over future periods of not greater than 30 years. The funding policy meets the minimum funding requirements as stipulated by ERISA. There were no required or actual contributions to the Plan for the year ended December 31, 2025.

Effective December 31, 2025, the Companies elected to terminate the Plan. The Companies estimate it will not be required to contribute funds to the Plan upon liquidation which is expected to be completed by December 31, 2026. See Note 9.

5. Information Certified by United of Omaha Life Insurance Company (United) and Bank of America, N.A. (Bank of America)

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by United and Bank of America, except for comparing such information certified by the custodians to information included in the Plan's financial statements and supplementary information.

The following table presents the fair value of the investments in this Plan that were certified by United and Bank of America at December 31:

	2025	2024
United		
Investments at Fair Value	$ 48,417	$ 32,387
Bank of America		
Investments at Fair Value	21,493,885	23,935,411
Total Investments at Fair Value	$ 21,542,302	$ 23,967,798

United and Bank of America also certified to the completeness and accuracy of the following related to the aforementioned investments for the year ended December 31, 2025:

United	
Interest from Investments	$ 5,199
Bank of America	
Net Appreciation in Fair Value of Investments	1,029,644
Interest from Investments	949,648
	1,979,292
Total Investment Income	$ 1,984,491

6. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described 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;
- 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 any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The 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.

Money Market Fund, Exchange Traded Funds and Insurance Company General Account: Valued at the daily closing price as reported by the funds. The funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their net asset value (NAV) and to transact at that price. These funds held by the Plan are deemed to be actively traded.

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 following table presents by level, within the fair value hierarchy, the Plan's investments at fair value at December 31, 2025.

	Level 1	Level 2	Level 3	Total
Exchange Traded Funds	$ 21,224,146	$ -	$ -	$ 21,224,146
Insurance Company General Account	48,417	-	-	48,417
Money Market Fund	269,739	-	-	269,739
Total Investments at Fair Value	$ 21,542,302	$ -	$ -	$ 21,542,302

The following table presents by level, within the fair value hierarchy, the Plan's investments at fair value at December 31, 2024.

	Level 1	Level 2	Level 3	Total
Exchange Traded Funds	$ 23,090,303	$ -	$ -	$ 23,090,303
Insurance Company General Account	32,387	-	-	32,387
Money Market Fund	845,108	-	-	845,108
Total Investments at Fair Value	$ 23,967,798	$ -	$ -	$ 23,967,798

7. Investment Contract with Insurance Company

The Plan's investment contract is with United. Amounts are deposited into the investment contract in order to satisfy monthly benefit payments. The cash received remains in an activity account, which earns interest similar to a money market fund. The amounts held in the activity account are not invested in other underlying investments. Therefore, the December 31, 2025 and 2024 activity account balances of $48,417 and $32,387, respectively, are included as insurance company general account on the accompanying financial statements.

8. Tax Status

The Plan is qualified as a profit sharing plan under Section 401(a) of the Internal Revenue Code and is exempt from federal income taxation under Section 501(a) of the Internal Revenue Code. During August 2026, the IRS approved the Company's application for determination for the plan termination.

The plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code. Therefore, no provisions for income taxes have been included in the financial statements.

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 applicable taxing authority. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

9. Plan Termination

The board of directors of Great Plains Communications LLC approved the termination of the Plan on October 30, 2025, to be effective December 31, 2025. Upon the termination date, the net assets of the Plan are in the process of being allocated as prescribed by ERISA and its related regulations. The final liquidation payments from the Plan are expected to occur by December 31, 2026. Upon termination, all participants became fully vested. Participants will have the option to receive their vested benefits in one of the following ways:

(a) *Single Sum Payment*: A participant who has not commenced receiving payment of plan benefits before the termination of the Plan in the form of a deferred or immediate annuity may elect to receive a single sum payment in lieu of other benefits under this Plan. The amount of the single sum payment is equal to the present value of the participant's accrued benefit determined on the date of distribution. The election to receive a single sum payment in lieu of all other benefits will be made in such form as prescribed by the Plan administrator before the distribution date of the plan benefits upon termination.

