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
GRIDIRON FIBER SAVINGS AND SECURITY PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 09/16/2021

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)
GRIDIRON FIBER CORPORATION

ONE LUMOS PLAZA
WAYNESBORO, VA 22980-7590

2b Employer Identification Number (EIN) 86-3776842

2c Plan Sponsor's telephone number 631-433-4589

2d Business code (see instructions) 517000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	SARA WEISS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	609
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)**	584
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	705
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	70
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	775
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	775
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)**	581
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)**	730
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	25
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 3D

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
GRIDIRON FIBER SAVINGS AND SECURITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GRIDIRON FIBER CORPORATION

D Employer Identification Number (EIN)
86-3776842

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	5001066-01	177	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2792830
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	2698623		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2976		
	(4) Transferred from separate account	7c(4)	3124206		
	(5) Other (specify below)	7c(5)	10659		
	▶ LOAN PAYMENTS, FORFEITURES				
	(6)Total additions			7c(6)	5836464
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	5836464
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14875		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	3028759		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	3043634
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2792830

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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
GRIDIRON FIBER SAVINGS AND SECURITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GRIDIRON FIBER CORPORATION

D Employer Identification Number (EIN)
86-3776842

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

JOHN HANCOCK RETIREMENT PLAN SVCS

01-0233346

(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?
15 37 62 64 26	RECORDKEEPER	170148	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	889	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
GRIDIRON FIBER SAVINGS AND SECURITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GRIDIRON FIBER CORPORATION

D Employer Identification Number (EIN)
86-3776842

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: NEW YORK LIFE ANCHOR ACCOUNT

b Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE 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)
13-5582869-125	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COMMON AGGREGATE BOND INDEX NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
27-6124985-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COMMON S&P 500 INDEX FUND-NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138596-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COMMON ALL COUNTRY WORLD INX NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
20-3280779-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE EXTENDED EQTY IDX NL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138596-100	C	0

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

b Name of sponsor of entity listed in (a): GREAT GRAY 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)
38-7275332-781	C	0

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

b Name of sponsor of entity listed in (a): GREAT GRAY 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)
38-4139822-616	C	0

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

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

c EIN-PN 38-4126294-597	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY EUROPACIFIC GROWTH FUND

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

c EIN-PN 38-7289843-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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
GRIDIRON FIBER SAVINGS AND SECURITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GRIDIRON FIBER CORPORATION

D Employer Identification Number (EIN)
86-3776842

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1445881	1583106
(9) Value of interest in common/collective trusts	1c(9)	17341787	0
(10) Value of interest in pooled separate accounts	1c(10)	3275882	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33871517	64512450
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	2792830
(15) Other	1c(15)	286024	347263

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	56221091	69235649
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	56221091	69235649

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)	2760711	
(B) Participants	2a(1)(B)	4418652	
(C) Others (including rollovers)	2a(1)(C)	2799021	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9978384
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	127493	
(F) Other	2b(1)(F)	112631	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		240124
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1177478	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1177478
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		2416235
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5915017
c Other income	2c		-2852
d Total income. Add all **income** amounts in column (b) and enter total	2d		19724386
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6467328	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6467328
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		71463
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	171037	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		171037
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6709828
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		13014558
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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		785000
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
GRIDIRON FIBER SAVINGS AND SECURITY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GRIDIRON FIBER CORPORATION

D Employer Identification Number (EIN)
86-3776842

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): 84-1455663 80-0709115

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year 3

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 04 / 07 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q703120A .

Gridiron Fiber Savings and Security Plan

EIN 86-3776842 PN 002

Independent Auditor’s Report, Financial Statements, and Supplemental Schedules

December 31, 2025 and 2024

Gridiron Fiber Savings and Security Plan
Contents
December 31, 2025 and 2024

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Independent Auditor's Report

Plan Administrative Committee
Gridiron Fiber Savings and Security Plan
Waynesboro, Virginia

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

We have performed audits of the accompanying financial statements of Gridiron Fiber Savings and Security 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 statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 a certification from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the 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 ("GAAP").
- 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these 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 of the Financial Statements 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 GAAP.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents 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, is 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).

Forvis Mazars, LLP

Greensboro, North Carolina
October 13, 2026

Federal Employer Identification Number: 44-0160260

Gridiron Fiber Savings and Security Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments		
At fair value	$ 64,859,713	$ 54,775,210
At contract value	2,792,830	-
Total Investments	67,652,543	54,775,210
Receivables		
Company contributions	161,258	64,486
Participant contribution	123,193	-
Notes receivable from participants	1,654,569	1,445,881
Total Receivables	1,939,020	1,510,367
Net Assets Available for Benefits	$ 69,591,563	$ 56,285,577

Gridiron Fiber Savings and Security Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions		
Investment Income		
Net appreciation in fair value of investments	$	8,368,013
Interest and dividends		1,290,109
Total Investment Income		9,658,122
Interest Income on Notes Receivable from Participants		127,656
Contributions		
Employer		2,857,483
Participants		4,541,845
Rollovers		2,799,021
Total Contributions		10,198,349
Total Additions		19,984,127
Deductions		
Benefits paid to participants		6,538,791
Administrative fees		139,350
Total Deductions		6,678,141
Net Change		13,305,986
Net Assets Available for Benefits, Beginning of Year		56,285,577
Net Assets Available for Benefits, End of Year	$	69,591,563

Note 1. Description of Plan

The following description of the Gridiron Fiber Savings and Security Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan was established on September 16, 2021 as a spin-off from the Lumos Networks Savings and Security Plan. The Plan is a defined contribution plan covering all eligible employees of Gridiron Fiber Corporation (the "Company") who are at least 18 years old and have completed 30 days of service. The Plan Administrative Committee controls and manages the operation and administration of the Plan. John Hancock Trust Company LLC ("John Hancock") served as trustee of the Plan as of December 31, 2024 and for the period from January 1, 2025 through December 4, 2025. Empower Trust Company, LLC and Empower Annuity Insurance Company of America (together, "Empower") served as trustee as of December 5, 2025 and through December 31, 2025. Together, John Hancock and Empower are the trustees ("trustees") of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants may contribute from 1% to 75% of their annual salary, as defined in the plan document, subject to certain Internal Revenue Code ("IRC") limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Eligible employees are automatically enrolled in the Plan at a deferral rate of 3% of base compensation, unless otherwise elected, with an automatic escalation of 1% annually, up to 10%. The Company makes safe harbor contributions of 100% of the first 4% of gross wages deferred on by a participant plus 50% of additional wages deferred on by a participant up to 6%. Contributions are subject to certain limitations.

