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
METTEL VIP PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2012

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)
MANHATTAN TELECOMMUNICATIONS CORP.

55 WATER ST.
32ND FLOOR
NEW YORK, NY 10041

2b Employer Identification Number (EIN)
51-0374236

2c Plan Sponsor's telephone number
212-607-2000

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.	10/11/2026	RALPH DICHY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2026	RALPH DICHY
	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**	194
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)**	156
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	151
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	41
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	192
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	192
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**	5
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 1G

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)	[ ] Insurance	**(1)**	[ ] 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)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 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
METTEL VIP PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MANHATTAN TELECOMMUNICATIONS CORP.

D Employer Identification Number (EIN)
51-0374236

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**	23951241
b Actuarial value	**2b**	23951241

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	0	0	0
b For terminated vested participants	38	3078280	3078280
c For active participants	156	18175206	18319056
d Total	194	21253486	21397336

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**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1889935
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	1889935

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

07/10/2026
Date

CARL WARSAW, EA,MAAA
Type or print name of actuary

26-08810
Most recent enrollment number

USI CONSULTING GROUP
Firm name

516-683-6100
Telephone number (including area code)

725 RXR PLAZA EAST TOWER
UNIONDALE, NY 11556
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2129137
	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 5.15 %		109651
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2238788
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	111.93 %
15	Adjusted funding target attainment percentage	15	111.93 %
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	119.73 %
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
03/27/2026	2354482				
			Totals ► 18(b)	2354482	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	2208987

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

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**	65

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**	1889935
b Excess assets, if applicable, but not greater than line 31a	**31b**	1889935

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**	0

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

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**	2208987

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2208987
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE 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
METTEL VIP PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MANHATTAN TELECOMMUNICATIONS CORP.

D Employer Identification Number (EIN)
51-0374236

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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)

CHARLES SCHWAB TRUST BANK

42-1558009

(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?
19 21 31	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	8562	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

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

(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
METTEL VIP PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MANHATTAN TELECOMMUNICATIONS CORP.

D Employer Identification Number (EIN)
51-0374236

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	11563	12963
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2265746	2354482
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1002203	1486794
(2) U.S. Government securities	1c(2)	4447223	3596607
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1998231	1953720
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5717678	6575928
(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)	8535248	9910985
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	23977892	25891479
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	23977892	25891479

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)	2354482	
(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)		2354482
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	819	
(B) U.S. Government securities	2b(1)(B)	102761	
(C) Corporate debt instruments	2b(1)(C)	92695	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		196275
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	252902	
(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)		252902
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1201900	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1072197	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		129703
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1021160	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1021160

		(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)		1197701
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		5152223
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3238636	
(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)		3238636
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3238636
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1913587
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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 578186.

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
METTEL VIP PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MANHATTAN TELECOMMUNICATIONS CORP.

D Employer Identification Number (EIN)
51-0374236

Part I Distributions

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

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

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

EIN(s): 42-1558009

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** 4

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

MetTel VIP Plan

Financial Statements and Supplemental Schedules
Including Independent Auditors' Report

As of December 31, 2025 and 2024 and
For the Years Ended December 31, 2025 and 2024

MetTel VIP Plan

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CBIZ CPAs P.C.

340 Mount Kemble Ave
Suite 210N
Morristown, NJ 07960

P: 973.929.3500

Independent Auditors' Report

To the Plan Administrator of
MetTel VIP Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of MetTel VIP 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 certification from a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 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.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about MetTel VIP Plan's ability to continue as a going concern for at least one year following 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 MetTel VIP 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 MetTel VIP Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of 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 supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

CBIZ CPAs P.C.

Morristown, New Jersey
September 11, 2026

MetTel VIP Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	$ 23,536,997	$ 21,712,146
Receivables		
Employer contributions	2,354,482	2,265,747
Total Assets	25,891,479	23,977,893
Net Assets Available for Benefits	$ 25,891,479	$ 23,977,893

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

MetTel VIP Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Interest, dividends and capital gains	$ 449,176	$ 504,809
Net appreciation in fair value of investments	2,348,564	1,709,534
Total investment income	2,797,740	2,214,343
Contributions		
Employer contributions	2,354,482	2,265,747
Total Additions	5,152,222	4,480,090
Deductions		
Benefits paid to participants	3,238,636	48,320
Net Increase (Decrease)	1,913,586	4,431,770
Net assets available for benefits		
Beginning of year	23,977,893	19,546,123
End of Year	$ 25,891,479	$ 23,977,893

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

MetTel VIP Plan

Notes to Financial Statements

For the Years Ended December 31, 2025 and 2024

1. Description of Plan

The following description of the MetTel VIP Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan established effective April 9, 2016, as restated January 1, 2021. The Plan covers all employees who have completed six months and are age 21 or older, excluding union employees, non-resident aliens, leased employees, eligible employees based outside of Utah except those meeting certain criteria, employees who are residents of Puerto Rico, and interns. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Investment Committee is responsible for oversight of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Administrator .

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025 and 2024.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants receive the full amount of their vested account balances in the event of normal retirement, termination of service, death or disability. A participant's accrued benefit is based on the number of benefit units accrued by the participant in accordance with the retirement benefit formula, and the value of such benefit units on the participant's benefit distribution date.

