Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
CABLEVISION CASH BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 04/01/1983

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)
CSC HOLDINGS, LLC

1 COURT SQUARE WEST
LONG ISLAND CITY, NY 11101

2b Employer Identification Number (EIN) 27-0726696

2c Plan Sponsor's telephone number 516-803-2300

2d Business code (see instructions) 515210

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.	10/14/2026	CHRISTOPHER CLARKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ALTICE USA BENEFITS COMMITTEE

1 COURT SQUARE WEST
LONG ISLAND CITY, NY 11101

3b Administrator's EIN: 27-0726696

3c Administrator's telephone number: 516-803-2300

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	4760
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)**	1779
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1452
b	Retired or separated participants receiving benefits	**6b**	270
c	Other retired or separated participants entitled to future benefits	**6c**	2606
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4328
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	81
f	Total. Add lines **6d** and **6e**.	**6f**	4409
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:

1C 3F 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) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
CABLEVISION CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
27-0726696

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**	149170321
b Actuarial value	**2b**	143477512

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	274	13660793	13660793
b For terminated vested participants	2713	99608096	99608096
c For active participants	1779	65525591	65525591
d Total	4766	178794480	178794480

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

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

5 Effective interest rate	**5**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2600000
c Target normal cost	**6c**	2600000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/29/2026
Date

GEOFF ZARTARIAN
Type or print name of actuary

26-08812
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

212-915-8888
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 8.45 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		516066
	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 4.98 %		25700
	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		541766
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.24 %
15	Adjusted funding target attainment percentage	15	80.24 %
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	80.00 %
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
04/08/2025	1400000	0			
07/07/2025	1400000	0			
10/07/2025	1400000	0			
01/09/2026	1400000	0			
03/19/2026	900000	0			
			Totals ► 18(b)	6500000	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	6262220

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	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**	68

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**	2600000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	35316968	3614680
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**	6214680

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

36 Additional cash requirement (line 34 minus line 35)	**36**	6214680
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	6262220

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

a Total (excess, if any, of line 37 over line 36)	**38a**	47540
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
CABLEVISION CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
27-0726696

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID MGMT TRUST CO

04-3022712

(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)

FID MGMT TRUST CO

04-3022712

(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?
25 50	TRUSTEE	352497	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON DELAWARE INC.

53-0181291

(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 16 50	CONSULTANT	121500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL FINANCIAL, INC.

655 BROAD STREET
NEWARK, NJ 07102

(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 28 51	INV. ADVISORY	99734	Yes [ ] No [X]	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)

MERCER INVESTMENT CONSULTING

13-2834414

(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?
28 50	INV. ADVISORY	33546	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK, INC.

400 HOWARD STREET
SAN FRANCISCO, CA 94105

(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 28 51	INV. ADVISORY	31376	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RUBIN BROWN LLP

43-0765316

(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 50	AUDITOR	25300	Yes [ ] No [X]	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
CABLEVISION CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
27-0726696

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: PRUDENTIAL CORE PLUS BOND FUND I

b Name of sponsor of entity listed in (a): PRUDENTIAL 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)
23-6994310-165	C	87228742

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EQUITY INDEX FU

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
27-1709876-001	C	59108998

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)

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
CABLEVISION CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
27-0726696

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3154000	2300000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	14038	91151
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)	143362998	146337740
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2658606	3386702

		(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	149189642	152115593
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	250324	168915
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	250324	168915
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	148939318	151946678

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)	6500000	
(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)		6500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	151330	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		151330
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(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)		19075177
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		25726507
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20006964	
(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)		20006964
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)	25300	
(5) Investment advisory and investment management fees	2i(5)	164654	
(6) Bank or trust company trustee/custodial fees	2i(6)	352497	
(7) Actuarial fees	2i(7)	121500	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2048232	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2712183
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		22719147
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3007360
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: RUBIN BROWN LLP **(2)** EIN: 43-0765316

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] 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 578592.

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
CABLEVISION CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
27-0726696

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): 04-3275867

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 | 339

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: 39.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 50.0 %
High-Yield Debt: 7.0 % Real Assets: _____% Cash or Cash Equivalents: _____% Other: 4.0 %

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_____.

CABLEVISION CASH BALANCE PENSION PLAN

Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

(With Independent Auditor's Report Thereon)

CABLEVISION CASH BALANCE PENSION PLAN

Table of Contents

	Page
Independent Auditor's Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits – December 31, 2025 and 2024	6
Statements of Changes in Net Assets Available for Benefits – Years Ended December 31, 2025 and 2024	7
Notes to Financial Statements	8
Supplemental Schedules *	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – December 31, 2025	16
Schedule H, Line 4j – Schedule of Reportable Transactions – Year Ended December 31, 2025	17

* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable or not required.

RubinBrown®

T: 1.800.678.3134
E: info@rubinbrown.com
www.RubinBrown.com

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

Independent Auditor's Report

To the Plan Administrator of Cablevision Cash Balance Pension Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

RubinBrown LLP is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Emphasis of Matter

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 8 to the financial statements, the Plan Sponsor does not currently have committed financing or cash and cash equivalents combined with projected future cash flows sufficient to satisfy the debt maturities. This has raised substantial doubt about the Plan Sponsor's ability to continue as a going concern. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Cablevision Cash Balance Pension 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 Cablevision Cash Balance Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions as of or 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).

RubinBrown LLP

St. Louis, Missouri
September 30, 2026

CABLEVISION CASH BALANCE PENSION PLAN

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets:		
Investments at fair value, as certified by trustee (Note 5):		
Cash equivalents	$ 3,386,702	$ 2,658,606
Collective trust funds	146,337,740	143,362,998
	149,724,442	146,021,604
Company contribution receivable (Note 3)	2,300,000	3,154,000
Other (primarily receivables for securities sold) (as certified by trustee) (Note 5)	91,151	14,038
Total assets	152,115,593	149,189,642
Liabilities:		
Administrative expenses and payables for securities purchased (Note 1(g))	168,915	250,324
Total liabilities	168,915	250,324
Net assets available for benefits	**$ 151,946,678**	**$ 148,939,318**

See the accompanying independent auditor's report and notes to the financial statements.

CABLEVISION CASH BALANCE PENSION PLAN
Statements of Changes in Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Changes to net assets attributed to:		
Investment income, as certified by trustee (Note 5):		
Net appreciation in fair value of investments	$ 19,075,177	$ 11,673,144
Interest and dividends from investments	139,566	173,089
Other	11,764	11,216
	19,226,507	11,857,449
Company contributions	6,500,000	8,116,000
Net additions to net assets	25,726,507	19,973,449
Deductions from net assets attributed to:		
Benefits paid to participants (Note 1(f))	20,006,964	14,148,202
Administrative expenses (Note 1(g))	2,712,183	4,000,072
Total deductions from net assets	22,719,147	18,148,274
Net increase in net assets available for benefits	3,007,360	1,825,175
Net assets available for benefits:		
Beginning of year	148,939,318	147,114,143
End of year	**$ 151,946,678**	**$ 148,939,318**

See the accompanying independent auditor's report and notes to the financial statements

(1) Description of the Plan and Nature of Operations

The following description of the Cablevision Cash Balance Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

(a) General

The Plan is a cash balance defined benefit pension plan for the benefit of employees of CSC Holdings, LLC and subsidiaries (the "Company" and the "Plan Sponsor", a wholly-owned subsidiary of Cablevision Systems Corporation "Cablevision"). Cablevision is a wholly-owned subsidiary of Optimum Communications, Inc. (formerly Altice USA, Inc.) ("Optimum"). The Plan is noncontributory and is intended to constitute a single-employer plan for the years ended December 31, 2025 and 2024. The Plan is intended to satisfy the qualification requirements and other applicable provisions of the Internal Revenue Code of 1986 ("IRC"), as amended, as well as the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, and all applicable subsequent legislation.

