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. . . . . ▶ [X]

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
LIGHTERA REPRESENTED RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 11/17/2001

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)
LIGHTERA, LLC

2000 NORTHEAST EXPRESSWAY
NORCROSS, GA 30071-2932

2b Employer Identification Number (EIN)
62-1864622

2c Plan Sponsor's telephone number
770-798-2135

2d Business code (see instructions)
334200

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.	10/13/2026	LISA PELTIER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name OFS FITEL, LLC

c Plan Name OFS REPRESENTED RETIREMENT PLAN

4b EIN 62-1864622

4d PN 004

5	Total number of participants at the beginning of the plan year	**5**	1011
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)**	247
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	287
b	Retired or separated participants receiving benefits	**6b**	427
c	Other retired or separated participants entitled to future benefits	**6c**	258
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	972
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	55
f	Total. Add lines **6d** and **6e**.	**6f**	1027
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 1C 3H

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 0
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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
LIGHTERA REPRESENTED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LIGHTERA, LLC

D Employer Identification Number (EIN)
62-1864622

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	101640754
b Actuarial value	**2b**	95627809

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	500	72845575	72845575
b For terminated vested participants	264	3412118	3412118
c For active participants	247	6104056	6159448
d Total	1011	82361749	82417141

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**	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	397601
b Expected plan-related expenses	**6b**	259946
c Target normal cost	**6c**	657547

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

10/06/2026
Date

KEVIN STANTON
Type or print name of actuary

26-08793
Most recent enrollment number

CBIZ
Firm name

215-587-0700
Telephone number (including area code)

1845 WALNUT STREET, 10TH FLOOR
PHILADELPHIA, PA 19103
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	15248663
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	15248663
10	Interest on line 9 using prior year's actual return of 10.61 %	0	1617883
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.96 %		0
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		0
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	16866546

Part III Funding Percentages

14	Funding target attainment percentage	14	95.56 %
15	Adjusted funding target attainment percentage	15	116.02 %
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	102.02 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	657547
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3655878	340876
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**	998423

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	998423	998423

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	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	**B** Three-digit plan number (PN) ▶	
LIGHTERA REPRESENTED RETIREMENT PLAN		004
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
LIGHTERA, LLC	62-1864622	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

(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)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25	NONE	149758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ

31-1582098

(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?
11 17	NONE	68481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WARREN AVERETT

45-4084437

(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?
10	NONE	31750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ADVANCED FINANCIAL STRATEGISTS, INC

58-1970288

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	31000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO BANK

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	19018	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
LIGHTERA REPRESENTED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LIGHTERA, LLC

D Employer Identification Number (EIN)
62-1864622

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

a Name of MTIA, CCT, PSA, or 103-12 IE: QUANT ENHANCED RUSSELL 1000 FD-LEND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-079	C	21189699

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 EQUITY INDEX FD-LEND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-006	C	15876874

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6052182-093	C	8497827

a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI COLTV DAILY STRUCTURED SM CAP

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-076	C	5165984

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLTV GOV ST INVT FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-068	C	2091514

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
LIGHTERA REPRESENTED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
LIGHTERA, LLC

D Employer Identification Number (EIN)
62-1864622

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	88154	70999
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	141029	149950
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	50916358	52821898
(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)	50852266	53294259
(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	101997807	106337106
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	135031	145191
1k Total liabilities (add all amounts in lines 1g through1j)	1k	135031	145191
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	101862776	106191915

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-1230	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		-1230
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2362968	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2362968
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7795883
(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)		3572982
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		13730603
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8887383	
(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)		8887383
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)	31750	
(5) Investment advisory and investment management fees	2i(5)	124097	
(6) Bank or trust company trustee/custodial fees	2i(6)	75678	
(7) Actuarial fees	2i(7)	68481	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	214075	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		514081
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9401464
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4329139
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: WARREN AVERETT LLC **(2)** EIN: 45-4084437

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		5000000
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 592450.

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
LIGHTERA REPRESENTED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
LIGHTERA, LLC

D Employer Identification Number (EIN)
62-1864622

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): 36-1561860

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 | 15

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: 47.9 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 46.9 %
High-Yield Debt: 2.1 % Real Assets: 1.1 % Cash or Cash Equivalents: 2.0 % Other: 0.0 %

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_____.

LIGHTERA REPRESENTED RETIREMENT PLAN
(FORMERLY OFS REPRESENTED RETIREMENT PLAN)

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

AS OF AND FOR THE YEARS ENDED
DECEMBER 31, 2025 AND 2024

Warren Averett
CPAs AND ADVISORS
www.warrenaverett.com

The report accompanying this deliverable was issued by Warren Averett, LLC.

LIGHTERA REPRESENTED RETIREMENT PLAN
(FORMERLY OFS REPRESENTED RETIREMENT PLAN)
TABLE OF CONTENTS
DECEMBER 31, 2025 AND 2024

INDEPENDENT AUDITORS' REPORT 1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits 4

Statements of Changes in Net Assets Available for Benefits 5

Statement of Accumulated Plan Benefits 6

Statement of Changes in Accumulated Plan Benefits 7

Notes to the Financial Statements 8

SUPPLEMENTARY INFORMATION

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) 15

Schedule H, Line 4(j) – Schedule of Reportable Transactions 16

Warren Averett
CPAs AND ADVISORS

3500 Lenox Road NE, Suite 1600
Atlanta, GA 30326
770.396.1100
warrenaverett.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Lightera Represented Retirement Plan
(Formerly OFS Represented Retirement Plan)

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the accompanying financial statements of Lightera Represented Retirement Plan (formerly OFS Represented Retirement 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 statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion
In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, 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 (GAAP).
- the information in the financial statements referred to above 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 the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

Warren Averett, LLC

Atlanta, Georgia
October 9, 2026

LIGHTERA REPRESENTED RETIREMENT PLAN
(FORMERLY OFS REPRESENTED RETIREMENT PLAN)
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments, at fair value		
Mutual funds	$ 53,294,259	$ 50,852,266
Common collective trusts	52,821,898	50,916,358
Total investments, at fair value	106,116,157	101,768,624
Cash	70,999	88,154
Accrued income	149,950	141,029
TOTAL ASSETS	106,337,106	101,997,807
LIABILITIES		
Due to broker	145,191	135,031
NET ASSETS AVAILABLE FOR BENEFITS	$ 106,191,915	$ 101,862,776

See notes to the financial statements.