Certain participants specifically named in the Plan document will accrue benefit units for a plan year equal to the amount listed in the Plan document divided by the unit value as of March 31 of the year immediately following the plan year, provided that they complete a year of service in the plan year.

1. Description of Plan (Continued)

Pension Benefits (Continued)

All other participants will accrue benefit units based on the service performed and compensation earned from the Company in accordance with the formula, as defined by the Plan. The number of benefit units accrued by all other participants for each plan year that the participant completes a year of service will be based on an amount equal to 0.5% multiplied by the compensation earned by such participant for such plan year and then divided by the unit value as of the March 31 of the year immediately following such plan year, computed to the nearest cent.

The participant's vested percentage of accrued benefit is based on vesting years of service. Participants become 100% vested in the Plan upon completion of at least six years or attainment of the normal retirement age (62), or if he or she dies while employed by the Company. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Upon termination of employment, pension payments are normally paid in the form of a lump-sum payment or in partial payments at the participant's election, or, if married, in the form of a qualified joint or survivor annuity.

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. The Plan does not provide for disability benefits.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and 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, and changes therein. Actual results could differ from those estimates.

Contributions

Contributions for the Plan participants are recorded in the year in which the participant compensation is earned.

2. Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

Subsequent Events

Subsequent events were evaluated through September 11, 2026, the date the financial statements were available to be issued.

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' compensation during each year of credited service.

3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that 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, withdrawal or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences. The significant actuarial assumptions used in the valuation were:

Assumption	January 1, 2025
Discount rate	5%
Mortality basis	RP-2014 total base rates projected generationally using MP-2021
Retirement age	65
Assumed long-term rate of return on assets	5%
Salary increase	3% compounded annually

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of the beginning of the plan year is presented below:

Actuarial Present Value of Accumulated Plan Benefits		January 1, 2025
Vested benefits		
Active participants	$	21,191,250
Terminated participants		3,078,280
Retired participants and beneficiaries		-
Total Vested Benefits		24,269,530
Non-Vested Benefits		198,867
Total Actuarial Present Value of Accumulated Plan Benefits	$	24,468,397

3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

Below is a reconciliation of the Plan's change in the actuarial present value of accumulated plan benefits.

		Year ended December 31, 2024
Actuarial present value of accumulated plan benefits at January 1, 2024	$	18,701,635
Increase for interest due to decrease in discount period		933,874
Benefits paid		(48,320)
Benefits accumulated and experience gains and losses		4,881,208
Net Increase		5,766,762
Actuarial Present Value of Accumulated Plan Benefits at December 31, 2024	$	24,468,397

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- quoted prices for 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 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

4. Fair Value Measurements (Continued)

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

Cash and cash equivalents: These investments are stated at cost, which approximates fair value.

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

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. government securities: Valued at the daily evaluated price as reported by LSEG Analytics (a global provider of pricing and market data for the financial markets).

Corporate debt: Valued at the daily evaluated price as reported by LSEG Analytics.

Unit Investment Trusts: Valued at the closing price reported on the active market on which the individual securities are traded.

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

Assets at Fair Value as of December 31, 2025	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 1,499,757	$ -	$ -	$ 1,499,757
Common stocks	6,575,928	-	-	6,575,928
Unit investment trusts	6,068,853	-	-	6,068,853
Mutual funds	3,842,132	-	-	3,842,132
U.S. government securities	-	3,596,607	-	3,596,607
Corporate debt	-	1,953,720	-	1,953,720
Total Investments at Fair Value	$ 17,986,670	$ 5,550,327	$ -	$ 23,536,997

4. Fair Value Measurements (Continued)

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 1,013,766	$ -	$ -	$ 1,013,766
Common stocks	5,717,678	-	-	5,717,678
Unit investment trusts	5,272,777	-	-	5,272,777
Mutual funds	3,262,471	-	-	3,262,471
U.S. government securities	-	4,447,223	-	4,447,223
Corporate debt	-	1,998,231	-	1,998,231
Total Investments at Fair Value	$ 15,266,692	$ 6,445,454	$ -	$ 21,712,146

5. Concentrations

During the year ended December 31, 2025, the Plan had one investment which represented approximately 19% of the net assets available for benefits. During the year ended December 31, 2024, the Plan had one investment which represented approximately 16% of the net assets available for benefits.

6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, Charles Schwab Trust Bank, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, and the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity reported in the statements of changes in net assets available for benefits for the year ended December 31, 2025.

7. Related-Party and Party In Interest Transactions

The Plan's investments are administered under a contract with Charles Schwab Trust Bank, the Trustee of the Plan. Contributions are held and managed by Charles Schwab Trust Bank, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA. The Plan held approximately $937,000 and $473,000 bank sweeps as of December 31, 2025 and 2024, respectively, managed by Charles Schwab Trust Bank. The Plan held approximately $550,000 and $529,000 money funds as of December 31, 2025 and 2024, respectively, managed by Charles Schwab Trust Bank. These transactions qualify as party-in-interest transactions under ERISA.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such

7. Related-Party and Party In Interest Transactions (Continued)

officer or employee receives compensation from the Plan.

8. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits and certain disability and survivor’s pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of 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.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

9. Tax Status

The IRS has determined and informed the Company by a letter dated July 24, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

9. Tax Status (Continued)

GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Risks and Uncertainties

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

MetTel VIP Plan

Schedule H, PART IV, Line 4i -
Schedule of Assets (Held at End of Year)
EIN 51-0374236, Plan Number: 003

December 31, 2025

(a)*	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents			
	Cash	Cash and Cash Equivalents	$ 12,963	$ 12,963
*	Schwab Trust Bank	Cash and Cash Equivalents	249,000	249,000
*	Charles Schwab Bank	Cash and Cash Equivalents	687,694	687,694
*	Schwab US Treasury Money	Cash and Cash Equivalents	550,100	550,100
			1,499,757	1,499,757
	Common Stocks			
	Abbott Laboratories	Common Stock	68,417	72,418
	Abbvie Inc	Common Stock	95,418	168,397
	ACV Auctions Inc	Common Stock	44,708	19,280
	Affirm Hldgs Inc	Common Stock	78,929	177,143
	Api Group Corp	Common Stock	46,329	97,027
	Apple Inc	Common Stock	101,706	171,272
	Applovin Corp	Common Stock	40,034	505,365
	Ascendis Pharma A/S	Common Stock	71,144	128,797
	Astera Labs Price	Common Stock	29,078	103,809
	Bank of America Corp	Common Stock	109,128	151,965
	Biontech SE	Common Stock	10,552	9,520
	Bristol-Myers Squibb	Common Stock	77,680	68,234
*	Charles Schwab Corporation	Common Stock	65,357	98,211
	Chevron Corporation	Common Stock	116,350	148,142
	Chubb Ltd	Common Stock	56,270	91,139
	Cisco Systems Inc	Common Stock	98,578	139,424
	Costar Group Inc	Common Stock	61,784	51,506
	Deere & Co	Common Stock	59,064	74,026
	Doordash Inc	Common Stock	42,085	105,087
	Duolingo Inc	Common Stock	26,420	22,639
	Emerson Electric Co	Common Stock	76,129	101,796
	EOG Resources Inc	Common Stock	45,972	41,584
	Exact Sciences Corp	Common Stock	89,833	133,247
	Floor & Décor Holdin	Common Stock	51,121	26,183
	General Mls Inc	Common Stock	42,075	30,876
	Global-E Online Ltd	Common Stock	41,746	50,553
	Godaddy	Common Stock	25,524	40,946
	Honeywell International	Common Stock	71,617	64,575
	Hubspot Inc	Common Stock	38,962	34,512
	J P Morgan Chase & Co	Common Stock	110,778	233,287
	Johnson & Johnson	Common Stock	68,782	85,470
	Kinder Morgan Holdco Llc	Common Stock	56,580	88,710

See independent auditors' report.

MetTel VIP Plan

Schedule H, PART IV, Line 4i -
Schedule of Assets (Held at End of Year)
EIN 51-0374236, Plan Number: 003

December 31, 2025

(a)*	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	(d) Cost	(e) Current Value
	Common Stock (Continued)			
	Kinsale Capital Grou	Common Stock	$ 31,741	$ 32,072
	Lockheed Martin Corp	Common Stock	88,828	111,244
	Lowes Companies	Common Stock	71,629	86,576
	M & T Bank Corporation	Common Stock	38,282	54,803
	Maplelane Offshore F	Common Stock	500,000	731,212
	Mc Donalds Corp	Common Stock	80,643	97,802
	Medpace Holdings Inc	Common Stock	24,367	62,343
	Merck & Co Inc	Common Stock	65,944	78,419
	Microsoft Corp	Common Stock	106,904	162,496
	Mondelez Intl Inc	Common Stock	75,868	61,205
	Mongodb Inc	Common Stock	64,496	91,492
	Nestle S A	Common Stock	83,550	78,530
	Norfolk Southn Corp	Common Stock	108,059	123,861
	Nucor Corp	Common Stock	106,290	144,679
	Pepsico Inc	Common Stock	63,814	55,542
	Pfizer Incorporated	Common Stock	54,822	31,698
	Pnc Financial Services	Common Stock	76,945	88,293
	Ppl Corporation	Common Stock	89,077	114,375
	Procore Technologies	Common Stock	54,831	63,066
	Procter & Gamble	Common Stock	59,062	56,894
	Qualcomm Inc	Common Stock	106,173	117,169
	Shift4 Pmts Inc	Common Stock	51,284	47,542
	Snowflake Inc	Common Stock	73,575	112,312
	Solstice Advanced Meterials Inc	Common Stock	3,609	3,984
	Spotify Technology SA	Common Stock	9,261	49,941
	Sweetgreen Inc	Common Stock	27,260	13,344
	Te Connectivity PLC	Common Stock	60,334	105,565
	The Hershey Company	Common Stock	33,945	30,755
	Veeva Systems Inc	Common Stock	42,247	45,762
	Transdigm Group Inc	Common Stock	15,320	30,587
	W P Carey Inc	Common Stock	56,189	48,978
	Wal-Mart Stores Inc	Common Stock	77,860	170,680
	Waste Management Inc	Common Stock	82,670	112,711
	Willscot Mobile Mini	Common Stock	58,535	24,856
			4,504,984	6,575,928

See independent auditors' report.