Investment Options

Participants direct the investment of contributions for their account into various investment options offered by the Plan. The Plan currently offers various mutual funds and a fully benefit-responsive investment contract as investment options for participants. In addition, participants generally have the option of utilizing a self-directed brokerage account, through which participants are able to invest in a variety of securities, including mutual funds, equities, or certain fixed-income securities, in accordance with the Plan document.

Participant Accounts

Each participant's account is credited with the participant's contribution, an allocation of the Company's contributions, and plan earnings (losses), and charged with benefit payments, transaction fees related to notes receivable from participants and distributions, and allocations of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the vested participant's account.

Vesting

Participants are immediately vested in their contributions and follow a step-vesting schedule for the Company's contributions, plus actual earnings thereon. A participant is 100% vested in the Company's safe harbor contributions after two years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $500 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1.00%. At December 31, 2025, outstanding loans bore interest rates ranging from 4.25% to 9.50%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

On termination of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum or various installment options, as provided by the Plan. Prior to termination of service, amounts may be withdrawn only upon demonstration of financial hardship, disability, or after the participants reach age 59.5 years. Participants may petition for hardship withdrawals prior to termination of employment and, if approved, an amount not exceeding the vested portion of their individual accounts may be withdrawn.

Forfeitures

At December 31, 2025 and 2024, forfeited non-vested accounts totaled $231,956 and $88,615, respectively. These accounts will be used to reduce future Company contributions or pay administrative expenses. During the year ended December 31, 2025, no forfeitures were used to reduce Company contributions or pay administrative expenses.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Estimates

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates and assumptions.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the trustees. See Note 3 for discussion of fair value measurements.

Investments in the fully benefit-responsive investment contract are reported at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchase and sales of securities are recorded on a trade-date basis. Interest income (including interest income on notes receivable from participants) is recorded when received. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Benefit Payments

Benefits are recorded upon distribution.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Expenses related to specific participant transactions (notes receivable from participants and distributions) are charged directly to the participant's account.

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued.

Note 3. Fair Value Measurements

Fair value, as defined under GAAP, is an exit price representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

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

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

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

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

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

Mutual Funds
Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

Common Collective Trust Funds
These funds are valued at the net asset value ("NAV") of units of the collective funds as determined by the trustees. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investments for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12-month notification in order to ensure that securities liquidations will be carried out in an orderly business manner. These funds are not required to be classified in a level in the fair value hierarchy.

Pooled Separate Account
The Plan invests in a pooled separate account for which quoted prices are not available in active markets for identical instruments. The Plan utilizes the NAV per share, as determined by the trustees as the estimated fair value. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices of securities with similar characteristics. This fund is not required to be classified in a level in the fair value hierarchy.

Self-Directed Brokerage Accounts
Self-directed brokerage accounts may include mutual funds, equities, or certain fixed-income securities. These investments are valued by the administrator of the fund based on quoted market prices and are classified within Level 1 of the valuation hierarchy.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets accounted for at fair value on a recurring basis as of December 31:

	2025			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 64,512,450	$ 64,512,450	$ -	$ -
Self-directed brokerage	347,263	347,263	-	-
Total assets in the fair value hierarchy	$ 64,859,713	$ 64,859,713	$ -	$ -

	2024			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 33,871,517	$ 33,871,517	$ -	$ -
Self-directed brokerage	286,024	286,024	-	-
Total assets in the fair value hierarchy	34,157,541	$ 34,157,541	$ -	$ -
Investment measured at NAV [(A)]	20,617,669			
Investments at fair value	$ 54,775,210			

(A) In accordance with Topic 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value at December 31, 2025	Fair Value at December 31, 2024	Unfunded Commitments	Other Redemption Restrictions	Redemption Notice Period
Common collective trust funds	$ -	$ 17,341,787	None	Daily	12 months
Pooled separate account	$ -	$ 3,275,882	None	Daily	N/A

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the plan administrator believes the Plan's 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.

Note 4. Unaudited Information Certified by Trustees

The accompanying financial statements include the following unaudited information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, that was obtained from data prepared and certified to as complete and accurate by the Plan's trustees:

	2025	2024
Investments	$ 67,652,543	$ 54,775,210
Notes receivable from participants	$ 1,654,569	$ 1,445,881
Net appreciation in fair value of investments	$ 8,368,013	
Interest and dividend income	$ 1,290,109	
Interest income on notes receivable from participants	$ 127,656	

Note 5. Fully Benefit-Responsive Investment Contract

The Plan has a fully benefit-responsive guaranteed investment account with Empower Annuity Insurance Company of America. This account is backed by assets held in the general account of Empower. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The guaranteed portfolio fund held by the Plan is a guaranteed investment contract. Empower is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of Empower or otherwise. The crediting interest rate is based on a formula agreed upon with Empower, but it may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contract is dependent on Empower's ability to meet its financial obligations. Empower's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with Empower. Such events include the following: (1) amendments to the plan document (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) premature termination of the contracts (4) bankruptcy of the Company or other Company events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (5) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

In addition, certain events allow Empower to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material representation or (4) a material amendment to the agreements without the consent of the issuer.

Note 6. Exempt Party-in-Interest Transactions

Certain Plan investments are managed by John Hancock and Empower, the trustees as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees in the amount of $170,148 and $889 were paid by the Plan to John Hancock and Empower, respectively, for investment management and recordkeeping services during 2025.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 8. Tax Status

The Plan has not obtained a determination letter from the Internal Revenue Service (the "IRS") stating that the Plan was in compliance with the applicable requirement of the IRC. The Plan is relying on the IRS approval of the prototype plan that it is utilizing. The IRS has determined and informed the document sponsor by a letter dated June 30, 2020 that the prototype plan document was designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

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 be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Risks and Uncertainties

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

Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2025 and 2024 financial statements to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 69,591,563	$ 56,285,577
Deemed loans	(71,463)	-
Contributions receivable	(284,451)	(64,486)
Net assets available for benefits per Form 5500	$ 69,235,649	$ 56,221,091

The following is a reconciliation of net change in the statement of changes in net assets available for benefits per the financial statements for the year ended December 31, 2025, to net income per Form 5500:

Net change per the financial statements	$ 13,305,986
Change in deemed loans	(71,463)
Change in contributions receivable	(219,965)
Net income per Form 5500	$ 13,014,558

Note 11. Non-Exempt Party-in-Interest Transactions

During 2025, there were unintentional delays by the Company in submitting participant contributions in the amount of $785,000 to the trustees. These delinquent contributions constitute prohibited transactions. The Company is in the process of calculating the related lost earnings to be remitted to the affected participants' accounts.