LIGHTERA REPRESENTED RETIREMENT PLAN
(FORMERLY OFS REPRESENTED RETIREMENT PLAN)
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS/DEDUCTIONS		
Interest and dividend income	$ 2,406,056	$ 2,064,253
Net appreciation in fair value of investments	11,324,547	8,147,037
Benefits paid to participants	(8,887,383)	(8,791,736)
Administrative expenses	(514,081)	(259,946)
NET INCREASE	4,329,139	1,159,608
NET ASSETS AVAILABLE FOR BENEFITS AT:		
BEGINNING OF YEAR	101,862,776	100,703,168
END OF YEAR	$106,191,915	$101,862,776

See notes to the financial statements.

LIGHTERA REPRESENTED RETIREMENT PLAN
(FORMERLY OFS REPRESENTED RETIREMENT PLAN)
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
Vested benefits	
Beneficiaries currently receiving payments	$ 69,344,264
Terminated participants with deferred benefits	3,363,235
Participating employees	5,952,019
Total vested benefits	78,659,518
Non-vested benefits	53,587
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 78,713,105

See notes to the financial statements.

LIGHTERA REPRESENTED RETIREMENT PLAN
(FORMERLY OFS REPRESENTED RETIREMENT PLAN)
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, BEGINNING OF YEAR	$ 81,916,772
Increase (decrease) during the year attributable to:	
Benefits accumulated, including experience losses	1,031,369
Reduction in discount period	4,457,452
Benefits paid	(8,791,736)
Change in actuarial assumptions (Note 2)	99,248
NET DECREASE	(3,203,667)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, END OF YEAR	$ 78,713,105

See notes to the financial statements.

1. DESCRIPTION OF PLAN

The following description of the Lightera Represented Retirement Plan (formerly OFS Represented Retirement Plan) (the Plan) is provided for general information purposes only. The Plan was originally adopted by OFS Fitel, LLC. Effective April 3, 2025, the sponsoring employer changed its name to Lightera, and the Plan was renamed the Lightera Represented Retirement Plan. Effective May 15, 2025, the sponsoring employer's name was further changed to Lightera, LLC (the Company). Participants should refer to the Plan document for a more complete description of the Plan's provisions, which is available from the Plan administrator.

General

The Plan is a defined benefit plan covering employees of the Company who are represented by a collective bargaining agreement with the Communication Workers of America, AFL-CIO. The Northern Trust Company (the Trustee) serves as the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

An employee is eligible to participate in the Plan if he or she is represented by a collective bargaining agreement, is at least age 21 and has a year of eligible service, as defined by the Plan.

Contributions

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to fund at or above the regulatory minimum funding requirements as determined by the Company's actuaries. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024.

Pension Benefit

Effective December 1, 2006, the Plan was amended to add a cash balance formula for any participant with less than 15 years of service at that date and for any eligible employee who becomes a participant in the Plan on or after December 1, 2006. For employees with more than 15 years of service at November 30, 2006, their benefit will be calculated under the terms of the Plan (referred to as the Legacy Plan) prior to the cash balance amendment, and their benefits are 100% vested as a result of the amendment. For those employees with less than 15 years of service at November 30, 2006, who will now receive benefits under the cash balance formula, their accrued benefit will not be less than their accrued benefit prior to the amendment. Vesting for employees covered by the cash balance formula is 0% for up to two years of service, 25% for two up to three years of service and 100% after three years of service.

Under the cash balance formula, the participant will receive a contribution credit to his or her hypothetical cash balance account equal to 4% of compensation each year, plus a credit for interest on the account balance. Upon retirement, severance of employment, disability or death, the participant will receive a pension benefit based on his or her cash balance account balance. Payment options include lump sums and annuities.

Under the Legacy Plan formula, the Plan provides three types of pensions to eligible employees: a service pension, disability pension and a deferred vested pension. These pension benefits are described below.

A service pension is available to employees who retire with a combination of age and service requirements. These combinations are age 65 and 10 years of continuous employment, or age 55 with 20 years of continuous employment, or age 50 with 25 years of continuous employment or an eligible employee with 30 years or more of continuous employment regardless of age.

A disability pension is available to employees with 15 years or more of continuous employment who become totally disabled as a result of sickness or injury. Upon leaving the service of the Company by reason of such disability, the employee is entitled to an unreduced pension.

A deferred vested pension is available to employees who leave the service of the Company, are fully vested, but do not meet the criteria for a service or disability pension.

If a participant dies while actively employed, was legally married and eligible for a deferred vested pension, his or her spouse will be entitled to a death benefit in the form of an annuity. The benefits are available to a spouse if the participant dies after retirement and death benefits are available to the spouse only if the joint and 50% survivor annuity was selected.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate risk, market risk and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' accrued benefits and the amounts reported in the accompanying 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 processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Investment Valuation and Income Recognition
The investments held in the Plan 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. 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 includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits
Benefit 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 with the general administration of the Plan that are paid by the Plan are recorded as administrative expenses in the accompanying statements of changes in net assets available for benefits.

Actuarial Present Value of Accumulated Plan Benefits
Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The Plan Sponsor has chosen a valuation date as of the beginning of the year, which is January 1, 2025, presented as December 31, 2024. Had the valuation been performed as of December 31, 2024, there would be no material differences.

The significant actuarial assumptions used in the valuations as of January 1, 2025, were (a) Pri-2012 Amount-Weighted Blue Collar Mortality Tables (Employee, Retiree, Contingent Survivor and Disabled Retiree tables as applicable) with generational projection from 2012 using Mortality Improvement Scale MP-2021; (b) retirement age assumptions using a unisex table, producing an average of 65 years of age; (c) discount rate of 5.75%; (d) interest rates used to convert annuities into actuarially equivalent lump sums are the 417(e) segment rates as of January 1, 2025; (e) mortality table for developing lump sum factors is the IRS 2025 Applicable Mortality Table; and (f) cash balance interest rate at 2.50%.

The following assumptions were changed from the prior year valuation. The mortality table used to calculate lump sums was changed from the IRS 2024 Applicable Mortality Table to the IRS 2025 Applicable Mortality Table. The interest rates used to calculate lump sums were changed from the 417(e) segment rates for the 2024 plan year to the 417(e) segment rates for the 2025 plan year.

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

3. INVESTMENTS AND INFORMATION CERTIFIED BY THE TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements and the ERISA-required supplemental schedules, including investments held, accrued income and amounts due to broker as of December 31, 2025 and 2024, and net appreciation in fair value of investments, and interest and dividends for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee of the Plan.

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 Financial Accounting Standards Board (FASB) Accounting Standards Codification (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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

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

Common collective trust funds (CCT): Valued at the NAV of units held at year end. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. There are no unfunded commitments relative to the CCTs. The CCTS may be redeemed daily with no redemption restrictions or notice period.