MetTel VIP Plan

Schedule H, PART IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN 51-0374236, Plan Number: 003

December 31, 2025

(a)*	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	(d) Cost	(e) Current Value
	U.S Government Securities			
	U.S. Treasury Note	U.S. Government Securities - due 04/30/2027 - 0.500%	$ 444,089	$ 480,761
	U.S. Treasury Note	U.S. Government Securities - due 8/15/2028 - 2.875%	465,296	491,992
	U.S. Treasury Note	U.S. Government Securities - due 6/30/2026 - 1.875%	479,084	511,848
	U.S. Treasury Note	U.S. Government Securities - due 5/15/2032 - 2.875%	243,722	254,728
	U.S. Treasury Note	U.S. Government Securities - due 5/15/2033 - 3.375%	474,312	481,133
	U.S. Treasury Note	U.S. Government Securities - due 2/15/2031 - 1.125%	236,283	259,807
	U.S. Treasury Note	U.S. Government Securities - due 8/15/2029 - 1.625%	301,851	326,813
	U.S. Treasury Note	U.S. Government Securities - due 2/15/2030 - 1.500%	265,751	291,244
	U.S. Treasury Note	U.S. Government Securities - due 6/30/2027 - 3.250%	480,970	498,281
			3,391,358	3,596,607
	Corporate Debt			
	Americann Honda Fund	Corporate Debt - due 10/04/2030 - 5.850%	93,785	92,299
	Amgen In	Corporate Debt - due 3/02/2030 - 5.250%	88,680	93,459
	Bank Of America C VA	Corporate Debt - due 02/07/2030 - 5.630%	91,122	99,464
	Citigroup Inc	Corporate Debt - due 1/10/2028 - 3.887%	89,081	94,803
	Crown Castle In	Corporate Debt - due 7/15/2031 - 2.500%	77,851	84,153
	CVS Health Corp	Corporate Debt - due 6/01/2033 - 5.300%	91,622	92,603
	Energy Transfer	Corporate Debt - due 12/01/2033 - 6.550%	90,345	98,734
	Goldman Sachs Gro	Corporate Debt - due 5/01/2029 - 4.223%	144,768	155,186
	Intuit In	Corporate Debt - due 9/15/2033 - 5.200%	89,528	93,999
	Morgan Stanley	Corporate Debt - due 4/01/2031 - 3.622%	87,682	96,941
	Nextera Energy	Corporate Debt - due 1/15/2027 - 1.875%	88,789	97,673
	Oracle Corp	Corporate Debt - due 2/06/2033 - 4.900%	87,011	91,467
	Pnc Finl Svcs Gro VA	Corporate Debt - due 10/20/2027 - Yield to maturity cannot be calculated because of multiple lots for this position	95,058	96,812
	RTX Corp	Corporate Debt - due 3/15/2031 - 6.000%	93,820	94,798
	State Street Corp VA	Corporate Debt - due 11/21/2029 - 5.670%	91,015	95,135
	T-Mobile USA In	Corporate Debt - due 4/15/2030 - 3.875%	89,245	93,219
	The Boeing Co	Corporate Debt - due 2/04/2026 - 2.196%	91,826	99,794
	Thermo Fisher Scien	Corporate Debt - due 1/31/2029 - 5.000%	94,277	94,467
	Wells Fargo & Co VAR	Corporate Debt - due 07/25/2029 - 5.840%	88,774	93,175
	U.S. Bancorp	Corporate Debt - due 06/12/2029 - 5.775%	94,341	95,539
			1,858,620	1,953,720
	Mutual Funds			
	Artisan Intl Value Fund Adv	Mutual Funds	1,086,091	1,321,988
	Goldman Sachs Gqg Prt Intl Opty Inst	Mutual Funds	1,076,017	1,316,142
	Gqg Partners Emrg Mkts Eqty Fd Inst	Mutual Funds	1,014,416	1,204,003
			3,176,525	3,842,132
	Unit Investment Trusts			
	Ishares Russell 2000 Etf	Unit Investment Trusts	1,137,114	1,489,760
	Spdr S&P 500 Etf	Unit Investment Trusts	3,039,482	4,579,093
			4,176,596	6,068,853
*	Party-in-interest to the Plan.		$ 17,658,183	$ 23,536,997

See independent auditors' report.

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
MetTel VIP Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Manhattan Telecommunications Corp.

D Employer Identification Number (EIN)
51-0374236

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**	23,951,241
b Actuarial value	**2b**	23,951,241

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	0	0	0
b For terminated vested participants	38	3,078,280	3,078,280
c For active participants	156	18,175,206	18,319,056
d Total	194	21,253,486	21,397,336

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

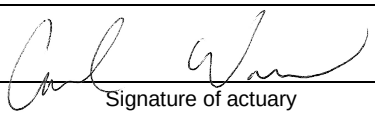
a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,889,935
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	1,889,935

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

07/10/2026
Date

Carl Warsaw, EA,MAAA
Type or print name of actuary

26-08810
Most recent enrollment number

USI Consulting Group
Firm name

(516)683-6100
Telephone number (including area code)