Assets of the Plan are maintained under a trust agreement with Fidelity Management Trust Company (the "Trustee") and the Plan's recordkeeping administrative services are provided by Fidelity Workplace Services LLC, (collectively, "Fidelity").

The Plan is frozen to participation and future benefit accruals to employees. Therefore, no employee of the Company who was not already a participant prior to the freeze may become a participant in the Plan and no further service credit allocation will be made for any future year. Existing account balances under the Plan will continue to be credited with monthly interest in accordance with the terms of the Plan.

(b) Eligibility

As discussed above, the Plan was frozen for all employees of the Company.

(c) Management of Investment Assets

Investment assets of the Plan are maintained under a trust agreement with Fidelity and are not participant directed. Investment transactions are executed by Fidelity for the exclusive benefit of participants in the Plan.

(d) Participants' Accounts

Under Plan provisions, the Plan maintains a hypothetical account for each participant. Each participant's account is credited with a market-based rate of return that is determined annually and announced before the beginning of each Plan year.

(e) Vesting

All participants account balances are 100% vested.

(f) Plan Benefits and Distributions

Upon retirement at normal retirement age defined as age 65, death, or termination of service, a participant's vested interest in the Plan becomes payable to the participant or their designated beneficiary. A participant may elect to receive benefits in the form of a qualified joint and survivor annuity, a life annuity, or a lump-sum payment. If a

participant's total vested account balance is less than $5,000, it will automatically be paid as an immediate lump sum or rolled into an Individual Retirement Account ("IRA") based on direction provided by the participant. If a participant's total vested account balance is less than $1,000, it will automatically be distributed in a lump sum.

(g) Administrative Expenses and Party-in-Interest Transactions

Administrative expenses of the Plan are paid by the Company if not paid from the assets of the Plan and can include but are not limited to fees for (1) benefit services (Fidelity), (2) Pension Benefit Guaranty Corporation ("PBGC") premiums, (3) actuarial services (Willis Towers Watson US LLC ("WTW")), (4) investment consulting, and (5) investment management (Blackrock Financial Management, Inc. ("Blackrock") and Prudential Financial, Inc. ("Prudential")).

Administrative expenses incurred are as follows:

	Years ended December 31,	
	2025	**2024**
PBGC premiums	$ 2,048,232	$ 3,292,391
Fidelity	352,497	374,652
WTW	121,500	147,753
Prudential	99,734	98,836
Blackrock	31,376	29,372
Other	58,844	57,068
	$ 2,712,183	**$ 4,000,072**

Amounts included in administrative expenses and other payables are as follows:

	December 31,	
	2025	**2024**
Fidelity	$ 48,696	$ 161,947
WTW	—	31,567
Prudential	24,592	25,295
Blackrock	8,190	15,232
Other	8,386	16,283
	$ 89,864	**$ 250,324**

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting and in accordance with U.S. generally accepted accounting principles ("GAAP"). The significant accounting policies followed by the Plan are described below.

(b) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value at the end of the Plan year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. The Plan's investment assets are not guaranteed as to principal or interest, and their values vary depending upon the performance of the underlying investments.

The net appreciation in the fair value of investments reflects both the realized gain or loss and the change in the unrealized appreciation (depreciation) of investments held at year-end.

(c) Payment of Benefit

Benefits to participants are recorded when paid.

(d) Use of Estimates

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

(e) Contributions Receivable from the Company and Credit Loss Policy

Amounts due for contributions are stated at the amount that management expects to collect from outstanding balance less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This assessment considers historical experience, current conditions and, when appropriate, reasonable and supportable forecasts.

The Company concluded that no allowance for expected credit losses was necessary at December 31, 2025 or 2024.

(3) Funding and Investment Policy

Funding Policy

The Company makes contributions to the Plan as required to at least satisfy the minimum funding standards prescribed under ERISA and Section 412 of the IRC, as amended. No employee contributions are accepted under the Plan. The amounts contributed to the Plan are determined on the basis of (i) annual actuarial valuations of the Plan's assets and obligations, (ii) the maximum amount permitted under the law or regulation as a Federal income tax deduction for the Company as Plan sponsor, and (iii) the minimum amount certified by the actuary as necessary during any Plan year to avoid an accumulated funding deficiency as defined by ERISA. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024. The minimum required contribution for the 2025 Plan year was $6,477,674, of which $2,300,000 was paid during the 2026 Plan year and is classified as a Company contribution receivable as of December 31, 2025. The minimum required contribution for the 2024 Plan year was $8,116,000, of which $3,154,000 of this amount was paid during the 2025 Plan year and is classified as a Company contribution receivable as of December 31, 2024.

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

The Plan's investment objectives include an allocation to stocks and bonds. This allocation allows for the Plan to invest in asset classes that are expected to provide a rate of return throughout economic cycles, commensurate with the investment risk and cash flow needs of the Plan. The investments held in the Plan are readily marketable and can be sold to fund benefit payment obligations of the Plan as they become payable.

Investment allocation decisions are formally made by the Company's Benefit Committee, which takes into account investment advice provided by its external investment consultant. The investment consultant takes into account expected long-term risk, return, correlation, and other prudent investment assumptions when recommending asset classes and investment managers to the Company's Benefit Committee. The major categories of the Plan assets are bonds and equity funds which are marked-to-market on a daily basis. Due to the Plan's holdings in intermediate term government and non-government fixed income securities, the Plan's assets are subjected to interest rate risk; specifically, during a rising interest rate environment the prices of bond holdings will decline. An increase in interest rates may cause a decrease to the overall liability of the Plan thus creating a partial hedge against rising interest rates. In addition, a portion of the Plan's equity and bond portfolio are invested in foreign equity and debt securities in developed and emerging markets where there could be foreign currency risks associated with them and non-government debt securities may be subject to credit risk of the bond issuer defaulting on interest and/or principal payments as well.

(4) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that participants have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on participants' vested interests in the Plan. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee services rendered through the valuation date (the Plan ceased the accrual of additional credited service for non-collectively bargained employees at the end of the 2013 Plan year and for collectively bargained employees during the 2015 Plan year).