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

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

Investments at Fair Value as of December 31, 2025

	Level 1	Total
Mutual funds	$ 53,294,259	$ 53,294,259
Investments measured at NAV[1][2]		
CCTs		52,821,898
Total investments, at fair value		$ 106,116,157

Investments at Fair Value as of December 31, 2024

	Level 1	Total
Mutual funds	$ 50,852,266	$ 50,852,266
Investments measured at NAV[1][2]		
CCTs		50,916,358
Total investments, at fair value		$ 101,768,624

[1] In accordance with FASB ASC Topic 820, certain investments that were measured at NAV per unit (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

[2] Measured using the NAV per unit (or its equivalent) as a practical expedient and held in a fund that files a form 5500, annual return/report of employee benefit plan, as a direct filing entity.

5. RELATED-PARTY TRANSACTIONS

The Plan invests in units of CCTs sponsored by the Trustee. The Plan paid trustee, actuarial, investment advisory and audit fees from the Plan in 2025 and 2024, which represent exempt party-in-interest transactions.

6. PLAN TERMINATION

In the event the Plan terminates, the nets 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. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. 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.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

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

7. INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated January 1, 2012, 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 and Plan management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and, therefore believe that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires 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.

8. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 9, 2026, which is the date the financial statements were available to be issued and has determined that there are no subsequent events that require disclosure under FASB ASC Topic 855, *Subsequent Events.*

SUPPLEMENTARY INFORMATION

LIGHTERA REPRESENTED RETIREMENT PLAN
(FORMERLY OFS REPRESENTED RETIREMENT PLAN)
EIN: 62-1864622
PLAN NUMBER: 004
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower Lessor or Similar Parties	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Funds	Europacific Growth Fund	$ 8,976,749	$ 10,763,412
	JP Morgan	TR II Core Bond Fund	11,558,826	10,602,023
	PIMCO	Long Term Credit Bond Fund	20,563,247	15,961,754
	PIMCO	Investment Grade Credit Bond Fund	18,162,238	15,967,070
*	Northern Trust	Collective Quality Small Cap Core US Fund	2,042,291	5,165,984
*	Northern Trust	Collective Russell 1000 Index Fund	5,813,439	15,876,874
*	Northern Trust	Collective Daily Quant - Enhanced Russell 1000 Fund	8,174,156	21,189,699
*	Northern Trust	Collective Aggregate Bond Index Fund	7,261,152	8,497,827
*	Northern Trust	Collective Short Term Investment Fund	2,091,514	2,091,514
			$ 84,643,612	$106,116,157

** Party-in-interest*

This schedule is presented in compliance with DOL filing requirements.

LIGHTERA REPRESENTED RETIREMENT PLAN
(FORMERLY OFS REPRESENTED RETIREMENT PLAN)
EIN: 62-1864622
PLAN NUMBER: 004
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Series transactions in excess of 5%						
The Northern Trust Company	Collective Russell 1000 Index Fund	$ 1,668,000	$ -	$ 1,668,000	$ 1,668,000	$ -
The Northern Trust Company	Collective Russell 1000 Index Fund	-	3,649,000	1,427,056	3,649,000	2,221,944
The Northern Trust Company	Collective Short Term Investment Fund	8,676,035	-	8,676,035	8,676,035	-
The Northern Trust Company	Collective Short Term Investment Fund	-	8,664,017	8,664,017	8,664,017	-

This schedule is presented in compliance with DOL filing requirements.

SCHEDULE SB ATTACHMENT
Line 26a - Schedule of Active Participant Data

Plan Name: Lightera Represented Retirement Plan
EIN/PN: 62-1864622/004
Valuation Date: January 1, 2025

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	7	-	-	-	-	-	-	-	-	7
25 to 29	-	6	3	-	-	-	-	-	-	-	9
30 to 34	-	7	20	4	-	-	-	-	-	-	31
35 to 39	-	11	21	5	-	-	-	-	-	-	37
40 to 44	-	5	16	3	1	-	-	-	-	-	25
45 to 49	-	6	5	1	7	1	-	-	-	-	20
50 to 54	-	8	15	3	2	10	-	-	-	-	38
55 to 59	-	7	13	4	4	8	1	-	-	-	37
60 to 64	-	5	6	2	4	4	-	-	-	-	21
65 to 69	-	-	4	2	5	3	-	-	-	1	15
70 & Up	-	2	1	-	-	-	-	-	-	4	7
Total	-	64	104	24	23	26	1	-	-	5	247

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Funding Discount Rates

IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	5.07%	5.07%
Segment 2:	5.33%	5.31%
Segment 3:	5.36%	5.50%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

Effective Interest Rate

The Effective Interest Rate (EIR) for the current Plan Year is 5.30%. For the prior Plan Year, the EIR was 4.96%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets

The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of a) or b), below:

a) The Plan Sponsor's expected long-term rate of return on assets based on policy trust allocations; or

b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption a)	Seg. III b)	EROA (smaller of a or b)
2024	5.75%	5.59%	5.59%
2023	5.75%	5.74%	5.74%

Funding Administrative Expenses

Administrative expenses of $259,946 were included in the Normal Cost.

Expenses paid from the plan trust are estimated to be the same as prior year actual expenses.

Salary Scale

3.00% per year, compounded annually.

Funding Mortality

§430(h) Generational Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

Withdrawal Rates

Withdrawal rates for cash balance participants vary by service. Sample rates are shown below:

Service	Rate
0	17.13%
1	16.02%
2	15.63%
3	11.98%
4	9.87%
5	8.34%
10	4.91%
15	3.66%
20	2.81%
25	2.12%
30	1.52%
31+	0.00%

There are no withdrawal rates for legacy participants.

Disability Incidence

None.

Retirement Rates

For active cash balance participants, retirement rates are as follows:

Age	Rate
55-59	2.00%
60	3.00%
61	5.00%
62-64	10.00%
65	50.00%
66	25.00%
67+	100.00%

For active legacy participants, retirement rates are as follows:

Age	Rate
55-58	1.00%
59-62	2.50%
63-66	10.00%
67-69	25.00%
70+	100.00%

For terminated vested cash balance participants, retirements are assumed to occur at age 65.

For terminated vested legacy participants, retirement rates are as follows:

Age	Rate
55-61	2.00%
62-64	10.00%
65+	100.00%

Spousal Assumptions

85% of active participants are assumed to be married.

Wives are assumed to be three years younger than their husbands.