725 RXR Plaza East Tower

Uniondale NY 11556
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2,129,137
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 5.15%		109,651
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		2,238,788
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	111.93%
15	Adjusted funding target attainment percentage	15	111.93%
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	119.73%
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
03/27/2026	2,354,482				
			Totals ► 18(b)	2,354,482	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	2,208,987

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

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**	65

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**	1,889,935
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,889,935

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**	0

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

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**	2,208,987

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2,208,987
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

MetTel VIP Plan
EIN/PN: 51-0374236 / 003
Plan Year End: December 31, 2025

2025 FORM 5500 – SCHEDULE SB, LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS

Valuation Date:	**January 1, 2025**
2025 Effective Interest Rate:	**5.31%**

Contribution:

(Date)	Amount ($)	Number of Days to Valuation Date	Discounted to Valuation Date
March 27, 2026	$2,354,482	450	$2,208,987
TOTALS	**$2,354,482**		**$2,208,987**

MetTel VIP Plan
EIN/PN: 51-0374236 / 003
Plan Year End: December 31, 2025

2025 FORM 5500 – SCHEDULE SB, LINE 22- DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Participants are assumed to retire at age 65.

METTEL VIP PLAN

EIN: 51-0374236
PN: 003

2025 FORM 5500 – SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Age and Service Information

	Benefit Service								
Age	**Under 1**	**1-5**	**5-10**	**10-15**	**15-20**	**20-25**	**25-30**	**30+**	**Total**
Under 25	2	5	0	0	0	0	0	0	7
25 - 29	3	13	2	0	0	0	0	0	18
30 - 34	3	6	8	3	0	0	0	0	20
35 - 39	2	10	3	2	0	0	0	0	17
40 - 44	1	8	14	3	0	0	0	0	26
45 - 49	0	4	8	9	0	0	0	0	21
50 - 54	1	5	8	4	0	0	0	0	18
55 - 59	2	4	3	6	0	0	0	0	15
60 - 64	0	1	4	3	0	0	0	0	8
65 +	0	1	2	3	0	0	0	0	6
Totals	**14**	**57**	**52**	**33**	**0**	**0**	**0**	**0**	**156**

MetTel VIP Plan
EIN/PN: 51-0374236 / 003
Plan Year End: December 31, 2025

Basis for Valuation

Summary of Actuarial Assumptions

Valuation Method

The unit credit cost method, where the funding target is equal to the sum of the individual liabilities for all the participants. The individual's accrued liability is the present value of the benefit accrued in the prior plan years. The target normal cost is the present value of benefits accruing in the plan year.

Actuarial Value of Assets

Market value of assets as of valuation date plus discounted contributions receivable.

Employees Included in the Calculations

Based on employee data received from MetTel, all eligible employees as of the valuation date are included in the calculations.

Minimum Funding Annual Interest Rates

24-month segment rates averaged through the end of December 2024 and published in January 2025 (as prescribed by IRC 430) and adjusted to reflect ARPA:

- Segment 1 (0 – 5 years) 5.00%
- Segment 2 (5 to 20 years) 5.27%
- Segment 3 (more than 20 years) 5.50%
- Effective Interest Rate 5.31%

Maximum Deductible Annual Interest Rates

24-month segment rates averaged through the end of December 2024 and published in January 2025 (as prescribed by IRC 430) as follows:

- Segment 1 (0 – 5 years) 5.00%
- Segment 2 (5 to 20 years) 5.27%
- Segment 3 (more than 20 years) 5.40%

Annual Expected Return on Assets

Funding Purposes: Assumed to be 3.75% per annum. Last year was also assumed to be 3.75% per annum.

ASC960 Purposes: 5.00 compounded annually

PBGC Annual Interest Rates

Segment rates as of December 2024 and published in January 2025 using the Altenative Method (as prescribed by IRC 430) as follows:

- Segment 1 (0 – 5 years) 5.00%
- Segment 2 (5 to 20 years) 5.27%
- Segment 3 (more than 20 years) 5.40%

MetTel VIP Plan
EIN/PN: 51-0374236 / 003
Plan Year End: December 31, 2025

Basis for Valuation

Summary of Actuarial Assumptions

Salary Progression	3.00% compounded annually
Mortality	Funding Purposes: 2025 Generational Mortality Table (Annuitant and Non-Annuitant) 2024 Static Mortality Table (Annuitant and Non-Annuitant) was used last year. ASC 960 Purposes: RP-2014 Total base rates projected generationally with Scale MP-2021 RP-2014 White Collar base rates projected generationally with Scale MP-2021 was used last year
Termination Rates	Not assumed
Retirement Assumption	All employees are assumed to retire at age 65.
Retirement Payment Option	It was assumed all retirees would elect a lump sum distribution.

MetTel VIP Plan
EIN/PN: 51-0374236 / 003
Plan Year End: December 31, 2025

Basis for Valuation

Summary of Plan Provisions

This summary is not a Summary Plan Description or a Plan document. You should not rely solely on this summary in making a determination of eligibility for the Plan or its benefits.