Supplemental Schedules

Gridiron Fiber Savings and Security Plan
EIN 86-3776842 PN 002
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
Year Ended December 31, 2025

(a)	Pay Period Ending	Participant Contributions Transferred Late to the Plan	Total that Constitutes Non-Exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	July 3, 2025	$ 7,648	$ 7,648	$ -	$ -	$ -
	July 15, 2025	152,659	152,659	-	-	-
	July 18, 2025	50,119	50,119	-	-	-
	August 1, 2025	46,539	46,539	-	-	-
	September 3, 2025	1,035	1,035	-	-	-
	September 15, 2025	45,619	45,619	-	-	-
	September 26, 2025	4,601	4,601	-	-	-
	September 30, 2025	41,884	41,884	-	-	-
	October 1, 2025	90,239	90,239	-	-	-
	October 9, 2025	2,209	2,209	-	-	-
	October 31, 2025	147,688	147,688	-	-	-
	November 28, 2025	147,440	147,440	-	-	-
	December 19, 2025	47,302	47,302	-	-	-
	December 23, 2025	18	18	-	-	-
		$ 785,000	$ 785,000	$ -	$ -	$ -

Gridiron Fiber Savings and Security Plan
EIN 86-3776842 PN 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	Identity of Issue	Description of Investment	Cost**	Current Value
	Mutual Funds			
	Vanguard	Target Retirement 2020 Fund Investor Shares		$ 1,139,944
	Vanguard	Target Retirement 2025 Fund Investor Shares		960,550
	Vanguard	Target Retirement 2030 Fund Investor Shares		5,602,227
	Vanguard	Target Retirement 2035 Fund Investor Shares		5,514,229
	Vanguard	Target Retirement 2040 Fund Investor Shares		5,324,454
	Vanguard	Target Retirement 2045 Fund Investor Shares		3,299,233
	Vanguard	Target Retirement 2050 Fund Investor Shares		3,988,200
	Vanguard	Target Retirement 2055 Fund Investor Shares		1,366,773
	Vanguard	Target Retirement 2060 Fund Investor Shares		1,262,522
	Vanguard	Target Retirement 2065 Fund Investor Shares		290,918
	Vanguard	Target Retirement 2070 Fund Investor Shares		22,467
	JP Morgan	U.S. Government Money Market Cap Cl		91
	DFA	Emerging Market Core Equity Port I		46,614
	DFA	Global Equity I		14,023
	DFA	Global Real Estate Securities Port		26,991
	DFA	International Core Equity 2 Port I		4,546,167
	DFA	U.S. Core Equity 1 I		15,577,602
	Fidelity	Inflation Protected Bond Index		69,925
	Fidelity	International Index		236,532
	Fidelity	Mid Cap Index		4,443,735
	Fidelity	Total Market Index		5,810,164
	Fidelity	U.S. Bond Index		3,675,207
	PIMCO	High Yield Instl		8,601
	PIMCO	Income Instl		70,244
	Vanguard	Target Retirement Income Inv		457,720
	Fidelity	Small Cap Index		757,317
	Guaranteed Investment Contract			
	EI Fixed Account	Series Class I		2,792,830
	Self-Directed Brokerage Accounts			
	Schwab	Self-Directed Brokerage Accounts		347,263
*	**Participant Loans**	Interest-bearing at 4.25% to 9.50%; maturing through July 2037		1,583,106
				$ 69,235,649