(b) *Immediate Annuity*: A participant may elect to receive an immediate annuity.

   a. If the participant has not reached a Retirement Date, the following provision related to the immediate annuity shall be applied:

      i. The immediate annuity payable under the normal form will be the actuarial equivalent of the deferred monthly retirement benefit the participant would be entitled to their normal retirement date payable under the normal form.

      ii. The form of distributions for the immediate annuity will be one of the following: Single Life Annuity, 10 Year Certain & Life Annuity; Qualified 60% Joint & Survivorship Annuity; Qualified 75% Joint & Survivorship Annuity; and Qualified 100% Joint & Survivorship Annuity. Such form will be the actuarial equivalent of immediate annuity payable under the normal form.

      iii. Actuarial equivalent as described in (i) and (ii) above will be determined on the basis of the applicable interest rate and the applicable mortality table.

(c) If neither of the above forms of payment is elected, the participant's plan benefit will be distributed in the form of an annuity permitted or required by the Plan that will be purchased for the participant.

The Company expects that the final single lump sum payments will be paid out by December 31, 2026 and that all immediate annuity contracts will be completed by December 31, 2026.

Certain benefits under the Plan are insured by the PBGC while the Plan goes through the termination process. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of the benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically on the amount of an individual's monthly benefit that is not guaranteed.

10. Related-Party Transactions

Certain Plan investments are managed by Bank of America and United. Bank of America and United are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits in liquidation per the financial statements at December 31, 2025 to net assets available for benefits per the Form 5500:

Net Assets Available for Benefits in Liquidation per the Financial Statements	$	806,146
Accrued Investment Loss in Liquidation		118,528
Estimated Annuities to be Purchased and Accrued Payments to Participants Upon Liquidation		20,399,545
Accrued Expenses to be Incurred in Liquidation		218,852
Net Assets Available for Benefits per the Form 5500	$	21,543,071

SUPPLEMENTARY INFORMATION

Great Plains Communications LLC & Adopting Affiliates Employees' Pension Plan

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

December 31, 2025

Employer Identification Number 47-0397919
Plan Number 001

	Description of Investment	Units/ Shares	Cost	Current Value
BANK OF AMERICA, N.A.				
Vanguard Intermediate-Term Bond ETF	Exchange Traded Fund	157,536	$ 13,397,746	$ 13,193,640
Vanguard Long-Term Corporate Bond ETF	Exchange Traded Fund	56,502	4,902,865	4,285,677
Ishares 20+ Year Treasury Bond ETF	Exchange Traded Fund	42,965	4,502,615	3,744,829
* Bank of America Money Market Savings Account	Money Market Fund	269,739	269,739	269,739
UNITED OF OMAHA LIFE INSURANCE COMPANY				
* Insurance Company General Account	Insurance Company General Account	48,417	48,417	48,417
Total Investment Assets			**$ 23,121,382**	**$ 21,542,302**

* Indicates party-in-interest

Great Plains Communications LLC & Adopting Affiliates Employees' Pension Plan

Schedule of Reportable Transactions – Schedule H – Item 4j

Year Ended December 31, 2025

Employer Identification Number 47-0397919
Plan Number 001

	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)	Number of Transactions
BANK OF AMERICA, N.A.							
Ishares 20+ Year Treasury Bond ETF	Exchange Traded Fund	$ 1,678,390	$ -	$ 1,678,390	$ 1,678,390	$ -	5
Ishares 20+ Year Treasury Bond ETF	Exchange Traded Fund	-	490,727	636,967	490,727	(146,240)	6
Vanguard FTSE Developed Markets ETF	Exchange Traded Fund	180,040	-	180,040	180,040	-	1
Vanguard FTSE Developed Markets ETF	Exchange Traded Fund	-	1,071,493	850,483	1,071,493	221,010	6
Vanguard Long-Term Corporate Bond ETF	Exchange Traded Fund	84,925	-	84,925	84,925	-	1
Vanguard Long-Term Corporate Bond ETF	Exchange Traded Fund	-	1,423,798	1,619,708	1,423,798	(195,910)	10
Vanguard Intermediate-Term Bond ETF	Exchange Traded Fund	4,675,790	-	4,675,790	4,675,790	-	3
Vanguard Intermediate-Term Bond ETF	Exchange Traded Fund	-	2,319,825	2,422,106	2,319,825	(102,281)	8
Vanguard 500 Index Fund Admiral Shares ETF	Exchange Traded Fund	94,479	-	94,479	94,479	-	1
Vanguard 500 Index Fund Admiral Shares ETF	Exchange Traded Fund	-	2,237,530	1,859,263	2,237,530	378,267	7
Bank of America Temporary Overnight Deposit	Money Market Fund	9,269,752	-	9,269,752	9,269,752	-	70
Bank of America Temporary Overnight Deposit	Money Market Fund	-	9,269,752	9,269,752	9,269,752	-	70
Bank of America Money Market Savings Account	Money Market Fund	5,028,052	-	5,028,052	5,028,052	-	182
Bank of America Money Market Savings Account	Money Market Fund	-	5,603,421	5,603,421	5,603,421	-	117
UNITED OF OMAHA LIFE INSURANCE COMPANY							
Insurance Company General Account	Insurance Company General Account	4,183,448	-	4,183,448	4,183,448	-	42
Insurance Company General Account	Insurance Company General Account	-	4,167,419	4,167,419	4,167,419	-	1,293