Plan Sponsor	MetTel
EIN/PN	51-0374236 / 003
Effective Date	January 1, 2012.
Plan Year	The 12-month period beginning each January 1.
Eligibility:	21 years of age and 6 months of service. Age and service requirements were waived for those employed on 12/31/2012. Such employees shall be eligible to enter the plan on this date.
Entry Date:	The first date of the quarter coinciding with or next following the date such Employee met the eligibilitty requirements.
Eligible Employees:	All Utah Employees Employees who were employed on 12/31/2012 and in the following employee classes: Executive Secretary, Manager of Benefits, Strategic Sales Vice Presidents who are based in Rhode Island, Employees with a 5% or greater ownership interest in the Employer and their lineal descendants, and Executive Management Employees who earned over $130,000 in 2011; Employees who were based in New York, employed on 12/31/2012, earned over $130,000 in 2011, and in the following classes: Accounting, Agent Channel Management, Business/Operations Management, Client Engagement, Development, Legal, Network Department, Quote Department, Risk/Management/Collections, Tax Affairs, and IT Management; Employees who were employed on 12/31/2017 and in the following employee classes: Assistant Controllers, Director Billing, Director Sales Analysis, Executive VP Planning and Strategy, Manager Billing, Manager Executive Initiatives, Senior Implementation Engineers, Senior Systems Software Engineers based in New Jersey, and VP Enterprise Sales. Employees listed by name in section 5.1(a) of the Plan Document.

MetTel VIP Plan
EIN/PN: 51-0374236 / 003
Plan Year End: December 31, 2025

Basis for Valuation

Summary of Plan Provisions

Normal Retirement Age:	Participant's 62nd Birthday
Normal Retirement Date:	The date at which the Participant attains Normal Retirement Age
Normal Retirement Benefit:	Equals the number of the participant's Benefit Units multiplied by the value of such Benefit Units. Definition of Benefit Units Benefit Unit means the measure of the benefit accrued by a Participant under the retirement benefit formula set forth in Section 5.1. For benefits accrued during a Plan Year, the number of Benefit Units accrued with respect to such Plan Year shall be fixed and determined based on the Unit Value as of the March 31st immediately following such Plan Year. Definition of Unit Value Unit Value means $1.00, increased or decreased, as the case may be, by the sum of one plus the actual net rate of return on the Plan's assets (excluding Participant's Retirement Investment Accounts) taking into account all expenses from the date of Plan inception to the date of valuation divided by the sum of one plus the Assumed Interest Rate (5% per annum) from the date of Plan inception to the date of valuation. In the event that the Plan is terminated, the Unit Value shall cease to fluctuate as of the date Plan assets are either distributed to Participants or used to purchase a termination annuity from an insurance company.
Eligibility for Benefit Accrual:	Completing 1,000 Hours of Service during Plan Year
Compensation:	Code 3401(a) compensation, excluding pre-participation pay. (Compensation is limited to the Internal Revenue Code maximum of $350,000 for 2025.)
Normal Form of Benefit:	50% Joint & Survivor Annuity for married participants and Single Life Annuity for single participants

MetTel VIP Plan
EIN/PN: 51-0374236 / 003
Plan Year End: December 31, 2025

Basis for Valuation

Summary of Plan Provisions

Optional Forms of Benefit:	75% Joint & Survivor Annuity, 100% Joint & Survivor Annuity, Lump Sum
Year of Vesting Service:	Plan Year during which an employee has at least 1,000 hours of service
Vesting Schedule:	6-Year Graded
Termination Benefit:	Actuarial equivalent of Vested Accrued Benefit
Death Benefit:	Actuarial equivalent of Accrued Benefit
Disability Benefit:	Actuarial equivalent of Accrued Benefit
Maximum Benefit:	Benefits may not exceed the maximum limitation defined by the Internal Revenue Code ($280,000 for 2025).
Actuarial Equivalence:	Pre-Retirement Mortality Table: None; Pre-Retirement Interest: 5.0% Post-Retirement Mortality Table: RP-2014 Mortality Table adjusted to the base year of 2006, combining annuitant and non-annuitant tables using the methodology described in Code Section 1.430(h)(3)-1(b)(2), projecting forward to 2030 using Scale MP-2016 with the methodology described in Code Section 1.430(h)(3)-1(c), blending 50% male and 50% female.; Post-Retirement Interest: 5.0% <u>Prior to January 1, 2018</u> Pre-Retirement Mortality Table: None; Pre-Retirement Interest: 5.0% Post-Retirement Mortality Table: RP 2000 Unisex Annuitant Mortality Table projected to 2040 using projection Scale AA; Post-Retirement Interest: 5.0% <u>Prior to January 1, 2013</u> Pre-Retirement Mortality Table: None; Pre-Retirement Interest: 5.0% Post-Retirement Mortality Table: RP 2000 Unisex Annuitant Mortality Table projected to 2026 using projection Scale AA; Post-Retirement Interest: 5.0%
Top Heavy Status:	Assumed to be Top-Heavy for 2026. (A participant's Top-Heavy minimum benefits are deemed to be satisfied by a 5% of compensation non-elective contribution to the MetTel 401(k) Profit Sharing Plan, if applicable)

MetTel VIP Plan

Schedule H, PART IV, Line 4i -
Schedule of Assets (Held at End of Year)
EIN 51-0374236, Plan Number: 003