* Party-in-interest.
** Cost information is omitted for participant-directed investments.
*** The accompanying financial statements classify participant loans as notes receivable from participants.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Gridiron Fiber Savings and Security Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2VTINX	458,191.11	32,176.341994	1	(458,191.11)	(32,176.341994)	1	(458,191.11)	SERIES
2VTWNX	1,132,408.71	38,231.219109	1	(1,132,408.71)	(38,231.219109)	1	(1,132,408.71)	SERIES
2VTTVX	1,016,309.77	47,624.637769	1	(1,016,309.77)	(47,624.637769)	1	(1,016,309.77)	SERIES
2VTHRX	5,532,577.75	126,228.102898	1	(5,532,577.75)	(126,228.102898)	1	(5,532,577.75)	SERIES
2VTTHX	5,429,247.66	193,625.094864	1	(5,429,247.66)	(193,625.094865)	2	(5,429,247.66)	SERIES
2VFORX	5,308,391.52	104,004.536050	1	(5,308,391.52)	(104,004.536050)	2	(5,308,391.52)	SERIES
2VTIVX	3,222,026.35	91,069.144997	1	(3,222,026.35)	(91,069.144997)	1	(3,222,026.35)	SERIES
2VFIFX	3,898,299.40	64,852.759940	1	(3,898,299.40)	(64,852.759940)	2	(3,898,299.40)	SERIES
2DFEOX	15,867,900.53	319,145.223854	2	(15,867,900.53)	(319,145.223853)	2	(15,867,900.53)	SERIES
4DFEOX	4.36	0.000000	4	0.00	0.000000	0	0.00	SERIES
2DFIEX	4,400,684.13	219,485.492769	2	(4,400,684.13)	(219,485.492768)	2	(4,400,684.13)	SERIES
4DFIEX	2.09	0.000000	4	0.00	0.000000	0	0.00	SERIES
2VFFVX	1,358,746.11	20,258.626957	1	(1,358,746.11)	(20,258.626957)	2	(1,358,746.11)	SERIES
2VTTSX	1,224,519.15	19,811.020061	1	(1,224,519.15)	(19,811.020061)	1	(1,224,519.15)	SERIES
2VLXVX	279,034.53	6,881.246116	1	(279,034.53)	(6,881.246116)	1	(279,034.53)	SERIES
2FSMDX	4,702,182.95	125,626.047288	3	(4,702,182.95)	(125,626.047288)	1	(4,702,182.95)	SERIES
4FSMDX	1.26	0.000000	3	0.00	0.000000	0	0.00	SERIES
2FSKAX	5,580,571.30	29,508.096975	1	(5,580,571.30)	(29,508.096975)	2	(5,580,571.30)	SERIES
2FSSNX	776,017.82	24,372.418970	1	(776,017.82)	(24,372.418970)	1	(776,017.82)	SERIES
2FSPSX	143,373.42	2,333.172010	1	(143,373.42)	(2,333.172010)	1	(143,373.42)	SERIES
2FXNAX	3,651,833.05	345,163.804348	2	(3,651,833.05)	(345,163.804348)	2	(3,651,833.05)	SERIES
4FXNAX	0.03	0.000947	4	0.00	0.000000	0	0.00	SERIES
2GWAQ35	2,901,615.75	0.000000	4	(2,901,615.75)	0.000000	2	(2,901,615.75)	SERIES
3GWAQ35	224,335.56	0.000000	9	0.00	0.000000	0	0.00	SERIES
4GWAQ35	7,391.11	0.000000	4	0.00	0.000000	0	0.00	SERIES
2VSVNX	21,211.99	659.166874	1	(21,211.99)	(659.166874)	1	(21,211.99)	SERIES
1VTINX	473,551.30	33,282.638812	178	(3,910.18)	(281.916366)	2	(4,010.45)	SERIES
1VTWNX	1,223,046.45	41,528.030098	276	0.00	0.000000	0	0.00	SERIES
1VTTVX	1,102,738.18	51,945.243337	477	(76,022.95)	(3,797.350274)	8	(80,686.35)	SERIES
1VTHRX	5,792,681.29	132,351.517716	1171	(213.17)	(5.015823)	12	(219.58)	SERIES
1VTTHX	5,642,917.70	201,396.233452	1175	0.00	0.000000	0	0.00	SERIES
1VFORX	5,503,400.98	107,890.900227	1384	(64,981.26)	(1,295.221513)	36	(66,069.40)	SERIES
1VTIVX	3,358,954.32	94,990.334972	1460	(734.91)	(21.045632)	1	(744.36)	SERIES
1VFIFX	4,043,690.68	67,291.575792	1078	(844.25)	(14.238674)	3	(854.31)	SERIES
1VFFVX	1,427,959.73	21,298.838323	691	(42,598.49)	(640.245816)	41	(42,927.99)	SERIES
1VTTSX	1,279,281.82	20,703.875419	523	0.00	0.000000	0	0.00	SERIES
1VLXVX	298,516.59	7,365.152056	268	(3,908.69)	(97.644041)	14	(3,957.69)	SERIES
1VSVNX	22,712.46	706.056542	64	0.00	0.000000	0	0.00	SERIES
1DFCEX	46,738.37	1,611.023614	92	(235.05)	(8.082875)	1	(233.84)	SERIES
1DGEIX	14,203.49	355.924598	92	(89.96)	(2.244511)	1	(89.94)	SERIES
1DFIEX	4,523,406.15	225,562.769015	1887	(30,613.99)	(1,503.294079)	56	(30,148.16)	SERIES
1FSPSX	238,459.08	3,894.459121	140	(252.15)	(4.131575)	1	(251.82)	SERIES
1DFGEX	27,223.30	2,584.780626	92	(72.09)	(6.859182)	1	(71.95)	SERIES
1FSSNX	794,298.99	24,954.777703	985	(14,662.92)	(469.921202)	137	(14,959.21)	SERIES
1FSMDX	4,782,746.59	127,785.762374	1899	(278,432.99)	(7,457.178666)	170	(279,108.53)	SERIES
1DFEOX	15,968,478.42	321,155.444532	2405	(354,615.82)	(7,090.880509)	221	(352,581.18)	SERIES
1FSKAX	5,886,078.30	31,131.780434	1231	(6,503.02)	(34.776526)	3	(6,576.70)	SERIES
1FIPDX	70,019.36	7,669.178655	92	(17.97)	(1.970395)	1	(17.99)	SERIES
1FXNAX	3,754,974.47	354,909.110540	1846	(74,238.16)	(7,017.161240)	87	(74,241.72)	SERIES
1PHIYX	8,600.73	1,051.433986	65	0.00	0.000000	0	0.00	SERIES
1PIMIX	70,407.12	6,394.919446	107	(35.98)	(3.270909)	1	(35.98)	SERIES
1SDBSCH	304,145.16	0.000000	8	0.00	0.000000	0	0.00	SERIES
1SDBSCR	37,349.88	0.000000	3	0.00	0.000000	0	0.00	SERIES

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Gridiron Fiber Savings and Security Plan