Lutz

Actuarial Cost Method

Annual costs were calculated using the Traditional Unit Credit Actuarial Cost Method as required by the Pension Protection Act of 2006. The Traditional Unit Credit Method is one of the Accrued Benefit Actuarial Cost Methods.

Under the Traditional Unit Credit Cost Method, benefits are assigned to each year and are valued as they accrue.

The target normal cost for each year is defined as the actuarial present value of retirement and ancillary benefits that are earned for each active participant and the expected administrative expenses to be paid from plan assets in the current year.

The funding target is defined as the actuarial present value of retirement and ancillary benefits that have been earned in years of service prior to the current year.

Asset Valuation Method

For funding purposes, the value of plan assets is based on the two-year smoothing method. This method determines the value of plan assets by averaging the market value as of the valuation date and the adjusted market values as of the preceding two valuation dates. The adjusted market values are determined in accordance with IRS Notice 2009-22. This value of plan assets can be no greater than 110% of the market value nor less than 90% of market value as of the valuation date.

Contributions for the prior plan year made after the end of the plan year are included in the current year's market value of assets at their discounted value, based on the prior year's effective interest rate.

Actuarial Assumptions

Interest Rates

• Plan Funding - Minimum Required Contribution	5.00% for benefits expected to be paid within 5 years of the valuation date (first segment). 5.27% for benefits expected to be paid within 6-20 years of the valuation date (second segment). 5.50% for benefits expected to be paid more than 20 years from the valuation date (third segment). The plan sponsor has elected to use the 3-segment interest rates based on the first month of the plan year, subject to the MAP-21 segment interest rates. 5.32% effective interest rate.
• Plan Funding - Maximum Deductible Contribution and ERISA 4010 Reporting	5.00% for benefits expected to be paid within 5 years of the valuation date (first segment). 5.27% for benefits expected to be paid within 6-20 years of the valuation date (second segment). 5.40% for benefits expected to be paid more than 20 years from the valuation date (third segment).
• PBGC Premium	4.65% for benefits expected to be paid within 5 years of the valuation date (first segment). 5.28% for benefits expected to be paid within 6-20 years of the valuation date (second segment). 5.63% for benefits expected to be paid more than 20 years from the valuation date (third segment).
• ASC 960 Financial Information	5.50% compounded annually.

Actuarial Assumptions
(continued)

Salary Scale

- Projected Benefits — N/A
- Accrued Benefits — Actual salaries were available for each year prior to the plan freeze date and were used to determine the accrued benefits.

Mortality Rates — The mortality rates are based on the static IRS 2025 annuitant-distinct mortality table based on the PRI-2012 mortality table.

Turnover Rates — Rates based on Scale T-3 of the Actuary's Pension Handbook.

Retirement Rates — Rates based on the following schedule:

Age	%	Age	%
55	5	61	5
56	5	62	15
57	5	63	10
58	5	64	10
59	5	65	100
60	5		

Active participants who are at least age 60 and have at least 28 years of service on December 31, 2015:

Age	%
Prior to 60	0
On and after 60	100

Disability Rates — None assumed.

Administrative Expenses — Equal to the prior year actual administrative expenses paid from plan assets.