The actuarial present value of accumulated plan benefits was determined by actuaries from WTW as of January 1, 2025, 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 (due to death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Had the valuations been prepared as of December 31, 2024, the Plan administrator does not believe that the difference in the actuarial present value of accumulated plan benefits would be significant. The significant actuarial assumptions used in the valuation as of January 1, 2025 and 2024 were (a) life expectancy of participants based on the Pri- 2012 employee, healthy retiree, and contingent survivor mortality tables (with no collar adjustment), projected using Scale MP-2021 for both 2025 and 2024, (b) retirement age assumptions (the assumed average retirement age was 68 for both 2025 and 2024), (c) a discount rate of 5.50% and 5.10% for 2025 and 2024, respectively, (based on the Willis Towers Watson U.S. Rate Link: 40-90 Discount Rate model) and (d) interest accruals of 4.32% and 4.69% for 2025 and 2024, respectively. For the January 1, 2025 and 2024 valuations, it is assumed that 50% of active and inactive members would take a lump sum immediately upon termination, 25% one year after termination, 5% two years after termination, and 20% would defer it to age 65. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of January 1, 2025 is as follows:

Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Retired members, beneficiaries, and spouses currently receiving payments	$	13,598,756
Terminated members with vested account balances		98,429,365
Active members with vested account balances		64,625,973
Total vested benefits		176,654,094
Nonvested benefits		—
Actuarial present value of accumulated plan benefits as of January 1, 2025	**$**	**176,654,094**

The changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2025 are summarized as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2024	$	190,483,790
Increase (decrease) during year attributable to:		
Decrease in the discount period		9,358,380
Benefits paid		(14,148,202)
Assumption changes		(9,242,712)
Actuarial losses		202,838
Actuarial present value of accumulated plan benefits as of January 1, 2025	**$**	**176,654,094**

(5) Certification by Trustee (Unaudited)

The Plan administrator has elected the method of reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Plan administrator has obtained certifications from the Trustee that the information provided to the Plan Administrator related to the following information is complete and accurate. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to information certified by the Trustee as of and for the years ended December 31, 2025 and 2024, except for comparing such information to information included in the Plan's financial statements. The Trustee has certified to the completeness and accuracy of all investments, including interest receivable, as reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, and for the related investment income reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.

(6) Fair Value Measurements of Investments

The fair value hierarchy is based on inputs to valuation techniques that are used to measure fair value that are either observable or unobservable. Observable inputs reflect assumptions market participants would use in pricing an asset or liability based on market data obtained from independent sources while unobservable inputs reflect a reporting entity's pricing based upon their own market assumptions. The fair value hierarchy consists of the following three levels:

Level I – 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 II – Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; 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 II input must be observable for substantially the full term of the asset or liability.

Level III – Assets or liabilities whose significant value drivers are unobservable.

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 maximize the use of observable inputs and minimize the use of unobservable inputs.

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

There were no changes in valuation methodologies at December 31, 2025 and 2024 and there were no transfers between any of the levels for the years ended December 31, 2025 and 2024.

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

December 31, 2025:

Asset Class	Level I	Level II	Level III	Total
Collective trust fund - fixed income	$ —	$ 87,228,742	$ —	$ 87,228,742
Collective trust fund - equities	—	59,108,998	—	59,108,998
Cash equivalents[(a)]	—	3,386,702	—	3,386,702
Total	**$ —**	**$ 149,724,442**	**$ —**	**$ 149,724,442**

December 31, 2024:

Asset Class	Level I	Level II	Level III	Total
Collective trust fund - fixed income	$ —	$ 89,046,617	$ —	$ 89,046,617
Collective trust fund - equities	—	54,316,381	—	54,316,381
Cash equivalents[(a)]	—	2,658,606	—	2,658,606
Total	**$ —**	**$ 146,021,604**	**$ —**	**$ 146,021,604**

(a) Represents an investment in a short-term investment fund that invests primarily in securities of high quality and low risk.

The information above is derived from the information certified by Fidelity.

The fair value of cash equivalents held by the Plan was derived from quoted market prices that Plan management has the ability to access.

The collective trust funds are public investment vehicles valued using net asset values (“NAV”) provided by the respective managers. The NAV is based on the underlying net assets owned by the fund divided by the number of shares outstanding and is used as a practical expedient to estimate fair value. The NAV’s unit price is quoted on a private market that is not active. However, the NAV is based on the fair value of the underlying securities within the respective fund, which are traded on an active market and valued at the closing price reported on the active market on which those individual securities are traded. The significant investment strategies of

the respective fund is as described in the financial statements provided by the fund. There are no restrictions on redemptions from these funds by the Plan.

(7) Plan Termination

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

(a) 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.

(b) Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations as discussed below.

(c) All other vested benefits (that is, vested benefits not insured by the PBGC).

(d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement, 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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during fiscal 2026, that ceiling is $7,790 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years of age at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Whether all participants receive their benefits should the Plan terminate 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.

(8) Plan Sponsor Status and Going Concern Considerations

The Plan Sponsor has reported in its financial statements during 2026 that there is substantial doubt about its ability to continue as a going concern due to it having principal amounts of debt of $4,122,500,000 maturing in April 2027 and $2,225,000,000 maturing in July 2027. The Plan Sponsor does not currently have committed financing or cash and cash equivalents combined with projected future cash flows sufficient to satisfy the foregoing debt maturities. While management is pursuing efforts to refinance or restructure this debt, or to raise additional capital sufficient to satisfy these debt maturities, there is no assurance these efforts will be successful.

Under ERISA, the assets of the Plan are held in trust by Fidelity for the exclusive benefit of Plan participants and their beneficiaries. As such, Plan assets are legally segregated from the assets of the Plan Sponsor and are not subject to the claims of the Plan Sponsor’s general creditors.

Management continues to evaluate the impact of the Plan Sponsor's financial condition on ongoing Plan operations. Although the Plan Sponsor has the right under the Plan document to suspend contributions or terminate the Plan at any time, no formal action to terminate the Plan has occurred as of the date these financial statements were issued.

(9) Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated June 10, 2021 that the Plan and related trust are designed in accordance with applicable sections of the IRC.

The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Although the Plan has been amended since the date of the determination letter, the Plan administrator is aware of no aspect of the Plan's design or operation that would result in the Plan's disqualification under the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. As of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; currently, no audits are in progress.

(10) Risks and Uncertainties

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

The Plan invests directly or indirectly in securities with contractual cash flows. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

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

(11) Subsequent Events

The Plan evaluated all events that occurred after December 31, 2025 up through September 30, 2026, the date on which the Plan's financial statements were available to be issued noting no subsequent events disclosures were identified.

CABLEVISION CASH BALANCE PENSION PLAN

EIN# 27-0726696 Plan# 003

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

December 31, 2025

Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Shares/Par	Cost	Current Value
CASH EQUIVALENTS:			
BLACKROCK SHORT-TERM INVEST FUND	3,386,702	$ 3,386,702	$ 3,386,702
COLLECTIVE TRUST FUND- FIXED INCOME:			
PRUDENTIAL CORE PLUS BOND FUND	422,579	81,678,323	87,228,742
COLLECTIVE TRUST FUND- EQUITIES:			
BTC MSCI ACWI EQ NON LEND FD A	1,486,881	27,558,009	59,108,998
TOTAL INVESTMENTS			**$ 149,724,442**

See the accompanying independent auditor's report.