December 31, 2025

(a)*	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents			
	Cash	Cash and Cash Equivalents	$ 12,963	$ 12,963
*	Schwab Trust Bank	Cash and Cash Equivalents	249,000	249,000
*	Charles Schwab Bank	Cash and Cash Equivalents	687,694	687,694
*	Schwab US Treasury Money	Cash and Cash Equivalents	550,100	550,100
			1,499,757	1,499,757
	Common Stocks			
	Abbott Laboratories	Common Stock	68,417	72,418
	Abbvie Inc	Common Stock	95,418	168,397
	ACV Auctions Inc	Common Stock	44,708	19,280
	Affirm Hldgs Inc	Common Stock	78,929	177,143
	Api Group Corp	Common Stock	46,329	97,027
	Apple Inc	Common Stock	101,706	171,272
	Applovin Corp	Common Stock	40,034	505,365
	Ascendis Pharma A/S	Common Stock	71,144	128,797
	Astera Labs Price	Common Stock	29,078	103,809
	Bank of America Corp	Common Stock	109,128	151,965
	Biontech SE	Common Stock	10,552	9,520
	Bristol-Myers Squibb	Common Stock	77,680	68,234
*	Charles Schwab Corporation	Common Stock	65,357	98,211
	Chevron Corporation	Common Stock	116,350	148,142
	Chubb Ltd	Common Stock	56,270	91,139
	Cisco Systems Inc	Common Stock	98,578	139,424
	Costar Group Inc	Common Stock	61,784	51,506
	Deere & Co	Common Stock	59,064	74,026
	Doordash Inc	Common Stock	42,085	105,087
	Duolingo Inc	Common Stock	26,420	22,639
	Emerson Electric Co	Common Stock	76,129	101,796
	EOG Resources Inc	Common Stock	45,972	41,584
	Exact Sciences Corp	Common Stock	89,833	133,247
	Floor & Décor Holdin	Common Stock	51,121	26,183
	General Mls Inc	Common Stock	42,075	30,876
	Global-E Online Ltd	Common Stock	41,746	50,553
	Godaddy	Common Stock	25,524	40,946
	Honeywell International	Common Stock	71,617	64,575
	Hubspot Inc	Common Stock	38,962	34,512
	J P Morgan Chase & Co	Common Stock	110,778	233,287
	Johnson & Johnson	Common Stock	68,782	85,470
	Kinder Morgan Holdco Llc	Common Stock	56,580	88,710

See independent auditors' report.

MetTel VIP Plan

Schedule H, PART IV, Line 4i -
Schedule of Assets (Held at End of Year)
EIN 51-0374236, Plan Number: 003

December 31, 2025

(a)*	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	(d) Cost	(e) Current Value
	Common Stock (Continued)			
	Kinsale Capital Grou	Common Stock	$ 31,741	$ 32,072
	Lockheed Martin Corp	Common Stock	88,828	111,244
	Lowes Companies	Common Stock	71,629	86,576
	M & T Bank Corporation	Common Stock	38,282	54,803
	Maplelane Offshore F	Common Stock	500,000	731,212
	Mc Donalds Corp	Common Stock	80,643	97,802
	Medpace Holdings Inc	Common Stock	24,367	62,343
	Merck & Co Inc	Common Stock	65,944	78,419
	Microsoft Corp	Common Stock	106,904	162,496
	Mondelez Intl Inc	Common Stock	75,868	61,205
	Mongodb Inc	Common Stock	64,496	91,492
	Nestle S A	Common Stock	83,550	78,530
	Norfolk Southn Corp	Common Stock	108,059	123,861
	Nucor Corp	Common Stock	106,290	144,679
	Pepsico Inc	Common Stock	63,814	55,542
	Pfizer Incorporated	Common Stock	54,822	31,698
	Pnc Financial Services	Common Stock	76,945	88,293
	Ppl Corporation	Common Stock	89,077	114,375
	Procore Technologies	Common Stock	54,831	63,066
	Procter & Gamble	Common Stock	59,062	56,894
	Qualcomm Inc	Common Stock	106,173	117,169
	Shift4 Pmts Inc	Common Stock	51,284	47,542
	Snowflake Inc	Common Stock	73,575	112,312
	Solstice Advanced Meterials Inc	Common Stock	3,609	3,984
	Spotify Technology SA	Common Stock	9,261	49,941
	Sweetgreen Inc	Common Stock	27,260	13,344
	Te Connectivity PLC	Common Stock	60,334	105,565
	The Hershey Company	Common Stock	33,945	30,755
	Veeva Systems Inc	Common Stock	42,247	45,762
	Transdigm Group Inc	Common Stock	15,320	30,587
	W P Carey Inc	Common Stock	56,189	48,978
	Wal-Mart Stores Inc	Common Stock	77,860	170,680
	Waste Management Inc	Common Stock	82,670	112,711
	Willscot Mobile Mini	Common Stock	58,535	24,856
			4,504,984	6,575,928

See independent auditors' report.