Form of Payment	Among legacy participants, 50% of actives and 75% of terminated vested participants are assumed to elect a lump sum. Those that do not elect a lump sum are assumed to elect annuities at the following rates: Single Life Annuity: 60% 50% Joint & Survivor Annuity: 25% 100% Joint & Survivor Annuity: 15% Among cash balance participants, 100% are assumed to elect a lump sum.
Cash Balance Interest Rate	The annual interest credit rate for cash balance accounts is assumed to be 2.50% for all future years.
Lump Sum Conversion Basis (Funding)	The interest rates used to convert annuities into actuarially equivalent lump sums are the same as the Target Liability interest rates for the associated liability measure. The mortality table for developing lump sum factors is the IRS 2025 Applicable Mortality Table.
Changes in funding assumptions since the prior valuation	In accordance with federal law, the discount rates for funding, PBGC, and lump sum purposes were updated from the discount rates disclosed in the 2024 Actuarial Valuation Report to the discount rates shown above. The mortality table used to calculate lump sums was changed from the IRS 2024 Applicable Mortality Table to the IRS 2025 Applicable Mortality Table. Plan administrative expenses are assumed to be $259,946, compared to $422,011 in 2024.

Actuarial Cost Method	The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of the benefit accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.
Funding Actuarial Value of Assets Method	The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date. Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.
Changes in methods since the prior valuation	None.

LIGHTERA REPRESENTED RETIREMENT PLAN
(FORMERLY OFS REPRESENTED RETIREMENT PLAN)
EIN: 62-1864622
PLAN NUMBER: 004
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Series transactions in excess of 5%						
The Northern Trust Company	Collective Russell 1000 Index Fund	$ 1,668,000	$ -	$ 1,668,000	$ 1,668,000	$ -
The Northern Trust Company	Collective Russell 1000 Index Fund	-	3,649,000	1,427,056	3,649,000	2,221,944
The Northern Trust Company	Collective Short Term Investment Fund	8,676,035	-	8,676,035	8,676,035	-
The Northern Trust Company	Collective Short Term Investment Fund	-	8,664,017	8,664,017	8,664,017	-

This schedule is presented in compliance with DOL filing requirements.

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
Lightera Represented Retirement Plan

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Lightera, LLC

D Employer Identification Number (EIN)
62-1864622

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	101,640,754
b Actuarial value	**2b**	95,627,809

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	500	72,845,575	72,845,575
b For terminated vested participants	264	3,412,118	3,412,118
c For active participants	247	6,104,056	6,159,448
d Total	1,011	82,361,749	82,417,141

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**	5.30%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	397,601
b Expected plan-related expenses	**6b**	259,946
c Target normal cost	**6c**	657,547

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

Kevin Stanton KRS
Signature of actuary

10/6/26
Date

Kevin Stanton
Type or print name of actuary

2608793
Most recent enrollment number

CBIZ
Firm name

215-587-0700
Telephone number (including area code)

1845 Walnut Street, 10th Floor
Philadelphia PA 19103
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	15,248,663
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	15,248,663
10	Interest on line 9 using prior year's actual return of 10.61 %	0	1,617,883
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.96 %		0
	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		0
	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	16,866,546

Part III Funding Percentages

14	Funding target attainment percentage	14	95.56 %
15	Adjusted funding target attainment percentage	15	116.02 %
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	102.02 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	64

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	657,547
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,655,878	340,876
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	998,423

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	998,423	998,423

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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 SB ATTACHMENT
Line 22 - Description of Weighted Average Retirement Age

Plan Name: OFS Represented Retirement Plan
EIN/PN: 62-1864622/004
Valuation Date: January 1, 2025

Each employee is assumed to retire in accordance with the table of retirement rates. The number of employees expected to retire at each potential retirement age is shown below. The weighted average retirement age is 64.

Age (a)	Retirement Rate (qx) (b)	Employees (lx) (c)	dx (d)	Weighted Average (e) = (a) x (d)
55	2.00%	10,000	200	11,000
56	2.00%	9,800	196	10,976
57	2.00%	9,604	192	10,949
58	2.00%	9,412	188	10,918
59	2.00%	9,224	184	10,884
60	3.00%	9,039	271	16,271
61	5.00%	8,768	438	26,742
62	10.00%	8,330	833	51,644
63	10.00%	7,497	750	47,229
64	10.00%	6,747	675	43,181
65	50.00%	6,072	3,036	197,350
66	25.00%	3,036	759	50,096
67	100.00%	2,277	2,277	152,567
			10,000	639,806

Weighted Average Retirement Age: 63.98

The weighted average retirement age is the total for column (e) divided by the total for column (d), rounded to the nearest integral age. It should be noted that while only integral values are shown on the table, the full content of each cell, including decimal portions, is used in the calculations.

The retirement rates shown above are the rates used for Cash Balance participants, as those participants make up the bulk of the active participants.

SCHEDULE SB ATTACHMENT
Line 26a - Schedule of Active Participant Data

Plan Name: Lightera Represented Retirement Plan
EIN/PN: 62-1864622/004
Valuation Date: January 1, 2025

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	7	-	-	-	-	-	-	-	-	7
25 to 29	-	6	3	-	-	-	-	-	-	-	9
30 to 34	-	7	20	4	-	-	-	-	-	-	31
35 to 39	-	11	21	5	-	-	-	-	-	-	37
40 to 44	-	5	16	3	1	-	-	-	-	-	25
45 to 49	-	6	5	1	7	1	-	-	-	-	20
50 to 54	-	8	15	3	2	10	-	-	-	-	38
55 to 59	-	7	13	4	4	8	1	-	-	-	37
60 to 64	-	5	6	2	4	4	-	-	-	-	21
65 to 69	-	-	4	2	5	3	-	-	-	1	15
70 & Up	-	2	1	-	-	-	-	-	-	4	7
Total	-	64	104	24	23	26	1	-	-	5	247

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,401,513	1,338,844	7,724,726	10,465,083
2026	560,855	296,039	7,531,905	8,388,799
2027	514,177	100,170	7,324,064	7,938,411
2028	348,952	164,874	7,100,397	7,614,223
2029	429,926	103,621	6,860,392	7,393,939
2030	443,877	97,291	6,603,740	7,144,908
2031	422,313	210,862	6,330,390	6,963,565
2032	460,407	121,676	6,040,656	6,622,739
2033	334,562	174,999	5,735,272	6,244,833
2034	384,025	220,867	5,415,436	6,020,328
2035	363,603	170,286	5,082,850	5,616,739
2036	311,698	147,437	4,739,705	5,198,840
2037	419,936	128,183	4,388,632	4,936,751
2038	294,194	120,207	4,032,694	4,447,095
2039	308,341	165,525	3,675,346	4,149,212
2040	195,652	127,477	3,320,331	3,643,460
2041	165,914	145,833	2,971,569	3,283,316
2042	181,651	117,983	2,633,026	2,932,660
2043	137,424	146,376	2,308,498	2,592,298
2044	186,058	100,273	2,001,503	2,287,834
2045	114,677	78,164	1,715,152	1,907,993
2046	128,376	79,503	1,451,968	1,659,847
2047	106,415	51,463	1,213,781	1,371,659
2048	98,181	48,931	1,001,626	1,148,738
2049	124,659	45,489	815,699	985,847
2050	102,880	85,033	655,421	843,334
2051	124,908	53,717	519,520	698,145
2052	115,404	47,375	406,190	568,969
2053	105,087	34,672	313,243	453,002
2054	106,443	115,676	238,273	460,392
2055	98,601	69,760	178,798	347,159
2056	86,973	37,013	132,384	256,370
2057	86,149	81,175	96,746	264,070
2058	69,804	36,435	69,809	176,048
2059	57,364	86,622	49,756	193,742
2060	56,365	45,104	35,041	136,510
2061	39,744	17,134	24,389	81,267
2062	31,517	48,847	16,777	97,141
2063	16,435	36,763	11,405	64,603
2064	8,678	21,281	7,659	37,618
2065	6,341	10,802	5,079	22,222
2066	8,227	11,119	3,322	22,668