BASED ON MARKET VALUE OF 146,035,643 5% VALUE OF 7,301,782

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
74439N519 Prudential Core Plus Bond Fund 1						
BROKER #FMTC	FMTC ENTERED					
133	01/03/25 S SELL 5700	190.4394	0	25,673	25,295	(378)
125	04/02/25 S SELL 5775	196.5294	0	24,070	24,474	404
126	07/02/25 S SELL 5871	198.5498	0	24,350	25,013	663
19,830	09/03/25 S SELL 5903	201.7100	0	3,832,936	4,000,000	167,064
9,778	10/02/25 S SELL 5926	204.5400	0	1,889,952	2,000,000	110,048
125	10/02/25 S SELL 5938	204.5393	0	24,243	25,654	1,412
9,747	11/18/25 S SELL 5974	205.2000	0	1,883,873	2,000,000	116,127
4,846	12/03/25 S SELL 5986	206.3400	0	936,732	1,000,000	63,268
44,710	8 TOTAL SELLS		0	8,641,829	9,100,436	458,608
44,710	SECURITY TOTAL		0	8,641,829	9,100,436	458,608
06739Q750 Short-Term Investment Fund						
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
77,921	01/02/25 S SELL 5687	1.0000	0	77,921	77,921	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
13,991	01/02/25 B BUY 5688	1.0000	0	13,991	13,991	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
211,099	01/08/25 S SELL 5691	1.0000	0	211,099	211,099	0
1,654,000	01/10/25 B BUY 5693	1.0000	0	1,654,000	1,654,000	0
309,398	01/16/25 S SELL 5695	1.0000	0	309,398	309,398	0
404,662	01/30/25 S SELL 5699	1.0000	0	404,662	404,662	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
12,957	02/03/25 B BUY 5703	1.0000	0	12,957	12,957	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
54,997	02/06/25 S SELL 5706	1.0000	0	54,997	54,997	0
66	02/14/25 B BUY 5708	1.0000	0	66	66	0
63,083	02/18/25 S SELL 5721	1.0000	0	63,083	63,083	0
154,666	02/20/25 S SELL 5723	1.0000	0	154,666	154,666	0
161,947	02/21/25 S SELL 5740	1.0000	0	161,947	161,947	0
677	02/24/25 B BUY 5742	1.0000	0	677	677	0
496,733	02/27/25 S SELL 5746	1.0000	0	496,733	496,733	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
11,299	03/03/25 B BUY 5748	1.0000	0	11,299	11,299	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
20,100	03/04/25 S SELL 5752	1.0000	0	20,100	20,100	0
487,864	03/06/25 S SELL 5754	1.0000	0	487,864	487,864	0
6,758	03/13/25 S SELL 5756	1.0000	0	6,758	6,758	0
1,746	03/17/25 B BUY 5758	1.0000	0	1,746	1,746	0
3,098	03/20/25 S SELL 5760	1.0000	0	3,098	3,098	0
1,500,000	03/24/25 B BUY 5762	1.0000	0	1,500,000	1,500,000	0
477,167	03/27/25 S SELL 5764	1.0000	0	477,167	477,167	0

	117,403	03/28/25	S SELL	5767	1.0000	0	117,403	117,403	0
BROKER #DIVRE		DIVIDEND REINVESTMENT							
	8,904	04/01/25	B BUY	5769	1.0000	0	8,904	8,904	0
BROKER #MFAS		MANAGED FUNDS ALLOCATION SYSTM							

BASED ON MARKET VALUE OF 146,035,643 5% VALUE OF 7,301,782

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
79,715	04/03/25 S SELL	5772	1.0000	0	79,715	79,715	0
1,400,000	04/08/25 B BUY	5774	1.0000	0	1,400,000	1,400,000	0
67,880	04/10/25 S SELL	5779	1.0000	0	67,880	67,880	0
66,742	04/16/25 S SELL	5781	1.0000	0	66,742	66,742	0
487,384	04/24/25 S SELL	5783	1.0000	0	487,384	487,384	0
349	04/28/25 B BUY	5785	1.0000	0	349	349	0
117,458	04/29/25 S SELL	5788	1.0000	0	117,458	117,458	0
187,056	05/01/25 S SELL	5792	1.0000	0	187,056	187,056	0
BROKER #DIVRE	DIVIDEND REINVESTMENT						
13,651	05/01/25 B BUY	5793	1.0000	0	13,651	13,651	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM						
506,660	05/08/25 S SELL	5796	1.0000	0	506,660	506,660	0
832	05/12/25 B BUY	5798	1.0000	0	832	832	0
119,545	05/15/25 S SELL	5800	1.0000	0	119,545	119,545	0
378,415	05/22/25 S SELL	5802	1.0000	0	378,415	378,415	0
294,512	05/29/25 S SELL	5806	1.0000	0	294,512	294,512	0
BROKER #DIVRE	DIVIDEND REINVESTMENT						
10,407	06/02/25 B BUY	5810	1.0000	0	10,407	10,407	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM						
396,888	06/05/25 S SELL	5813	1.0000	0	396,888	396,888	0
37,784	06/09/25 S SELL	5818	1.0000	0	37,784	37,784	0
124,024	06/10/25 S SELL	5832	1.0000	0	124,024	124,024	0
37,528	06/11/25 S SELL	5837	1.0000	0	37,528	37,528	0
239,024	06/12/25 S SELL	5840	1.0000	0	239,024	239,024	0
4,000,000	06/16/25 B BUY	5842	1.0000	0	4,000,000	4,000,000	0
1,137,225	06/26/25 S SELL	5845	1.0000	0	1,137,225	1,137,225	0
117,233	06/27/25 S SELL	5848	1.0000	0	117,233	117,233	0
BROKER #DIVRE	DIVIDEND REINVESTMENT						
11,506	07/01/25 B BUY	5850	1.0000	0	11,506	11,506	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM						
190,797	07/02/25 S SELL	5853	1.0000	0	190,797	190,797	0
1,400,000	07/07/25 B BUY	5855	1.0000	0	1,400,000	1,400,000	0
9,249	07/10/25 S SELL	5857	1.0000	0	9,249	9,249	0
186,721	07/17/25 S SELL	5870	1.0000	0	186,721	186,721	0
486,945	07/24/25 S SELL	5875	1.0000	0	486,945	486,945	0
117,743	07/30/25 S SELL	5878	1.0000	0	117,743	117,743	0
361,501	07/31/25 S SELL	5881	1.0000	0	361,501	361,501	0
BROKER #DIVRE	DIVIDEND REINVESTMENT						
17,815	08/01/25 B BUY	5883	1.0000	0	17,815	17,815	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM						
241,259	08/07/25 S SELL	5886	1.0000	0	241,259	241,259	0
515,786	08/14/25 S SELL	5888	1.0000	0	515,786	515,786	0
6,000	08/15/25 S SELL	5891	1.0000	0	6,000	6,000	0
171,198	08/21/25 S SELL	5893	1.0000	0	171,198	171,198	0

	1,188,309	08/28/25	S SELL	5897	1.0000	0	1,188,309	1,188,309	0
BROKER	#DIVRE	DIVIDEND REINVESTMENT							
	12,812	09/02/25	B BUY	5899	1.0000	0	12,812	12,812	0
BROKER	#MFAS	MANAGED FUNDS ALLOCATION SYSTM							
	3,853,702	09/04/25	B BUY	5902	1.0000	0	3,853,702	3,853,702	0