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INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1GWAQ35	2,700,146.07	0.000000	916	(142,018.13)	0.000000	180	(142,018.13)	SERIES
5% TRANSACTIONS								
4DFEOX	291.91	5.871078	1	0.00	0.000000	0	0.00	04-DEC-25
4DFIEX	244.43	12.191022	1	0.00	0.000000	0	0.00	04-DEC-25
4FSMDX	196.28	5.243922	1	0.00	0.000000	0	0.00	04-DEC-25
4FXNAX	9.86	0.931947	1	0.00	0.000000	0	0.00	04-DEC-25
1VTINX	458,191.21	32,176.349015	31	0.00	0.000000	0	0.00	04-DEC-25
1VTWNX	1,132,409.59	38,231.248817	54	0.00	0.000000	0	0.00	04-DEC-25
1VTTVX	1,016,310.55	47,624.674320	88	0.00	0.000000	0	0.00	04-DEC-25
1VTHRX	5,532,578.96	126,228.130508	209	0.00	0.000000	0	0.00	04-DEC-25
1VTTHX	5,429,247.30	193,625.082022	199	0.00	0.000000	0	0.00	04-DEC-25
1VFORX	5,308,387.11	104,004.449644	243	0.00	0.000000	0	0.00	04-DEC-25
1VTIVX	3,222,027.55	91,069.178917	246	0.00	0.000000	0	0.00	04-DEC-25
1VFIFX	3,898,298.95	64,852.752455	258	0.00	0.000000	0	0.00	04-DEC-25
1VFFVX	1,358,743.96	20,258.594902	184	0.00	0.000000	0	0.00	04-DEC-25
1VTTSX	1,224,523.37	19,811.088333	137	0.00	0.000000	0	0.00	04-DEC-25
1VLXVX	279,035.47	6,881.269295	66	0.00	0.000000	0	0.00	04-DEC-25
1VSVNX	21,212.10	659.170292	12	0.00	0.000000	0	0.00	04-DEC-25
1DFIEX	4,400,683.98	219,485.485287	542	0.00	0.000000	0	0.00	04-DEC-25
1FSPSX	143,373.60	2,333.174940	10	0.00	0.000000	0	0.00	04-DEC-25
1FSSNX	776,018.22	24,372.431532	298	0.00	0.000000	0	0.00	04-DEC-25
1FSMDX	4,702,182.95	125,626.047282	527	0.00	0.000000	0	0.00	04-DEC-25
1DFEOX	15,867,899.47	319,145.202527	720	0.00	0.000000	0	0.00	04-DEC-25
1FSKAX	5,580,570.03	29,508.090261	284	0.00	0.000000	0	0.00	04-DEC-25
1FXNAX	3,651,833.01	345,163.800566	529	0.00	0.000000	0	0.00	04-DEC-25
3GWAQ35	215,925.86	0.000000	3	0.00	0.000000	0	0.00	05-DEC-25
4GWAQ35	6,652.73	0.000000	2	0.00	0.000000	0	0.00	05-DEC-25
1SDBSCH	304,145.16	0.000000	8	0.00	0.000000	0	0.00	05-DEC-25
1SDBSCR	37,349.88	0.000000	3	0.00	0.000000	0	0.00	05-DEC-25
1GWAQ35	2,685,689.84	0.000000	472	0.00	0.000000	0	0.00	05-DEC-25
4DFEOX	0.67	0.013419	1	0.00	0.000000	0	0.00	10-DEC-25
4DFIEX	2.96	0.148148	1	0.00	0.000000	0	0.00	10-DEC-25
1DFIEX	53,282.39	2,666.786287	540	0.00	0.000000	0	0.00	10-DEC-25
1DFEOX	36,475.17	730.526130	712	0.00	0.000000	0	0.00	10-DEC-25
4DFEOX	(288.22)	(5.884497)	2	0.00	0.000000	0	0.00	17-DEC-25
4DFIEX	(245.30)	(12.339170)	2	0.00	0.000000	0	0.00	17-DEC-25
4FSMDX	(195.02)	(5.243922)	2	0.00	0.000000	0	0.00	17-DEC-25
4FXNAX	(9.84)	(0.931947)	2	0.00	0.000000	0	0.00	17-DEC-25
4GWAQ35	738.38	0.000000	2	0.00	0.000000	0	0.00	17-DEC-25
1FSPSX	4,472.71	74.149702	10	0.00	0.000000	0	0.00	19-DEC-25
1FSSNX	8,164.78	259.199371	297	0.00	0.000000	0	0.00	19-DEC-25
1FSMDX	40,451.55	1,086.531018	525	0.00	0.000000	0	0.00	19-DEC-25
1FSKAX	52,701.41	282.036870	283	0.00	0.000000	0	0.00	19-DEC-25
1VTINX	13,140.26	946.704610	87	0.00	0.000000	0	0.00	23-DEC-25
1VTWNX	86,041.71	3,129.927614	160	0.00	0.000000	0	0.00	23-DEC-25
1VTTVX	70,161.51	3,508.075500	261	0.00	0.000000	0	0.00	23-DEC-25
1VTHRX	215,386.73	5,071.502948	626	0.00	0.000000	0	0.00	23-DEC-25
1VTTHX	156,660.02	5,698.800289	592	0.00	0.000000	0	0.00	23-DEC-25
1VFORX	143,735.71	2,864.973297	725	0.00	0.000000	0	0.00	23-DEC-25
1VTIVX	78,950.00	2,260.882007	736	0.00	0.000000	0	0.00	23-DEC-25
1VFIFX	80,320.15	1,347.201442	258	0.00	0.000000	0	0.00	23-DEC-25

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Gridiron Fiber Savings and Security Plan