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2067	2,916	8,261	2,142	13,319
2068	5,264	7,135	1,359	13,758
2069	570	6,103	847	7,520
2070	1,407	5,167	519	7,093
2071	3	4,325	312	4,640
2072	1	3,578	183	3,762
2073	1	2,922	105	3,028
2074	0	2,354	59	2,413

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: Lightera Represented Retirement Plan
EIN/PN: 62-1864622/004
Valuation Date: January 1, 2025

Original Valuation	Remaining Years	Amortization Type	Outstanding Balance	Current Year Amortization
1/1/2025	15.00	15 Year	3,655,878	340,876

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Funding Discount Rates

IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	5.07%	5.07%
Segment 2:	5.33%	5.31%
Segment 3:	5.36%	5.50%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

Effective Interest Rate

The Effective Interest Rate (EIR) for the current Plan Year is 5.30%. For the prior Plan Year, the EIR was 4.96%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets

The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of a) or b), below:

a) The Plan Sponsor's expected long-term rate of return on assets based on policy trust allocations; or

b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption a)	Seg. III b)	EROA (smaller of a or b)
2024	5.75%	5.59%	5.59%
2023	5.75%	5.74%	5.74%

Funding Administrative Expenses

Administrative expenses of $259,946 were included in the Normal Cost.

Expenses paid from the plan trust are estimated to be the same as prior year actual expenses.

Salary Scale

3.00% per year, compounded annually.

Funding Mortality

§430(h) Generational Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

Withdrawal Rates

Withdrawal rates for cash balance participants vary by service. Sample rates are shown below:

Service	Rate
0	17.13%
1	16.02%
2	15.63%
3	11.98%
4	9.87%
5	8.34%
10	4.91%
15	3.66%
20	2.81%
25	2.12%
30	1.52%
31+	0.00%

There are no withdrawal rates for legacy participants.

Disability Incidence

None.

Retirement Rates

For active cash balance participants, retirement rates are as follows:

Age	Rate
55-59	2.00%
60	3.00%
61	5.00%
62-64	10.00%
65	50.00%
66	25.00%
67+	100.00%

For active legacy participants, retirement rates are as follows:

Age	Rate
55-58	1.00%
59-62	2.50%
63-66	10.00%
67-69	25.00%
70+	100.00%

For terminated vested cash balance participants, retirements are assumed to occur at age 65.

For terminated vested legacy participants, retirement rates are as follows:

Age	Rate
55-61	2.00%
62-64	10.00%
65+	100.00%

Spousal Assumptions

85% of active participants are assumed to be married.

Wives are assumed to be three years younger than their husbands.

Form of Payment	Among legacy participants, 50% of actives and 75% of terminated vested participants are assumed to elect a lump sum. Those that do not elect a lump sum are assumed to elect annuities at the following rates: Single Life Annuity: 60% 50% Joint & Survivor Annuity: 25% 100% Joint & Survivor Annuity: 15% Among cash balance participants, 100% are assumed to elect a lump sum.
Cash Balance Interest Rate	The annual interest credit rate for cash balance accounts is assumed to be 2.50% for all future years.
Lump Sum Conversion Basis (Funding)	The interest rates used to convert annuities into actuarially equivalent lump sums are the same as the Target Liability interest rates for the associated liability measure. The mortality table for developing lump sum factors is the IRS 2025 Applicable Mortality Table.
Changes in funding assumptions since the prior valuation	In accordance with federal law, the discount rates for funding, PBGC, and lump sum purposes were updated from the discount rates disclosed in the 2024 Actuarial Valuation Report to the discount rates shown above. The mortality table used to calculate lump sums was changed from the IRS 2024 Applicable Mortality Table to the IRS 2025 Applicable Mortality Table. Plan administrative expenses are assumed to be $259,946, compared to $422,011 in 2024.

Actuarial Cost Method	The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of the benefit accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.
Funding Actuarial Value of Assets Method	The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date. Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.
Changes in methods since the prior valuation	None.

Schedule SB, Part V - Summary of Plan Provisions

OFS Fitel, LLC established the OFS Pension Plan effective as of November 17, 2001 as a spin-off from the Lucent Technologies Inc. Pension Plan. OFS amended the Plan to provide a cash balance benefit formula for Participants who had fewer than 15 years of Net Credited Service under the Plan as of November 30, 2006. In 2006, OFS changed the name of the Plan to the OFS Represented Retirement Plan. In 2025, the plan sponsor name changed from OFS Fitel, LLC to Lightera, LLC. The plan name was also changed from the OFS Represented Retirement Plan to the Lightera Represented Retirement Plan.

Type of Plan	The Plan is a defined benefit plan.
Effective Date	Effective November 17, 2001. Amended and restated as of January 1, 2012.
Company	Lightera, LLC.
Plan Year	Plan Year is the calendar year.
Represented Transferred Employees	Transferred subsidiary employees who accepted employment with Lightera, LLC and are represented by a union.
Employee	Each person who is represented by a union or other collective bargaining group and designated as Represented Transferred Employees.
Participating Employees	Represented Employees who are age 21 with one Year of Service.
Period of Service	The period of time commencing on the date on which an Employee completes an Hour of Service and ending on the date an Employee quits, retires, is discharged, or dies. A Period of Service includes any Period of Severance of less than 12 consecutive months, provided the Employee is reemployed within such 12 consecutive month time period.
Year of Service	For determining participation and eligibility for a Deferred Vested Pension, a Plan Year in which the Employee completes 1,000 Hours of Service. For the purpose of determining 1,000 Hours of Service, an Employee will be deemed to have completed 50 Hours of Service for each week in which the Employee completes at least one Hour of Service.
Years and Months of Service	For determining eligibility for a Service or Disability Pension and the amount of pension benefit, such periods of continuous employment with the Company, beginning with the most recent date of hire and ending with retirement or other termination of employment. The Net Credited Service (NCS) dates for the Represented Transferred Employees were provided by Lucent Technologies, Inc.