Summary of Plan Provisions

Effective Date	December 1, 1961
Plan Year	January 1 through December 31
Participation	Employees are eligible to participate on the first date of the month following the date they attain age 21 and complete a Year of Service with 1,000 hours.
Plan Freeze	All benefit accruals and plan participation were frozen as of September 30, 2012.
Definitions	
Year of Service	Each 12-month period in which the employee works one hour.
Credited Service	Number of years of service, computed to the nearest month.
Compensation	Total annual earnings during each year of plan participation.
Normal Retirement	Age 65 and five years of plan participation.
Early Retirement	Age 55, and completion of both ten years of credited service and five years of plan participation.
Late Retirement	First day of any month following the normal retirement date.
Benefits	
Normal Retirement	Monthly annuity equal to one-twelfth the sum of: 3/4% of the first $4,800 of compensation as of December 1, 1961, plus 1% of the excess, for each year of past service prior to December 1, 1961, excluding the first five years and any service prior to age 25, plus

Summary of Plan Provisions
(continued)

	1% of the first $4,800 of compensation, plus 1.5% of the excess, for each year of plan participation from December 1, 1961 to December 31, 1978, plus
Normal Retirement (continued)	1.25% of the first $9,600 of compensation plus 2% of the excess, for each year of plan participation from January 1, 1979 to December 31, 1988, plus 1.85% of compensation for each year of plan participation following December 31, 1988. There is a minimum monthly pension of $90 if the participant entered the plan prior to January 1, 1969, or has completed 25 years of plan participation. In the case of all other participants, the minimum pension equals $90 multiplied by the ratio of full years of plan participation by 25 years.
Early Retirement	Monthly annuity equal to the accrued benefit reduced 5% per year commencement of benefit precedes age 62. Active participants who are at least age 60 and have at least 28 years of service on December 31, 2015 can retire at age 60 without reduction.
Late Retirement	Greater of the earned pension or the Actuarial Equivalent of the Normal Retirement benefit on the Late Retirement Date.
Disability	Benefit upon disability calculated in the same manner as the normal retirement benefit, based on annual compensation as of the date of disability, and payable at the normal retirement date.

Summary of Plan Provisions
(continued)

Death

Benefit upon death of a participant who has completed five years of credited service and has been married to his surviving spouse for one year equal to 1% of the participant's earned pension as of the date of death, multiplied by the spouse's age nearest birthday as of the date of death.

Vested Termination

Benefit upon termination equal to a vested interest in the earned pension as of the date of termination, determined according to the following schedule, and payable at normal retirement date:

Years of Credited Service	Vesting %
Less Than 5	0%
5 or more	100%

Contel Guaranteed Minimum Benefit

Employees of ConTel Nebraska were spun off from the Continental Telephone System Pension Plan to the Great Plains Communications and Affiliates, Inc. Employees' Pension Plan. All participants were 100% vested in their accrued benefit as of January 1, 1985. The present values of these accrued benefits were transferred to this plan and individual accounts established for each participant.

The value of these accounts is payable to the participant at termination of employment, death or disability. The greater of the participant's account value or the actuarial equivalent of their accrued benefit is payable at retirement.

Forms of Annuity

Normal

Life only annuity.

Optional

Joint and survivor annuity, period certain and life annuity or lump sum.

Contributions

The employer contributes an amount necessary to provide the benefits, based on the recommendation of annual actuarial valuations.

Great Plains Communications LLC and Adopting Affiliates
Employees' Pension Plan
Plan: 001 EIN: 47-0397919
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

Column A Retirement Age	Column B Retirement Rate	Column C Number of employees expected to retire, per 1000 retirements	Column D A x C
55	5.00%	50.00	2,750.00
56	5.00%	47.50	2,660.00
57	5.00%	45.13	2,572.13
58	5.00%	42.87	2,486.39
59	5.00%	40.73	2,402.79
60	5.00%	38.69	2,321.34
61	5.00%	36.75	2,242.03
62	15.00%	104.75	6,494.54
63	10.00%	59.36	3,739.60
64	10.00%	53.42	3,419.06
65	100.00%	480.81	31,252.34
Total		1000	62,340.22
Average			62.34022