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INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1VFFVX	27,865.63	418.717208	184	0.00	0.000000	0	0.00	23-DEC-25
1VTTSX	24,833.20	404.845123	137	0.00	0.000000	0	0.00	23-DEC-25
1VLXVX	5,510.53	136.873569	66	0.00	0.000000	0	0.00	23-DEC-25
1VSVNX	381.62	11.925624	36	0.00	0.000000	0	0.00	23-DEC-25
1VFFVX	0.00	0.000000	0	(4,961.08)	(74.400527)	24	(4,989.26)	24-DEC-25
1DFCEX	644.94	22.293121	2	0.00	0.000000	0	0.00	24-DEC-25
1DGEIX	248.06	6.190666	2	0.00	0.000000	0	0.00	24-DEC-25
1DFIEX	644.94	31.645731	2	0.00	0.000000	0	0.00	24-DEC-25
1FSPSX	694.54	11.395242	2	0.00	0.000000	0	0.00	24-DEC-25
1DFGEX	198.44	18.917064	2	0.00	0.000000	0	0.00	24-DEC-25
1FSSNX	148.84	4.689351	2	0.00	0.000000	0	0.00	24-DEC-25
1FSMDX	297.66	7.929142	2	0.00	0.000000	0	0.00	24-DEC-25
1DFEOX	744.16	14.800318	2	0.00	0.000000	0	0.00	24-DEC-25
1FSKAX	1,141.04	6.024816	2	0.00	0.000000	0	0.00	24-DEC-25
1FIPDX	49.62	5.434830	2	0.00	0.000000	0	0.00	24-DEC-25
1FXNAX	49.62	4.689982	2	0.00	0.000000	0	0.00	24-DEC-25
1PIMIX	99.22	9.020000	2	0.00	0.000000	0	0.00	24-DEC-25
1DFCEX	0.00	0.000000	0	(235.05)	(8.082875)	1	(233.84)	26-DEC-25
1DGEIX	0.00	0.000000	0	(89.96)	(2.244511)	1	(89.94)	26-DEC-25
1DFIEX	0.00	0.000000	0	(233.96)	(11.474252)	1	(233.85)	26-DEC-25
1FSPSX	0.00	0.000000	0	(252.15)	(4.131575)	1	(251.82)	26-DEC-25
1DFGEX	0.00	0.000000	0	(72.09)	(6.859182)	1	(71.95)	26-DEC-25
1FSSNX	0.00	0.000000	0	(53.68)	(1.700348)	1	(53.97)	26-DEC-25
1FSMDX	0.00	0.000000	0	(107.87)	(2.875000)	1	(107.93)	26-DEC-25
1DFEOX	0.00	0.000000	0	(269.77)	(5.366421)	1	(269.82)	26-DEC-25
1FSKAX	0.00	0.000000	0	(413.53)	(2.184522)	1	(413.73)	26-DEC-25
1FIPDX	0.00	0.000000	0	(17.97)	(1.970395)	1	(17.99)	26-DEC-25
1FXNAX	0.00	0.000000	0	(17.99)	(1.700378)	1	(17.99)	26-DEC-25
1PIMIX	0.00	0.000000	0	(35.98)	(3.270909)	1	(35.98)	26-DEC-25
1VTINX	2,219.83	159.585187	60	0.00	0.000000	0	0.00	29-DEC-25
1VTWNX	4,595.15	166.853667	62	0.00	0.000000	0	0.00	29-DEC-25
1VTTVX	16,266.12	812.493517	128	0.00	0.000000	0	0.00	29-DEC-25
1VTHRX	44,715.60	1,051.884260	336	0.00	0.000000	0	0.00	29-DEC-25
1VTTHX	57,010.38	2,072.351141	384	0.00	0.000000	0	0.00	29-DEC-25
1VFORX	51,278.16	1,021.477286	416	0.00	0.000000	0	0.00	29-DEC-25
1VTIVX	57,976.77	1,660.274048	478	(734.91)	(21.045632)	1	(744.36)	29-DEC-25
1VFIFX	65,071.58	1,091.621895	562	(33.58)	(0.563328)	2	(33.86)	29-DEC-25
1VFFVX	41,350.14	621.526213	323	(19,284.05)	(289.854953)	3	(19,434.09)	29-DEC-25
1VTTSX	29,885.07	487.283058	248	0.00	0.000000	0	0.00	29-DEC-25
1VLXVX	13,970.59	347.009192	136	0.00	0.000000	0	0.00	29-DEC-25
1VSVNX	1,118.74	34.960626	16	0.00	0.000000	0	0.00	29-DEC-25
1DFCEX	18,959.74	654.235334	30	0.00	0.000000	0	0.00	29-DEC-25
1DGEIX	4,754.36	119.007760	30	0.00	0.000000	0	0.00	29-DEC-25
1DFIEX	44,876.88	2,205.252104	763	(465.69)	(22.884030)	4	(459.28)	29-DEC-25
1FSPSX	43,219.53	709.796846	58	0.00	0.000000	0	0.00	29-DEC-25
1DFGEX	14,172.50	1,345.916427	30	0.00	0.000000	0	0.00	29-DEC-25
1FSSNX	6,173.37	196.666760	366	(4,621.81)	(147.238290)	52	(4,687.47)	29-DEC-25
1FSMDX	33,410.24	893.560829	831	(140,801.63)	(3,765.756357)	54	(140,945.71)	29-DEC-25
1DFEOX	63,359.62	1,264.915557	971	(86,843.00)	(1,733.739268)	54	(86,202.74)	29-DEC-25
1FSKAX	147,930.36	784.401912	598	0.00	0.000000	0	0.00	29-DEC-25
1FIPDX	42,426.91	4,646.978093	30	0.00	0.000000	0	0.00	29-DEC-25
1FXNAX	57,814.69	5,459.366383	763	(233.55)	(22.053824)	4	(233.33)	29-DEC-25
1PHIYX	4,713.20	576.185819	24	0.00	0.000000	0	0.00	29-DEC-25

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Gridiron Fiber Savings and Security Plan

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INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1PIMIX	42,435.13	3,854.235240	30	0.00	0.000000	0	0.00	29-DEC-25
1GWAQ35	14,444.91	0.000000	436	(107,408.70)	0.000000	54	(107,408.70)	29-DEC-25
3GWAQ35	8,409.70	0.000000	6	0.00	0.000000	0	0.00	30-DEC-25
1VTTVX	0.00	0.000000	0	(76,022.95)	(3,797.350274)	8	(80,686.35)	30-DEC-25
1VTHRX	0.00	0.000000	0	(213.17)	(5.015823)	12	(219.58)	30-DEC-25
1VFORX	0.00	0.000000	0	(64,981.26)	(1,295.221513)	36	(66,069.40)	30-DEC-25
1VFFVX	0.00	0.000000	0	(18,353.36)	(275.990336)	14	(18,504.64)	30-DEC-25
1DFCEX	24,053.83	828.585254	48	0.00	0.000000	0	0.00	30-DEC-25
1DGEIX	8,101.30	202.989225	48	0.00	0.000000	0	0.00	30-DEC-25
1DFIEX	23,917.96	1,173.599606	40	(24,828.57)	(1,218.281780)	37	(24,427.83)	30-DEC-25
1FSPSX	43,838.73	718.903412	48	0.00	0.000000	0	0.00	30-DEC-25
1DFGEX	11,972.46	1,135.907020	48	0.00	0.000000	0	0.00	30-DEC-25
1FSSNX	3,793.78	121.790689	22	(8,415.47)	(270.159415)	70	(8,600.09)	30-DEC-25
1FSMDX	6,404.19	171.694103	14	(131,601.99)	(3,528.203416)	99	(132,053.59)	30-DEC-25
1DFEOX	0.00	0.000000	0	(263,413.26)	(5,269.319376)	150	(262,008.53)	30-DEC-25
1FSKAX	98,675.56	524.145115	52	0.00	0.000000	0	0.00	30-DEC-25
1FIPDX	27,322.95	2,992.656082	48	0.00	0.000000	0	0.00	30-DEC-25
1FXNAX	35,502.25	3,355.600190	42	(72,062.06)	(6,811.157039)	66	(72,062.16)	30-DEC-25
1PHIYX	3,882.63	474.649146	30	0.00	0.000000	0	0.00	30-DEC-25
1PIMIX	27,404.11	2,489.019982	48	0.00	0.000000	0	0.00	30-DEC-25
1GWAQ35	11.32	0.000000	8	(34,609.43)	0.000000	126	(34,609.43)	30-DEC-25
4FXNAX	0.01	0.000947	1	0.00	0.000000	0	0.00	31-DEC-25
1VTINX	0.00	0.000000	0	(3,910.18)	(281.916366)	2	(4,010.45)	31-DEC-25
1VFIFX	0.00	0.000000	0	(810.67)	(13.675346)	1	(820.45)	31-DEC-25
1VTTSX	40.18	0.658905	1	0.00	0.000000	0	0.00	31-DEC-25
1VLXVX	0.00	0.000000	0	(3,908.69)	(97.644041)	14	(3,957.69)	31-DEC-25
1DFCEX	3,079.86	105.909905	12	0.00	0.000000	0	0.00	31-DEC-25
1DGEIX	1,099.77	27.736947	12	0.00	0.000000	0	0.00	31-DEC-25
1DFIEX	0.00	0.000000	0	(5,085.77)	(250.654017)	14	(5,027.20)	31-DEC-25
1FSPSX	2,859.97	47.038979	12	0.00	0.000000	0	0.00	31-DEC-25
1DFGEX	879.90	84.040115	12	0.00	0.000000	0	0.00	31-DEC-25
1FSSNX	0.00	0.000000	0	(1,571.96)	(50.823149)	14	(1,617.68)	31-DEC-25
1FSMDX	0.00	0.000000	0	(5,921.50)	(160.343893)	16	(6,001.30)	31-DEC-25
1DFEOX	0.00	0.000000	0	(4,089.79)	(82.455444)	16	(4,100.09)	31-DEC-25
1FSKAX	5,059.90	27.081460	12	(6,089.49)	(32.592004)	2	(6,162.97)	31-DEC-25
1FIPDX	219.88	24.109650	12	0.00	0.000000	0	0.00	31-DEC-25
1FXNAX	9,774.90	925.653419	510	(1,924.56)	(182.249999)	16	(1,928.24)	31-DEC-25
1PHIYX	4.90	0.599021	11	0.00	0.000000	0	0.00	31-DEC-25
1PIMIX	468.66	42.644224	27	0.00	0.000000	0	0.00	31-DEC-25