Differentials, wage and other special payments	Night Work or Seven Day Coverage, Rate Protection Allowance, Wage Supplements, Basic Rate Adders, Merit Increases, and other Special Allowances and Similar Payments, Area Differential, In Charge Allowances, Coordinators Allowances, Wage incentives/Productivity Pay Plan, Extra Payments for Temporary Assignments, Evening and Night Differential Payments, Rate Reduction Allowance and Special Cushioning Allowances, and Job Differentials.
New Formula Effective December 1, 2006	With the collective bargaining agreement effective December 1, 2006, Employees with less than 15 years of Net Credited Service (and all future Employees) accrue benefits under a cash balance formula. Cash Balance Accounts are credited as of the last day of each Plan Year with a contribution credit, equal to 4% of the Participant's compensation during that Plan Year. Cash Balance Accounts are credited as of the last day of each Plan Year with an interest credit, equal to the product of the applicable Annual Interest Rate and the Participant's Cash Balance Account as of the last day of the prior Plan Year. The Annual Interest Rate is the 10-year Treasury rate for November of the preceding Plan Year. This Cash Balance Account benefit is added to the monthly pension benefit accrued as of November 30, 2006 (if any), under the Legacy Pension formula.
Normal Retirement Age	If a Participant in the Plan is hired before age 60, the Normal Retirement Age is age 65. If a Participant in the Plan is hired on or after age 60, the Normal Retirement Age is the earlier of (i) the Employee's 4th anniversary of participation in the Plan, or (ii) the completion of five Years of Vesting Service.

Legacy Monthly Pension Benefit

The monthly pension benefit of each Employee shall equal the sum of the Basic Monthly Pension Benefit plus any Supplemental Monthly Pension Benefits as described below:

a) Basic Monthly Pension Benefit: The dollar amount shown in the Monthly Benefit Table corresponding to the appropriate pension band number assigned to an Employee multiplied by the Employee's Years and Months of Service at retirement, or termination, if earlier.

b) Supplemental Monthly Pension Benefit: The product of 0.1% times the Employee's average annual amount of differentials and other special payments paid over the last 36 Months of Service multiplied by the Employee's Years and Months of Service at retirement, or termination, if earlier.

c) Special Supplemental Monthly Pension Benefit (Also known as Wage Incentive Replacement Factor): For IBEW and CWA represented employees holding eligible jobs as of the effective date in 1986, the product of (i) a specified (frozen) dollar amount as provided in Appendix B of the plan document and (ii) the Employee's Years and Months of Service at retirement, or termination, if earlier.

Eligibility for Service Pension

Each Employee who has reached age 65 with ten years of continuous employment, or age 55 with 20 years of continuous employment, or age 50 with 25 years of continuous employment, or an Employee who has at least 30 years of continuous employment regardless of attained age and leaves the service of the Company is entitled to a Service Pension.

Eligibility for Deferred Vested Pension

Any Participant who has completed five or more Years of Service during the period beginning with the calendar year in which the Participant attained age 18, or who is in active service at Normal Retirement Age, is entitled to a Deferred Vested Pension.

Eligibility for Disability Pension

Any Employee with 15 or more years of continuous employment and who has become totally disabled as a result of sickness or of injury is, upon leaving the service of the Company by reason of such disability, entitled to an unreduced pension.

Early Retirement Benefit

For Employees with at least 30 Years of Service or Employees granted a pension for reasons of disability, there is no reduction. If a participant with less than 30 Years of Service is eligible for a Service Pension and retirement commences before age 55, the pension will be discounted by one-half percent (0.5%) for each full or partial month of retirement before age 55.

Death Benefit	The surviving spouse of a vested participant who dies with less than 15 Years of Service is awarded an annuitant's pension equal to 50% of the amount the Employee would have received at age 65 had the Employee terminated on the date of death with a Deferred Vested Pension and elected a joint and 50% survivor annuity. Payments begin at the deceased Employee's Normal Retirement Age. In the case of an active Employee with at least 15 Years of Service, the automatic annuitant's pension commences immediately and is equal to 50% of the amount the Employee would have received had such Employee retired with a Service Pension as of the date of death, having elected a joint and 50% survivor annuity, and without any discount for early retirement.
Deferred Vested Benefit	For legacy Employees, a Monthly Pension Benefit payable at age 65.

Monthly Benefit Table

Pension Band	$ per month per year of service
101	N/A
102	30.76
103	32.01
104	33.24
105	34.49
106	35.75
107	37.02
108	38.24
109	39.50
110	40.74
111	41.99
112	43.22
113	44.49
114	45.70
115	46.96
116	48.21
117	49.45
118	50.69
119	51.95
120	53.18
121	54.43
122	55.68
123	56.91
124	58.15
125	59.42
126	60.62
127	61.89
128	63.13
129	64.40
130	65.62
131	66.89
132	68.11
133	69.36
134	70.65
135	71.84

Forms of Benefit Payment Any Employee who retires after meeting eligibility for a Service or Disability Pension may elect to commence receipt of pension benefits immediately in one of the following forms:

a) Single Life Annuity. In the case of an Employee who is legally married, the spouse must provide written notarized consent.

b) Actuarially reduced 50% joint and survivor annuity with pop-up with the spouse as a joint annuitant if the Employee is legally married. The actuarial reduction is 8.0%.

c) Actuarially reduced 75% joint and survivor annuity with pop-up with the spouse as a joint annuitant if the Employee is legally married. The actuarial reduction is 11.5%.

d) Actuarially reduced 100% joint and survivor annuity with pop-up with the spouse as a joint annuitant if the Employee is legally married. The actuarial reduction is 15.0%.

e) Actuarially reduced 10 year certain and life if, in the case of an Employee who is legally married, the spouse provides written notarized consent. The actuarial reduction is 5.0%.

f) Lump Sum amount equal to the present value of a single life annuity commencing at Normal Retirement Age determined as of the date of commencement using the Applicable Mortality Table and the Applicable Interest Rate. In the case of an Employee who is legally married, the spouse must provide written notarized consent.

Changes in provisions since the prior valuation None.

NOTE: The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for, or amounts of, plan benefits.

SCHEDULE SB ATTACHMENT
Line 22 - Description of Weighted Average Retirement Age

Plan Name: OFS Represented Retirement Plan
EIN/PN: 62-1864622/004
Valuation Date: January 1, 2025

Each employee is assumed to retire in accordance with the table of retirement rates. The number of employees expected to retire at each potential retirement age is shown below. The weighted average retirement age is 64.