BASED ON MARKET VALUE OF 146,035,643 5% VALUE OF 7,301,782

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET			PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
9,854	09/09/25 B BUY	5905		1.0000	0	9,854	9,854	0
434,543	09/11/25 S SELL	5907		1.0000	0	434,543	434,543	0
2,048,232	09/12/25 S SELL	5910		1.0000	0	2,048,232	2,048,232	0
763,546	09/18/25 S SELL	5913		1.0000	0	763,546	763,546	0
1,005,658	09/25/25 S SELL	5915		1.0000	0	1,005,658	1,005,658	0
119,936	09/29/25 S SELL	5918		1.0000	0	119,936	119,936	0
BROKER #DIVRE	DIVIDEND REINVESTMENT							
12,397	10/01/25 B BUY	5921		1.0000	0	12,397	12,397	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM							
1,847,094	10/02/25 B BUY	5925		1.0000	0	1,847,094	1,847,094	0
85,414	10/03/25 S SELL	5935		1.0000	0	85,414	85,414	0
1,400,000	10/07/25 B BUY	5937		1.0000	0	1,400,000	1,400,000	0
8,386	10/08/25 S SELL	5943		1.0000	0	8,386	8,386	0
594,877	10/09/25 S SELL	5946		1.0000	0	594,877	594,877	0
523	10/14/25 B BUY	5948		1.0000	0	523	523	0
757,721	10/16/25 S SELL	5950		1.0000	0	757,721	757,721	0
47,359	10/20/25 S SELL	5957		1.0000	0	47,359	47,359	0
236,970	10/23/25 S SELL	5959		1.0000	0	236,970	236,970	0
968,447	10/30/25 S SELL	5963		1.0000	0	968,447	968,447	0
BROKER #DIVRE	DIVIDEND REINVESTMENT							
11,747	11/03/25 B BUY	5965		1.0000	0	11,747	11,747	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM							
1,248,684	11/06/25 S SELL	5968		1.0000	0	1,248,684	1,248,684	0
518	11/12/25 B BUY	5970		1.0000	0	518	518	0
190,305	11/13/25 S SELL	5972		1.0000	0	190,305	190,305	0
2,000,000	11/19/25 B BUY	5973		1.0000	0	2,000,000	2,000,000	0
898,375	11/20/25 S SELL	5976		1.0000	0	898,375	898,375	0
421,580	11/26/25 S SELL	5980		1.0000	0	421,580	421,580	0
BROKER #DIVRE	DIVIDEND REINVESTMENT							
4,017	12/01/25 B BUY	5982		1.0000	0	4,017	4,017	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM							
1,001,576	12/03/25 B BUY	5985		1.0000	0	1,001,576	1,001,576	0
406,656	12/04/25 S SELL	5988		1.0000	0	406,656	406,656	0
3,000,000	12/08/25 B BUY	5990		1.0000	0	3,000,000	3,000,000	0
100,216	12/11/25 S SELL	5993		1.0000	0	100,216	100,216	0
333,972	12/18/25 S SELL	5998		1.0000	0	333,972	333,972	0
68,159	12/23/25 S SELL	6005		1.0000	0	68,159	68,159	0
629,861	12/24/25 S SELL	6007		1.0000	0	629,861	629,861	0
118,921	12/30/25 S SELL	6010		1.0000	0	118,921	118,921	0
79,050	12/31/25 S SELL	6013		1.0000	0	79,050	79,050	0
23,212,440		31	TOTAL BUYS		0	23,212,440	23,212,440	0
22,484,345		66	TOTAL SELLS		0	22,484,345	22,484,345	0

45,696,785	SECURITY TOTAL	0	45,696,785	45,696,785	0

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025

Number and average account balance distributed by attained age and attained years of vesting service

	Attained Years of Vesting Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	14	0	0	0	0	0	0	14
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	4	94	45	1	0	0	0	0	144
	-	-	-	3,567	11,588	-	-	-	-	-	6,181
40-44	0	0	1	57	201	61	1	0	0	0	321
	-	-	-	5,595	14,529	23,729	-	-	-	-	14,739
45-49	0	0	1	58	130	147	47	2	0	0	385
	-	-	-	7,426	17,084	33,061	42,180	-	-	-	24,928
50-54	0	0	1	45	83	104	103	30	1	0	367
	-	-	-	11,045	23,933	44,640	59,005	67,756	-	-	41,631
55-59	0	0	0	32	67	73	62	45	24	1	304
	-	-	-	11,668	32,225	64,302	80,961	106,808	95,094	-	63,930
60-64	0	0	0	23	32	42	30	23	19	8	177
	-	-	-	13,042	36,352	70,786	118,128	112,128	-	-	78,531
65-69	0	0	0	6	9	14	11	7	2	5	54
	-	-	-	-	-	-	-	-	-	-	100,675
70 & Over	0	0	0	1	4	5	3	0	0	0	13
	-	-	-	-	-	-	-	-	-	-	-
Total	0	0	7	330	571	447	257	107	46	14	1,779
	-	-	-	7,199	20,504	46,720	70,400	96,059	111,024	-	39,597

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Cablevision Cash Balance Pension Plan
EIN / PN: 27-0726696 / 003
Plan Sponsor: CSC Holdings, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

• Applicable month	September
• Interest rate basis	3-Segment Rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.31%	5.30%

Compensation increases	N/A
Cash balance interest crediting rate:	Determined annually based on the average (rounded to nearest 100th of one percent) of the yield on 30-year Treasury Constant Maturities as published by the Board of Governors in the Federal Reserve Bulletin for the months of September, October, and November, prior to the start of the year.
• Current and future years	4.32%
• Prior year	4.69%
Plan-related expenses	$2,600,000

SCHEDULE SB ATTACHMENTS

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums, if the alternative method is used, and are used to determine the PBGC FTAP, the PBGC 4010 FS, and the maximum deductible limit.

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant

Mortality

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024)

Retirement

The rates at which participants are assumed to retire by age and gender are shown below:

Age	Assumption Rate (%)
65-72	25
73	100

SCHEDULE SB ATTACHMENTS

Termination

Based on experience, the representative rates (not due to retirement or mortality) at which participants are assumed to leave CSC Holdings by age are shown below:

Age	Assumption Rate (%)
25	15.00
30	12.50
35	10.25
40	9.00
45	8.50
50	8.50
55	8.50
60	10.50
61	11.00
62	11.50
63	12.00
64	13.00

Disability

No disability rates are assumed.

Form of payment

100% of employees and inactive members are assumed to take a lump sum payment as follows:

- 50% immediately upon termination,
- 25% one year after termination,
- 5% two years after termination, and
- 20% deferred to age 65.

Percent married

For purposes of valuing the preretirement surviving spouse's benefit, 90% of eligible participants are assumed to be married.

Spouse age

Male spouses are assumed to be 3 years older than female spouses.

Methods

Funding target

The Funding Target is the present value of accrued benefits (as required by regulations under IRC §430) and is based on compensation and service to date.