Plan Name: GREAT PLAINS COMMUNICATIONS LLC AND AFFILIATES EMPLOYEES' PENSION PLAN
EIN: 47-0397919
Plan Number: 001
Plan Year: 2025

Schedule SB, Line 26--Schedule of Active Participant Data

Years of credited service

	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total	
Attained		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.
Under 25	0		0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0		0		0		0		0		0	
30 to 34	0		0		0		0		1		0		0		0		0		0		1	
35 to 39	0		0		0		0		3		0		0		0		0		0		3	
40 to 44	0		0		0		1		7		7		0		0		0		0		15	
45 to 49	0		0		0		2		3		4		7		0		0		0		16	
50 to 54	0		0		0		1		3		1		6		0		0		0		11	
55 to 59	0		0		0		0		3		0		0		0		0		0		3	
60 to 64	0		0		0		1		1		1		3		0		0		0		6	
65 to 69	0		0		0		0		2		2		0		0		0		0		4	
70 & up	0		0		0		0		0		0		0		0		0		0		0	
Total	0		0		0		5		23		15		16		0		0		0		59	

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
GREAT PLAINS COMMUNICATIONS LLC & ADOPTING AFFILIATES EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GREAT PLAINS COMMUNICATIONS LLC

D Employer Identification Number (EIN)
47-0397919

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	23,970,244
b Actuarial value	**2b**	23,867,343

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	95	15,796,478	15,796,478
b For terminated vested participants	28	2,807,314	2,807,314
c For active participants	59	3,915,230	3,968,526
d Total	182	22,519,022	22,572,318

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	49,740
c Target normal cost	**6c**	49,740

Statement by Enrolled Actuary

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

SIGN HERE

Glen C Gahan
Signature of actuary

9/01/2026
Date

GLEN C. GAHAN
Type or print name of actuary

26-04875
Most recent enrollment number

HUB INTERNATIONAL GREAT PLAINS, LLC
Firm name

(402)964-5400
Telephone number (including area code)

11516 MIRACLE HILLS DRIVE, STE 100

OMAHA NE 68154
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4,355,604	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	4,355,604	0
10	Interest on line 9 using prior year's actual return of 4.09%	178,144	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	4,533,748	0

Part III Funding Percentages

14	Funding target attainment percentage	14	85.65%
15	Adjusted funding target attainment percentage	15	105.73%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.53%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?		☒ Yes ☐ No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☒ Yes ☐ No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	49,740
b Excess assets, if applicable, but not greater than line 31a	31b	0

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	49,740

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	49,740	0	49,740

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

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

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

Great Plains Communications LLC & Adopting Affiliates Employees' Pension Plan

Schedule of Reportable Transactions – Schedule H – Item 4j

Year Ended December 31, 2025

Employer Identification Number 47-0397919
Plan Number 001

	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)	Number of Transactions
BANK OF AMERICA, N.A.							
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Ishares 20+ Year Treasury Bond ETF	Exchange Traded Fund	-	490,727	636,967	490,727	(146,240)	6
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Vanguard Long-Term Corporate Bond ETF	Exchange Traded Fund	84,925	-	84,925	84,925	-	1
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Bank of America Temporary Overnight Deposit	Money Market Fund	9,269,752	-	9,269,752	9,269,752	-	70
Bank of America Temporary Overnight Deposit	Money Market Fund	-	9,269,752	9,269,752	9,269,752	-	70
Bank of America Money Market Savings Account	Money Market Fund	5,028,052	-	5,028,052	5,028,052	-	182
Bank of America Money Market Savings Account	Money Market Fund	-	5,603,421	5,603,421	5,603,421	-	117
UNITED OF OMAHA LIFE INSURANCE COMPANY							
Insurance Company General Account	Insurance Company General Account	4,183,448	-	4,183,448	4,183,448	-	42
Insurance Company General Account	Insurance Company General Account	-	4,167,419	4,167,419	4,167,419	-	1,293

Great Plains Communications LLC & Adopting Affiliates Employees' Pension Plan

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

December 31, 2025

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UNITED OF OMAHA LIFE INSURANCE COMPANY				
* Insurance Company General Account	Insurance Company General Account	48,417	48,417	48,417
Total Investment Assets			**$ 23,121,382**	**$ 21,542,302**

* Indicates party-in-interest