Age (a)	Retirement Rate (qx) (b)	Employees (lx) (c)	dx (d)	Weighted Average (e) = (a) x (d)
55	2.00%	10,000	200	11,000
56	2.00%	9,800	196	10,976
57	2.00%	9,604	192	10,949
58	2.00%	9,412	188	10,918
59	2.00%	9,224	184	10,884
60	3.00%	9,039	271	16,271
61	5.00%	8,768	438	26,742
62	10.00%	8,330	833	51,644
63	10.00%	7,497	750	47,229
64	10.00%	6,747	675	43,181
65	50.00%	6,072	3,036	197,350
66	25.00%	3,036	759	50,096
67	100.00%	2,277	2,277	152,567
			10,000	639,806

Weighted Average Retirement Age: 63.98

The weighted average retirement age is the total for column (e) divided by the total for column (d), rounded to the nearest integral age. It should be noted that while only integral values are shown on the table, the full content of each cell, including decimal portions, is used in the calculations.

The retirement rates shown above are the rates used for Cash Balance participants, as those participants make up the bulk of the active participants.

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,401,513	1,338,844	7,724,726	10,465,083
2026	560,855	296,039	7,531,905	8,388,799
2027	514,177	100,170	7,324,064	7,938,411
2028	348,952	164,874	7,100,397	7,614,223
2029	429,926	103,621	6,860,392	7,393,939
2030	443,877	97,291	6,603,740	7,144,908
2031	422,313	210,862	6,330,390	6,963,565
2032	460,407	121,676	6,040,656	6,622,739
2033	334,562	174,999	5,735,272	6,244,833
2034	384,025	220,867	5,415,436	6,020,328
2035	363,603	170,286	5,082,850	5,616,739
2036	311,698	147,437	4,739,705	5,198,840
2037	419,936	128,183	4,388,632	4,936,751
2038	294,194	120,207	4,032,694	4,447,095
2039	308,341	165,525	3,675,346	4,149,212
2040	195,652	127,477	3,320,331	3,643,460
2041	165,914	145,833	2,971,569	3,283,316
2042	181,651	117,983	2,633,026	2,932,660
2043	137,424	146,376	2,308,498	2,592,298
2044	186,058	100,273	2,001,503	2,287,834
2045	114,677	78,164	1,715,152	1,907,993
2046	128,376	79,503	1,451,968	1,659,847
2047	106,415	51,463	1,213,781	1,371,659
2048	98,181	48,931	1,001,626	1,148,738
2049	124,659	45,489	815,699	985,847
2050	102,880	85,033	655,421	843,334
2051	124,908	53,717	519,520	698,145
2052	115,404	47,375	406,190	568,969
2053	105,087	34,672	313,243	453,002
2054	106,443	115,676	238,273	460,392
2055	98,601	69,760	178,798	347,159
2056	86,973	37,013	132,384	256,370
2057	86,149	81,175	96,746	264,070
2058	69,804	36,435	69,809	176,048
2059	57,364	86,622	49,756	193,742
2060	56,365	45,104	35,041	136,510
2061	39,744	17,134	24,389	81,267
2062	31,517	48,847	16,777	97,141
2063	16,435	36,763	11,405	64,603
2064	8,678	21,281	7,659	37,618
2065	6,341	10,802	5,079	22,222
2066	8,227	11,119	3,322	22,668

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2067	2,916	8,261	2,142	13,319
2068	5,264	7,135	1,359	13,758
2069	570	6,103	847	7,520
2070	1,407	5,167	519	7,093
2071	3	4,325	312	4,640
2072	1	3,578	183	3,762
2073	1	2,922	105	3,028
2074	0	2,354	59	2,413

Schedule SB, Part V - Summary of Plan Provisions

OFS Fitel, LLC established the OFS Pension Plan effective as of November 17, 2001 as a spin-off from the Lucent Technologies Inc. Pension Plan. OFS amended the Plan to provide a cash balance benefit formula for Participants who had fewer than 15 years of Net Credited Service under the Plan as of November 30, 2006. In 2006, OFS changed the name of the Plan to the OFS Represented Retirement Plan. In 2025, the plan sponsor name changed from OFS Fitel, LLC to Lightera, LLC. The plan name was also changed from the OFS Represented Retirement Plan to the Lightera Represented Retirement Plan.

Type of Plan	The Plan is a defined benefit plan.
Effective Date	Effective November 17, 2001. Amended and restated as of January 1, 2012.
Company	Lightera, LLC.
Plan Year	Plan Year is the calendar year.
Represented Transferred Employees	Transferred subsidiary employees who accepted employment with Lightera, LLC and are represented by a union.
Employee	Each person who is represented by a union or other collective bargaining group and designated as Represented Transferred Employees.
Participating Employees	Represented Employees who are age 21 with one Year of Service.
Period of Service	The period of time commencing on the date on which an Employee completes an Hour of Service and ending on the date an Employee quits, retires, is discharged, or dies. A Period of Service includes any Period of Severance of less than 12 consecutive months, provided the Employee is reemployed within such 12 consecutive month time period.
Year of Service	For determining participation and eligibility for a Deferred Vested Pension, a Plan Year in which the Employee completes 1,000 Hours of Service. For the purpose of determining 1,000 Hours of Service, an Employee will be deemed to have completed 50 Hours of Service for each week in which the Employee completes at least one Hour of Service.
Years and Months of Service	For determining eligibility for a Service or Disability Pension and the amount of pension benefit, such periods of continuous employment with the Company, beginning with the most recent date of hire and ending with retirement or other termination of employment. The Net Credited Service (NCS) dates for the Represented Transferred Employees were provided by Lucent Technologies, Inc.

Differentials, wage and other special payments	Night Work or Seven Day Coverage, Rate Protection Allowance, Wage Supplements, Basic Rate Adders, Merit Increases, and other Special Allowances and Similar Payments, Area Differential, In Charge Allowances, Coordinators Allowances, Wage incentives/Productivity Pay Plan, Extra Payments for Temporary Assignments, Evening and Night Differential Payments, Rate Reduction Allowance and Special Cushioning Allowances, and Job Differentials.
New Formula Effective December 1, 2006	With the collective bargaining agreement effective December 1, 2006, Employees with less than 15 years of Net Credited Service (and all future Employees) accrue benefits under a cash balance formula. Cash Balance Accounts are credited as of the last day of each Plan Year with a contribution credit, equal to 4% of the Participant's compensation during that Plan Year. Cash Balance Accounts are credited as of the last day of each Plan Year with an interest credit, equal to the product of the applicable Annual Interest Rate and the Participant's Cash Balance Account as of the last day of the prior Plan Year. The Annual Interest Rate is the 10-year Treasury rate for November of the preceding Plan Year. This Cash Balance Account benefit is added to the monthly pension benefit accrued as of November 30, 2006 (if any), under the Legacy Pension formula.
Normal Retirement Age	If a Participant in the Plan is hired before age 60, the Normal Retirement Age is age 65. If a Participant in the Plan is hired on or after age 60, the Normal Retirement Age is the earlier of (i) the Employee's 4th anniversary of participation in the Plan, or (ii) the completion of five Years of Vesting Service.