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Gridiron Fiber Savings and Security Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE

LEGEND

INVESTMENT OPTION:

2VTINX	Vanguard Target Retirement Income Inv
2VTTVX	Vanguard Target Retirement 2025 Inv
2VTTHX	Vanguard Target Retirement 2035 Inv
2VTIVX	Vanguard Target Retirement 2045 Inv
2DFEOX	DFA US Core Equity 1 I
2DFIEX	DFA International Core Equity 2 Port I
2VFFVX	Vanguard Target Retirement 2055 Inv
2VLXVX	Vanguard Target Retirement 2065 Inv
4FSMDX	Fidelity Mid Cap Index
2FSSNX	Fidelity Small Cap Index
2FXNAX	Fidelity US Bond Index
2GWAQ35	EI Fixed Account - Series Class I
4GWAQ35	EI Fixed Account - Series Class I
1VTINX	Vanguard Target Retirement Income Inv
1VTTVX	Vanguard Target Retirement 2025 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv
1VLXVX	Vanguard Target Retirement 2065 Inv
1DFCEX	DFA Emerging Market Core Equity 2 Port I
1DFIEX	DFA International Core Equity 2 Port I
1DFGEX	DFA Global Real Estate Securities Port
1FSMDX	Fidelity Mid Cap Index
1FSKAX	Fidelity Total Market Index
1FXNAX	Fidelity US Bond Index
1PIMIX	PIMCO Income Instl
1SDBSCR	Schwab SDB Roth
2VTWNX	Vanguard Target Retirement 2020 Inv
2VTHRX	Vanguard Target Retirement 2030 Inv
2VFORX	Vanguard Target Retirement 2040 Inv
2VFIFX	Vanguard Target Retirement 2050 Inv
4DFEOX	DFA US Core Equity 1 I
4DFIEX	DFA International Core Equity 2 Port I
2VTTSX	Vanguard Target Retirement 2060 Inv
2FSMDX	Fidelity Mid Cap Index
2FSKAX	Fidelity Total Market Index
2FSPSX	Fidelity International Index
4FXNAX	Fidelity US Bond Index
3GWAQ35	EI Fixed Account - Series Class I
2VSVNX	Vanguard Target Retirement 2070 Inv
1VTWNX	Vanguard Target Retirement 2020 Inv
1VTHRX	Vanguard Target Retirement 2030 Inv
1VFORX	Vanguard Target Retirement 2040 Inv
1VFIFX	Vanguard Target Retirement 2050 Inv
1VTTSX	Vanguard Target Retirement 2060 Inv
1VSVNX	Vanguard Target Retirement 2070 Inv
1DGEIX	DFA Global Equity I
1FSPSX	Fidelity International Index
1FSSNX	Fidelity Small Cap Index
1DFEOX	DFA US Core Equity 1 I
1FIPDX	Fidelity Inflation Protected Bond Index
1PHIYX	PIMCO High Yield Instl
1SDBSCH	Schwab SDB
1GWAQ35	EI Fixed Account - Series Class I

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: Fidelity US Bond Index Fd **CUSIP:** 316146356 **Ticker:** FXNAX

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($3,651,842.91)	(345,164.736)	($3,672,334.04)	($20,491.13)
Buy	$4,335,769.28	407,497.113	$4,335,769.28	$0.00
15 Series - Sell	($4,358,892.04)	(411,841.058)	($4,381,734.07)	($22,842.03)
10 Series - Buy	$4,383,204.12	411,979.975	$4,383,201.03	($3.09)

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: Vanguard Target Ret 2030 Fund **CUSIP:** 92202E888 **Ticker:** VTHRX

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($5,532,577.75)	(126,228.103)	($5,034,655.33)	$497,922.42
39 Series - Sell	($6,486,023.77)	(150,550.312)	($5,998,993.89)	$487,029.88

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: Vanguard Target Ret 2035 Fund **CUSIP:** 92202E508 **Ticker:** VTTHX

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($5,429,247.66)	(193,625.095)	($4,522,378.01)	$906,869.65
41 Series - Sell	($5,653,767.68)	(202,512.878)	($4,724,578.48)	$929,189.20

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: Vanguard Target Ret 2040 Fund **CUSIP:** 92202E870 **Ticker:** VFORX

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($5,308,391.52)	(104,004.536)	($4,589,673.18)	$718,718.34
39 Series - Sell	($5,837,895.89)	(115,067.759)	($5,075,111.19)	$762,784.70

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: Vanguard Target Ret 2045 Fund **CUSIP:** 92202E607 **Ticker:** VTIVX

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($3,222,026.35)	(91,069.145)	($2,621,099.80)	$600,926.55
43 Series - Sell	($3,469,775.29)	(98,994.061)	($2,843,378.66)	$626,396.63

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: Vanguard Target Ret 2050 Fund **CUSIP:** 92202E862 **Ticker:** VFIFX

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($3,898,299.40)	(64,852.760)	($3,151,479.50)	$746,819.90
47 Series - Sell	($4,408,229.64)	(73,619.680)	($3,574,007.28)	$834,222.36

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: Fidelity Total Market Index Fd **CUSIP:** 315911693 **Ticker:** FSKAX