MetTel VIP Plan

Schedule H, PART IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN 51-0374236, Plan Number: 003

December 31, 2025

(a)*	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	(d) Cost	(e) Current Value
	U.S Government Securities			
	U.S. Treasury Note	U.S. Government Securities - due 04/30/2027 - 0.500%	$ 444,089	$ 480,761
	U.S. Treasury Note	U.S. Government Securities - due 8/15/2028 - 2.875%	465,296	491,992
	U.S. Treasury Note	U.S. Government Securities - due 6/30/2026 - 1.875%	479,084	511,848
	U.S. Treasury Note	U.S. Government Securities - due 5/15/2032 - 2.875%	243,722	254,728
	U.S. Treasury Note	U.S. Government Securities - due 5/15/2033 - 3.375%	474,312	481,133
	U.S. Treasury Note	U.S. Government Securities - due 2/15/2031 - 1.125%	236,283	259,807
	U.S. Treasury Note	U.S. Government Securities - due 8/15/2029 - 1.625%	301,851	326,813
	U.S. Treasury Note	U.S. Government Securities - due 2/15/2030 - 1.500%	265,751	291,244
	U.S. Treasury Note	U.S. Government Securities - due 6/30/2027 - 3.250%	480,970	498,281
			3,391,358	3,596,607
	Corporate Debt			
	Americann Honda Fund	Corporate Debt - due 10/04/2030 - 5.850%	93,785	92,299
	Amgen In	Corporate Debt - due 3/02/2030 - 5.250%	88,680	93,459
	Bank Of America C VA	Corporate Debt - due 02/07/2030 - 5.630%	91,122	99,464
	Citigroup Inc	Corporate Debt - due 1/10/2028 - 3.887%	89,081	94,803
	Crown Castle In	Corporate Debt - due 7/15/2031 - 2.500%	77,851	84,153
	CVS Health Corp	Corporate Debt - due 6/01/2033 - 5.300%	91,622	92,603
	Energy Transfer	Corporate Debt - due 12/01/2033 - 6.550%	90,345	98,734
	Goldman Sachs Gro	Corporate Debt - due 5/01/2029 - 4.223%	144,768	155,186
	Intuit In	Corporate Debt - due 9/15/2033 - 5.200%	89,528	93,999
	Morgan Stanley	Corporate Debt - due 4/01/2031 - 3.622%	87,682	96,941
	Nextera Energy	Corporate Debt - due 1/15/2027 - 1.875%	88,789	97,673
	Oracle Corp	Corporate Debt - due 2/06/2033 - 4.900%	87,011	91,467
	Pnc Finl Svcs Gro VA	Corporate Debt - due 10/20/2027 - Yield to maturity cannot be calculated because of multiple lots for this position	95,058	96,812
	RTX Corp	Corporate Debt - due 3/15/2031 - 6.000%	93,820	94,798
	State Street Corp VA	Corporate Debt - due 11/21/2029 - 5.670%	91,015	95,135
	T-Mobile USA In	Corporate Debt - due 4/15/2030 - 3.875%	89,245	93,219
	The Boeing Co	Corporate Debt - due 2/04/2026 - 2.196%	91,826	99,794
	Thermo Fisher Scien	Corporate Debt - due 1/31/2029 - 5.000%	94,277	94,467
	Wells Fargo & Co VAR	Corporate Debt - due 07/25/2029 - 5.840%	88,774	93,175
	U.S. Bancorp	Corporate Debt - due 06/12/2029 - 5.775%	94,341	95,539
			1,858,620	1,953,720
	Mutual Funds			
	Artisan Intl Value Fund Adv	Mutual Funds	1,086,091	1,321,988
	Goldman Sachs Gqg Prt Intl Opty Inst	Mutual Funds	1,076,017	1,316,142
	Gqg Partners Emrg Mkts Eqty Fd Inst	Mutual Funds	1,014,416	1,204,003
			3,176,525	3,842,132
	Unit Investment Trusts			
	Ishares Russell 2000 Etf	Unit Investment Trusts	1,137,114	1,489,760
	Spdr S&P 500 Etf	Unit Investment Trusts	3,039,482	4,579,093
			4,176,596	6,068,853
*	Party-in-interest to the Plan.		$ 17,658,183	$ 23,536,997

See independent auditors' report.

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
MetTel VIP Plan

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2012

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)
Manhattan Telecommunications Corp.

55 Water St.
32nd Floor
New York NY 10041

2b Employer Identification Number (EIN) 51-0374236

2c Plan Sponsor's telephone number (212) 607-2000

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		10/12/2026	Ralph Dichy
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/12/2026	Ralph Dichy
	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**	194
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)**	156
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	151
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	41
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	192
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	192
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**	5
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 1G

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

EFAST2 Filing Authorization
for the 2025 Form 5500

MetTel VIP Plan
EIN / PN: 51-0374236 / 003
MetTel 401(k) Plan
EIN / PN: 51-0374236 / 001
MetTel 401(k) Profit Sharing Plan
EIN / PN: 51-0374236 / 002

Plan Year Ending: 12/31/2025

Authorization of Practitioner to Electronically Sign and File

I hereby authorize USI Consulting Group to electronically sign and file the above-named returns/reports through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500 and provide a scanned copy of that signature page to USI Consulting Group before the electronic filing can be initiated;
- USI Consulting Group will retain a copy of this written authorization in its records;
- USI Consulting Group will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- USI Consulting Group shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

RALPH DICHY
Print Name (Employer / Plan Sponsor)

Sign Name (Employer / Plan Sponsor)

10/12/2026
Date