SCHEDULE SB ATTACHMENTS

Target normal cost	The Target Normal Cost is the present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Asset valuation method	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses, and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant’s rounded age (nearest integer age) at the beginning of the year to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements, the age is generally the participant’s rounded age at the middle of the year.
Benefits not included in valuation	We believe that we have reflected all significant plan provisions in this valuation.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor, through Fidelity, furnished participant data as of January 1, 2025. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- Female (male) participants missing beneficiary birth date and beneficiary sex information were assumed to have male (female) beneficiaries three years older (younger) than those of the original participants.
- Active and terminated (vested) records received with unexpectedly unreduced cash balance account amounts (due to associated alternate payee records cashing out their benefits) were assumed to have reduced cash balance account amounts.
- Deceased participants (previously not in payment) received with no beneficiary information were assumed to have beneficiaries due benefits based on the original participants' information.
- Terminated (vested) records missing cash balance account amount information were assumed to have cash balance account amounts equal to one of the following (based on first available): nonzero prior year cash balance account amount (increased by the current year interest crediting rate) or the current year average, nonzero cash balance account amount per status cohort.
- Beneficiary and alternate payee records (not in payment) missing cash balance account amount information were assumed to have cash balance account amounts equal to one of the following (based on first available): original participant's current year nonzero cash balance account amount, original participant's prior year nonzero cash balance account amount (increased by the current year interest crediting rate), or the current year average, nonzero cash balance account amount per status cohort.
- Alternate payee and beneficiary records (not in payment) who have valued associated original participant records were assumed to not be valued.
- Prior beneficiary records that have been in payment (but payments stopped due to address changes, returned checks, etc.) were assumed to still be in payment as of the valuation date.
- Participants provide in current year data but no cash balance account or monthly annuity amount information was provided, the current amount will be based on the prior amount (if available) or an average amount; also, the Life Only form of payment will be assumed for participants with annuities.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	Cablevision Cash Balance Pension Plan
EIN / PN:	27-0726696 / 003
Plan Sponsor:	CSC Holdings, LLC
Valuation Date:	January 1, 2025

BASED ON MARKET VALUE OF 146,035,643 5% VALUE OF 7,301,782

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
74439N519 Prudential Core Plus Bond Fund 1						
BROKER #FMTC	FMTC ENTERED					
133	01/03/25 S SELL 5700	190.4394	0	25,673	25,295	(378)
125	04/02/25 S SELL 5775	196.5294	0	24,070	24,474	404
126	07/02/25 S SELL 5871	198.5498	0	24,350	25,013	663
19,830	09/03/25 S SELL 5903	201.7100	0	3,832,936	4,000,000	167,064
9,778	10/02/25 S SELL 5926	204.5400	0	1,889,952	2,000,000	110,048
125	10/02/25 S SELL 5938	204.5393	0	24,243	25,654	1,412
9,747	11/18/25 S SELL 5974	205.2000	0	1,883,873	2,000,000	116,127
4,846	12/03/25 S SELL 5986	206.3400	0	936,732	1,000,000	63,268
44,710	8 TOTAL SELLS		0	8,641,829	9,100,436	458,608
44,710	SECURITY TOTAL		0	8,641,829	9,100,436	458,608
06739Q750 Short-Term Investment Fund						
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
77,921	01/02/25 S SELL 5687	1.0000	0	77,921	77,921	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
13,991	01/02/25 B BUY 5688	1.0000	0	13,991	13,991	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
211,099	01/08/25 S SELL 5691	1.0000	0	211,099	211,099	0
1,654,000	01/10/25 B BUY 5693	1.0000	0	1,654,000	1,654,000	0
309,398	01/16/25 S SELL 5695	1.0000	0	309,398	309,398	0
404,662	01/30/25 S SELL 5699	1.0000	0	404,662	404,662	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
12,957	02/03/25 B BUY 5703	1.0000	0	12,957	12,957	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
54,997	02/06/25 S SELL 5706	1.0000	0	54,997	54,997	0
66	02/14/25 B BUY 5708	1.0000	0	66	66	0
63,083	02/18/25 S SELL 5721	1.0000	0	63,083	63,083	0
154,666	02/20/25 S SELL 5723	1.0000	0	154,666	154,666	0
161,947	02/21/25 S SELL 5740	1.0000	0	161,947	161,947	0
677	02/24/25 B BUY 5742	1.0000	0	677	677	0
496,733	02/27/25 S SELL 5746	1.0000	0	496,733	496,733	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
11,299	03/03/25 B BUY 5748	1.0000	0	11,299	11,299	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
20,100	03/04/25 S SELL 5752	1.0000	0	20,100	20,100	0
487,864	03/06/25 S SELL 5754	1.0000	0	487,864	487,864	0
6,758	03/13/25 S SELL 5756	1.0000	0	6,758	6,758	0
1,746	03/17/25 B BUY 5758	1.0000	0	1,746	1,746	0
3,098	03/20/25 S SELL 5760	1.0000	0	3,098	3,098	0
1,500,000	03/24/25 B BUY 5762	1.0000	0	1,500,000	1,500,000	0
477,167	03/27/25 S SELL 5764	1.0000	0	477,167	477,167	0

	117,403	03/28/25	S SELL	5767	1.0000	0	117,403	117,403	0
BROKER #DIVRE		DIVIDEND REINVESTMENT							
	8,904	04/01/25	B BUY	5769	1.0000	0	8,904	8,904	0
BROKER #MFAS		MANAGED FUNDS ALLOCATION SYSTM							

BASED ON MARKET VALUE OF 146,035,643 5% VALUE OF 7,301,782

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
79,715	04/03/25 S SELL	5772	1.0000	0	79,715	79,715	0
1,400,000	04/08/25 B BUY	5774	1.0000	0	1,400,000	1,400,000	0
67,880	04/10/25 S SELL	5779	1.0000	0	67,880	67,880	0
66,742	04/16/25 S SELL	5781	1.0000	0	66,742	66,742	0
487,384	04/24/25 S SELL	5783	1.0000	0	487,384	487,384	0
349	04/28/25 B BUY	5785	1.0000	0	349	349	0
117,458	04/29/25 S SELL	5788	1.0000	0	117,458	117,458	0
187,056	05/01/25 S SELL	5792	1.0000	0	187,056	187,056	0
BROKER #DIVRE	DIVIDEND REINVESTMENT						
13,651	05/01/25 B BUY	5793	1.0000	0	13,651	13,651	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM						
506,660	05/08/25 S SELL	5796	1.0000	0	506,660	506,660	0
832	05/12/25 B BUY	5798	1.0000	0	832	832	0
119,545	05/15/25 S SELL	5800	1.0000	0	119,545	119,545	0
378,415	05/22/25 S SELL	5802	1.0000	0	378,415	378,415	0
294,512	05/29/25 S SELL	5806	1.0000	0	294,512	294,512	0
BROKER #DIVRE	DIVIDEND REINVESTMENT						
10,407	06/02/25 B BUY	5810	1.0000	0	10,407	10,407	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM						
396,888	06/05/25 S SELL	5813	1.0000	0	396,888	396,888	0
37,784	06/09/25 S SELL	5818	1.0000	0	37,784	37,784	0
124,024	06/10/25 S SELL	5832	1.0000	0	124,024	124,024	0
37,528	06/11/25 S SELL	5837	1.0000	0	37,528	37,528	0
239,024	06/12/25 S SELL	5840	1.0000	0	239,024	239,024	0
4,000,000	06/16/25 B BUY	5842	1.0000	0	4,000,000	4,000,000	0
1,137,225	06/26/25 S SELL	5845	1.0000	0	1,137,225	1,137,225	0
117,233	06/27/25 S SELL	5848	1.0000	0	117,233	117,233	0
BROKER #DIVRE	DIVIDEND REINVESTMENT						
11,506	07/01/25 B BUY	5850	1.0000	0	11,506	11,506	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM						
190,797	07/02/25 S SELL	5853	1.0000	0	190,797	190,797	0
1,400,000	07/07/25 B BUY	5855	1.0000	0	1,400,000	1,400,000	0
9,249	07/10/25 S SELL	5857	1.0000	0	9,249	9,249	0
186,721	07/17/25 S SELL	5870	1.0000	0	186,721	186,721	0
486,945	07/24/25 S SELL	5875	1.0000	0	486,945	486,945	0
117,743	07/30/25 S SELL	5878	1.0000	0	117,743	117,743	0
361,501	07/31/25 S SELL	5881	1.0000	0	361,501	361,501	0
BROKER #DIVRE	DIVIDEND REINVESTMENT						
17,815	08/01/25 B BUY	5883	1.0000	0	17,815	17,815	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM						
241,259	08/07/25 S SELL	5886	1.0000	0	241,259	241,259	0
515,786	08/14/25 S SELL	5888	1.0000	0	515,786	515,786	0
6,000	08/15/25 S SELL	5891	1.0000	0	6,000	6,000	0
171,198	08/21/25 S SELL	5893	1.0000	0	171,198	171,198	0