Legacy Monthly Pension Benefit

The monthly pension benefit of each Employee shall equal the sum of the Basic Monthly Pension Benefit plus any Supplemental Monthly Pension Benefits as described below:

a) Basic Monthly Pension Benefit: The dollar amount shown in the Monthly Benefit Table corresponding to the appropriate pension band number assigned to an Employee multiplied by the Employee's Years and Months of Service at retirement, or termination, if earlier.

b) Supplemental Monthly Pension Benefit: The product of 0.1% times the Employee's average annual amount of differentials and other special payments paid over the last 36 Months of Service multiplied by the Employee's Years and Months of Service at retirement, or termination, if earlier.

c) Special Supplemental Monthly Pension Benefit (Also known as Wage Incentive Replacement Factor): For IBEW and CWA represented employees holding eligible jobs as of the effective date in 1986, the product of (i) a specified (frozen) dollar amount as provided in Appendix B of the plan document and (ii) the Employee's Years and Months of Service at retirement, or termination, if earlier.

Eligibility for Service Pension

Each Employee who has reached age 65 with ten years of continuous employment, or age 55 with 20 years of continuous employment, or age 50 with 25 years of continuous employment, or an Employee who has at least 30 years of continuous employment regardless of attained age and leaves the service of the Company is entitled to a Service Pension.

Eligibility for Deferred Vested Pension

Any Participant who has completed five or more Years of Service during the period beginning with the calendar year in which the Participant attained age 18, or who is in active service at Normal Retirement Age, is entitled to a Deferred Vested Pension.

Eligibility for Disability Pension

Any Employee with 15 or more years of continuous employment and who has become totally disabled as a result of sickness or of injury is, upon leaving the service of the Company by reason of such disability, entitled to an unreduced pension.

Early Retirement Benefit

For Employees with at least 30 Years of Service or Employees granted a pension for reasons of disability, there is no reduction. If a participant with less than 30 Years of Service is eligible for a Service Pension and retirement commences before age 55, the pension will be discounted by one-half percent (0.5%) for each full or partial month of retirement before age 55.

Death Benefit	The surviving spouse of a vested participant who dies with less than 15 Years of Service is awarded an annuitant's pension equal to 50% of the amount the Employee would have received at age 65 had the Employee terminated on the date of death with a Deferred Vested Pension and elected a joint and 50% survivor annuity. Payments begin at the deceased Employee's Normal Retirement Age. In the case of an active Employee with at least 15 Years of Service, the automatic annuitant's pension commences immediately and is equal to 50% of the amount the Employee would have received had such Employee retired with a Service Pension as of the date of death, having elected a joint and 50% survivor annuity, and without any discount for early retirement.
Deferred Vested Benefit	For legacy Employees, a Monthly Pension Benefit payable at age 65.

Monthly Benefit Table

Pension Band	$ per month per year of service
101	N/A
102	30.76
103	32.01
104	33.24
105	34.49
106	35.75
107	37.02
108	38.24
109	39.50
110	40.74
111	41.99
112	43.22
113	44.49
114	45.70
115	46.96
116	48.21
117	49.45
118	50.69
119	51.95
120	53.18
121	54.43
122	55.68
123	56.91
124	58.15
125	59.42
126	60.62
127	61.89
128	63.13
129	64.40
130	65.62
131	66.89
132	68.11
133	69.36
134	70.65
135	71.84

Forms of Benefit Payment Any Employee who retires after meeting eligibility for a Service or Disability Pension may elect to commence receipt of pension benefits immediately in one of the following forms:

a) Single Life Annuity. In the case of an Employee who is legally married, the spouse must provide written notarized consent.

b) Actuarially reduced 50% joint and survivor annuity with pop-up with the spouse as a joint annuitant if the Employee is legally married. The actuarial reduction is 8.0%.

c) Actuarially reduced 75% joint and survivor annuity with pop-up with the spouse as a joint annuitant if the Employee is legally married. The actuarial reduction is 11.5%.

d) Actuarially reduced 100% joint and survivor annuity with pop-up with the spouse as a joint annuitant if the Employee is legally married. The actuarial reduction is 15.0%.

e) Actuarially reduced 10 year certain and life if, in the case of an Employee who is legally married, the spouse provides written notarized consent. The actuarial reduction is 5.0%.

f) Lump Sum amount equal to the present value of a single life annuity commencing at Normal Retirement Age determined as of the date of commencement using the Applicable Mortality Table and the Applicable Interest Rate. In the case of an Employee who is legally married, the spouse must provide written notarized consent.

Changes in provisions since the prior valuation None.

NOTE: The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for, or amounts of, plan benefits.

LIGHTERA REPRESENTED RETIREMENT PLAN
(FORMERLY OFS REPRESENTED RETIREMENT PLAN)
EIN: 62-1864622
PLAN NUMBER: 004
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower Lessor or Similar Parties	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Funds	Europacific Growth Fund	$ 8,976,749	$ 10,763,412
	JP Morgan	TR II Core Bond Fund	11,558,826	10,602,023
	PIMCO	Long Term Credit Bond Fund	20,563,247	15,961,754
	PIMCO	Investment Grade Credit Bond Fund	18,162,238	15,967,070
*	Northern Trust	Collective Quality Small Cap Core US Fund	2,042,291	5,165,984
*	Northern Trust	Collective Russell 1000 Index Fund	5,813,439	15,876,874
*	Northern Trust	Collective Daily Quant - Enhanced Russell 1000 Fund	8,174,156	21,189,699
*	Northern Trust	Collective Aggregate Bond Index Fund	7,261,152	8,497,827
*	Northern Trust	Collective Short Term Investment Fund	2,091,514	2,091,514
			$ 84,643,612	$106,116,157

** Party-in-interest*

This schedule is presented in compliance with DOL filing requirements.

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: Lightera Represented Retirement Plan
EIN/PN: 62-1864622/004
Valuation Date: January 1, 2025

Original Valuation	Remaining Years	Amortization Type	Outstanding Balance	Current Year Amortization
1/1/2025	15.00	15 Year	3,655,878	340,876