	1,188,309	08/28/25	S SELL	5897	1.0000	0	1,188,309	1,188,309	0
BROKER	#DIVRE	DIVIDEND REINVESTMENT							
	12,812	09/02/25	B BUY	5899	1.0000	0	12,812	12,812	0
BROKER	#MFAS	MANAGED FUNDS ALLOCATION SYSTM							
	3,853,702	09/04/25	B BUY	5902	1.0000	0	3,853,702	3,853,702	0

BASED ON MARKET VALUE OF 146,035,643 5% VALUE OF 7,301,782

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET			PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
9,854	09/09/25 B BUY	5905		1.0000	0	9,854	9,854	0
434,543	09/11/25 S SELL	5907		1.0000	0	434,543	434,543	0
2,048,232	09/12/25 S SELL	5910		1.0000	0	2,048,232	2,048,232	0
763,546	09/18/25 S SELL	5913		1.0000	0	763,546	763,546	0
1,005,658	09/25/25 S SELL	5915		1.0000	0	1,005,658	1,005,658	0
119,936	09/29/25 S SELL	5918		1.0000	0	119,936	119,936	0
BROKER #DIVRE	DIVIDEND REINVESTMENT							
12,397	10/01/25 B BUY	5921		1.0000	0	12,397	12,397	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM							
1,847,094	10/02/25 B BUY	5925		1.0000	0	1,847,094	1,847,094	0
85,414	10/03/25 S SELL	5935		1.0000	0	85,414	85,414	0
1,400,000	10/07/25 B BUY	5937		1.0000	0	1,400,000	1,400,000	0
8,386	10/08/25 S SELL	5943		1.0000	0	8,386	8,386	0
594,877	10/09/25 S SELL	5946		1.0000	0	594,877	594,877	0
523	10/14/25 B BUY	5948		1.0000	0	523	523	0
757,721	10/16/25 S SELL	5950		1.0000	0	757,721	757,721	0
47,359	10/20/25 S SELL	5957		1.0000	0	47,359	47,359	0
236,970	10/23/25 S SELL	5959		1.0000	0	236,970	236,970	0
968,447	10/30/25 S SELL	5963		1.0000	0	968,447	968,447	0
BROKER #DIVRE	DIVIDEND REINVESTMENT							
11,747	11/03/25 B BUY	5965		1.0000	0	11,747	11,747	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM							
1,248,684	11/06/25 S SELL	5968		1.0000	0	1,248,684	1,248,684	0
518	11/12/25 B BUY	5970		1.0000	0	518	518	0
190,305	11/13/25 S SELL	5972		1.0000	0	190,305	190,305	0
2,000,000	11/19/25 B BUY	5973		1.0000	0	2,000,000	2,000,000	0
898,375	11/20/25 S SELL	5976		1.0000	0	898,375	898,375	0
421,580	11/26/25 S SELL	5980		1.0000	0	421,580	421,580	0
BROKER #DIVRE	DIVIDEND REINVESTMENT							
4,017	12/01/25 B BUY	5982		1.0000	0	4,017	4,017	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM							
1,001,576	12/03/25 B BUY	5985		1.0000	0	1,001,576	1,001,576	0
406,656	12/04/25 S SELL	5988		1.0000	0	406,656	406,656	0
3,000,000	12/08/25 B BUY	5990		1.0000	0	3,000,000	3,000,000	0
100,216	12/11/25 S SELL	5993		1.0000	0	100,216	100,216	0
333,972	12/18/25 S SELL	5998		1.0000	0	333,972	333,972	0
68,159	12/23/25 S SELL	6005		1.0000	0	68,159	68,159	0
629,861	12/24/25 S SELL	6007		1.0000	0	629,861	629,861	0
118,921	12/30/25 S SELL	6010		1.0000	0	118,921	118,921	0
79,050	12/31/25 S SELL	6013		1.0000	0	79,050	79,050	0
23,212,440		31	TOTAL BUYS		0	23,212,440	23,212,440	0
22,484,345		66	TOTAL SELLS		0	22,484,345	22,484,345	0

45,696,785	SECURITY TOTAL	0	45,696,785	45,696,785	0

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
CABLEVISION CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
27-0726696

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**	149,170,321
b Actuarial value	**2b**	143,477,512

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	274	13,660,793	13,660,793
b For terminated vested participants	2,713	99,608,096	99,608,096
c For active participants	1,779	65,525,591	65,525,591
d Total	4,766	178,794,480	178,794,480

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

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

5 Effective interest rate	**5**	5.31%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,600,000
c Target normal cost	**6c**	2,600,000

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

Geoff Zartarian
Signature of actuary

9/29/2026
Date

Geoff Zartarian
Type or print name of actuary

2608812
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

212-915-8888
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 8.45 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		516,066
	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 4.98 %		25,700
	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		541,766
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.24 %
15	Adjusted funding target attainment percentage	15	80.24 %
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	80.00 %
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
04/08/2025	1,400,000	0			
07/07/2025	1,400,000	0			
10/07/2025	1,400,000	0			
01/09/2026	1,400,000	0			
03/19/2026	900,000	0			
			Totals ► 18(b)	6,500,000	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	6,262,220

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	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**	68

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**	2,600,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	35,316,968	3,614,680
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**	6,214,680

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

36 Additional cash requirement (line 34 minus line 35)	**36**	6,214,680
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	6,262,220

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

a Total (excess, if any, of line 37 over line 36)	**38a**	47,540
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 ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-65}p_{65} = l_x / l_{65}$	$q_x^r * l_x / l_{65}$	$x * q_x^r * l_x / l_{65}$
65	0.25	1,000,000	1.000000	0.250000	16.250000
66	0.25	750,000	0.750000	0.187500	12.375000
67	0.25	562,500	0.562500	0.140625	9.421875
68	0.25	421,875	0.421875	0.105469	7.171875
69	0.25	316,406	0.316406	0.079102	5.458008
70	0.25	237,305	0.237305	0.059326	4.152832
71	0.25	177,979	0.177979	0.044495	3.159119
72	0.25	133,484	0.133484	0.033371	2.402710
73	1.00	100,113	0.100113	0.100113	7.308243
Average age at retirement					67.699661
Average age at retirement (rounded for Schedule SB, Line 22)					**68**

Plan Name: Cablevision Cash Balance Pension Plan
EIN / PN: 27-0726696 / 003
Plan Sponsor: CSC Holdings, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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	5,758,829	25,332,595	1,324,269	32,415,693
2026	6,896,218	5,058,320	1,299,253	13,253,791
2027	7,004,191	5,516,036	1,271,835	13,792,062
2028	6,614,152	5,929,699	1,241,886	13,785,737
2029	6,283,501	7,293,275	1,209,312	14,786,088
2030	6,084,503	7,869,145	1,174,063	15,127,711
2031	6,080,399	6,208,728	1,136,130	13,425,257
2032	5,493,810	7,765,399	1,095,557	14,354,766
2033	5,402,705	6,965,809	1,052,439	13,420,953
2034	5,107,886	8,377,880	1,006,935	14,492,701
2035	4,566,900	7,918,000	959,256	13,444,156
2036	4,304,649	6,027,300	909,643	11,241,592
2037	4,066,686	6,839,219	858,372	11,764,277
2038	3,529,765	5,057,653	805,747	9,393,165
2039	3,216,112	4,774,873	752,104	8,743,089
2040	3,094,831	3,965,854	697,825	7,758,510
2041	2,499,727	4,798,981	643,340	7,942,048
2042	2,321,690	3,252,146	589,110	6,162,946
2043	2,012,278	3,244,284	535,618	5,792,180
2044	1,797,941	3,358,319	483,346	5,639,606
2045	1,560,190	3,243,399	432,770	5,236,359
2046	1,360,005	3,341,707	384,339	5,086,051
2047	1,244,416	2,767,206	338,460	4,350,082
2048	934,133	2,407,024	295,487	3,636,644
2049	673,265	1,922,560	255,707	2,851,532
2050	612,109	1,024,250	219,329	1,855,688
2051	411,909	1,120,015	186,471	1,718,395
2052	304,006	406,246	157,158	867,410
2053	213,598	177,782	131,326	522,706
2054	131,336	222,012	108,835	462,183
2055	96,129	23,581	89,483	209,193
2056	55,301	58,454	73,019	186,774
2057	33,293	3	59,162	92,458
2058	21,258	3	47,618	68,879
2059	7,987	81,930	38,093	128,010
2060	6,821	0	30,304	37,125
2061	1,816	0	23,987	25,803
2062	1,179	0	18,898	20,077
2063	547	0	14,825	15,372
2064	109	0	11,581	11,690
2065	0	0	9,009	9,009
2066	0	25,451	6,978	32,429
2067	0	0	5,379	5,379
2068	0	0	4,125	4,125
2069	0	0	3,144	3,144
2070	0	0	2,381	2,381
2071	0	0	1,789	1,789
2072	0	0	1,333	1,333
2073	0	0	983	983
2074	0	17,740	716	18,456

Plan Name: Cablevision Cash Balance Pension Plan
EIN / PN: 27-0726696 / 003
Plan Sponsor: CSC Holdings, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The Cablevision Cash Balance Pension Plan (the "Plan") is a cash balance defined benefit pension plan for the benefit of employees of CSC Holdings, LLC, a wholly-owned subsidiary of Cablevision Systems Corporation ("Cablevision") and subsidiaries. Cablevision is a wholly-owned subsidiary of Altice USA, Inc. ("Altice USA").

The Plan was originally adopted as of April 1, 1983 as the Cablevision Money Purchase Plan and was amended and restated effective as of January 1, 1998. At that time, the money purchase plan provisions were frozen. The plan amendments effective October 1, 2000 and January 1, 2001 were adopted. Effective January 1, 2002, employees of Lustgarten Foundation became eligible to participate in the Plan. Subsequent plan amendments through to date have been adopted including the accrual freeze for Dolan and Newsday participants. Effective January 1, 2010, employees of the Madison Square Garden and Dolan Entities were spun-off from the Plan. Effective July 1, 2011, AMC participants were terminated and removed from the controlled group as part of a corporate spinoff.

Benefit accruals ceased for all non-union employees as of December 31, 2013 and for union employees as of April 15, 2015. There are no prospective benefit accruals being earned by any employees covered under the Plan.

Effective June 1, 2016, Lustgarten was spun off from the Cablevision Cash Balance Pension Plan and all assets and liabilities were transferred into the MSG Holdings, L.P. Cash Balance Plan. This spinoff was deemed de minimis under IRC §414(l). As a result, the Cablevision Cash Balance Pension Plan is no longer a multiple employer pension plan.

Plan sponsor	CSC Holdings, LLC
Plan	Cablevision Cash Balance Pension Plan
Effective date and most recent amendment	The plan was originally effective January 1, 1998. The last amendment reflected herein is effective June 1, 2016.
Plan year	The twelve-month period ending December 31
Coverage and participation	The plan is frozen for all participants.

SCHEDULE SB ATTACHMENTS

Definitions

Normal retirement date (NRD)

First of month following the date of attainment of age 65.

Plan compensation

All direct cash compensation exclusive of bonuses and fringe benefits, but including employee's Section 401(k), Section 125 contributions, and overtime pay.

Vesting service

All service with Altice USA and any other entity within the controlled group, including service prior to January 1, 1998.

Participants are 100% vested after attaining 3 or more years of service.

Cash balance allocation

Exact Age as of 12/31	Annual Allocation Percentage[1]
Under 35	3%
35-39	4%
40-44	5%
45-49	6%
50-54	7%
55-59	8%
60 or over	9%

Eligibility for Benefits

Normal retirement

Retirement on NRD

Deferred vested termination

Termination for reasons other than death or retirement after completing 3 years of vesting service

Preretirement death benefit

Upon death of the participant, who is either an active member or a terminated member entitled to deferred benefits.

The beneficiary is designated by said member and is subject to spousal consent if said member is married.

[1] Annual allocation as a percentage of compensation after becoming a member

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment:

• Normal form	Married Participants: 50% joint and survivor annuity Unmarried Participants: single life annuity
• Optional form	In lieu of the normal form of payment, a 75% joint and survivor annuity, a single life annuity, or a lump sum equal to the cash balance account
Plan participants' contributions	None. All contributions to support the Plan are made by CSC Holdings.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None

Substantive Commitment

None

CABLEVISION CASH BALANCE PENSION PLAN

EIN# 27-0726696 Plan# 003

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

December 31, 2025

Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Shares/Par	Cost	Current Value
CASH EQUIVALENTS:			
BLACKROCK SHORT-TERM INVEST FUND	3,386,702	$ 3,386,702	$ 3,386,702
COLLECTIVE TRUST FUND- FIXED INCOME:			
PRUDENTIAL CORE PLUS BOND FUND	422,579	81,678,323	87,228,742
COLLECTIVE TRUST FUND- EQUITIES:			
BTC MSCI ACWI EQ NON LEND FD A	1,486,881	27,558,009	59,108,998
TOTAL INVESTMENTS			**$ 149,724,442**

See the accompanying independent auditor's report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	(353,505)	15.00000	(353,505)	(32,961)
2. Shortfall	01/01/2024	3,858,787	14.00000	3,595,107	351,074
3. Shortfall	01/01/2023	35,996,300	13.00000	32,075,366	3,296,567
Total				35,316,968	3,614,680

Plan Name: Cablevision Cash Balance Pension Plan
EIN / PN: 27-0726696 / 003
Plan Sponsor: CSC Holdings, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed plan-related expenses added to the service cost were changed from $3,700,000 for the prior valuation to $2,600,000 for the current valuation and was determined using the same methodology as that of the prior year.

The cash balance interest crediting rate was changed from 4.69% for the prior valuation to 4.32% for the current valuation and was determined using the same methodology as that of the prior year.

Plan Name:	Cablevision Cash Balance Pension Plan
EIN / PN:	27-0726696 / 003
Plan Sponsor:	CSC Holdings, LLC
Valuation Date:	January 1, 2025