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($5,580,571.30)	(29,508.097)	($5,421,393.88)	$159,177.42
Buy	$5,439,450.28	29,610.507	$5,439,450.28	$0.00
7 Series - Sell	($5,766,860.58)	(30,503.446)	($5,604,247.03)	$162,613.55
8 Series - Buy	$5,604,247.03	30,503.446	$5,604,247.03	$0.00

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: DFA US Core Equity 1 Port Ins **CUSIP:** 233203413 **Ticker:** DFEOX

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($15,868,192.44)	(319,151.095)	($15,345,355.24)	$522,837.20
Buy	$15,870,548.38	330,086.281	$15,870,548.38	$0.00
19 Series - Sell	($16,455,541.83)	(331,300.794)	($15,929,526.80)	$526,015.03
5 Series - Buy	$15,929,526.80	331,300.794	$15,929,526.80	$0.00

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: Fidelity Mid Cap Index Fund **CUSIP:** 316146265 **Ticker:** FSMDX

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($4,702,378.51)	(125,631.272)	($4,611,488.53)	$90,889.98
Buy	$4,945,687.39	134,723.164	$4,945,687.39	$0.00
13 Series - Sell	($5,088,501.52)	(136,365.796)	($5,005,526.29)	$82,975.23
11 Series - Buy	$5,005,526.29	136,365.796	$5,005,526.29	$0.00

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: DFA Int Core Equity Prt Inst **CUSIP:** 233203371 **Ticker:** DFIEX

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($4,400,928.56)	(219,497.684)	($4,278,122.90)	$122,805.66
Buy	$4,367,436.60	224,086.023	$4,367,436.60	$0.00
16 Series - Sell	($4,515,843.36)	(225,383.101)	($4,392,831.15)	$123,012.21
5 Series - Buy	$4,392,831.15	225,383.101	$4,392,831.15	$0.00

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: NT ACWI exUS IMI NonLend Tier **CUSIP:** 66586U536 **Ticker:**

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
21 Series - Sell	($2,845,390.88)	(17,190.302)	($2,188,487.61)	$656,903.27

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: NT SP 500 Idx NonLend Tier 4 **CUSIP:** 66586Y504 **Ticker:**

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($5,431,225.11)	(20,843.624)	($3,895,620.66)	$1,535,604.45
24 Series - Sell	($5,650,542.11)	(21,686.980)	($4,051,614.37)	$1,598,927.74

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: BlackRock Total Return Fund **CUSIP:** 09252M743 **Ticker:** MPHQX

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($4,097,780.73)	(405,319.559)	($4,470,870.18)	($373,089.45)
31 Series - Sell	($4,299,699.19)	(425,838.204)	($4,698,998.39)	($399,299.20)

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: JP Morgan Large Growth R6 **CUSIP:** 48121L841 **Ticker:** JLGMX

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($11,117,395.12)	(114,932.214)	($8,378,364.67)	$2,739,030.45
69 Series - Sell	($12,480,571.62)	(130,648.628)	($9,490,250.33)	$2,990,321.29

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: MFS Large Cap Value Fd CT **CUSIP:** 97184D618 **Ticker:**

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($4,753,153.26)	(353,672.899)	($3,424,916.37)	$1,328,236.89
38 Series - Sell	($4,961,276.78)	(369,810.310)	($3,577,528.06)	$1,383,748.72

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: NT ACWI exUS IMI DC NL Tier CT **CUSIP:** 66586Y421 **Ticker:**

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
19 Series - Sell	($3,510,542.02)	(29,493.324)	($3,194,985.63)	$315,556.39
29 Series - Buy	$3,194,985.63	29,493.324	$3,194,985.63	$0.00

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: NT Col SP 500 Idx DC NL Tier C **CUSIP:** 66586Y488 **Ticker:**

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
Sell	($5,439,450.28)	(41,139.429)	($4,632,039.59)	$807,410.69
Buy	$5,431,225.11	48,645.097	$5,431,225.11	$0.00
26 Series - Sell	($6,799,035.12)	(52,206.554)	($5,870,062.32)	$928,972.80
30 Series - Buy	$5,870,062.32	52,206.554	$5,870,062.32	$0.00

For Plan Sponsor use only. Not for use with plan participants.

5% Transactions

Activity for reporting period: 01/01/2025 to 12/31/2025

Asset Name: NYL Anchor 35bps - IV **CUSIP:** 64953ABN9 **Ticker:**

Transaction	Transaction Dollar Amount	Shares Transacted	Cost	Realized Gain / Loss
64 Series - Sell	($4,175,480.00)	(4,175,480.000)	($4,175,480.00)	$0.00

For Plan Sponsor use only. Not for use with plan participants.

Schedule H/I, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan:

► GRIDIRON FIBER SAVINGS AND SECURITY PLAN

Employer Identification No.: ► 86-3776842

Plan year (beginning/ending):► 01/01/2025 - 12/31/2025 Plan number: ► 002

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
x	785,000			

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Gridiron Fiber Savings and Security Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			469,540.85	457,720.02
1VTWNX			1,223,046.45	1,139,944.44
1VTTVX			1,022,051.83	960,550.42
1VTHRX			5,792,461.71	5,602,227.36
1VTTHX			5,642,917.70	5,514,228.89
1VFORX			5,437,331.56	5,324,454.20
1VTIVX			3,358,209.96	3,299,233.09
1VFIFX			4,042,836.37	3,988,200.45
1VFFVX			1,385,031.75	1,366,772.48
1VTTSX			1,279,281.82	1,262,522.32
1VLXVX			294,558.90	290,918.33
1VSVNX			22,712.46	22,466.72
1DFCEX			46,504.53	46,613.51
1DGEIX			14,113.55	14,023.41
1DFIEX			4,493,257.99	4,546,166.75
1FSPSX			238,207.26	236,531.91
1DFGEX			27,151.35	26,990.81
1FSSNX			779,339.74	757,316.68
1FSMDX			4,503,638.02	4,443,734.56
1DFEOX			15,615,897.20	15,577,602.39
1FSKAX			5,879,501.54	5,810,164.18
1FIPDX			70,001.37	69,924.94
1FXNAX			3,680,732.72	3,673,738.96
1PHIYX			8,600.73	8,600.73
1PIMIX			70,371.14	70,244.21
1SDBSCH			309,698.05	309,698.05
1SDBSCR			37,564.82	37,564.82
1GWAQ35		1.450	2,558,142.56	2,560,874.66
			68,302,703.93	**67,419,029.29**
PARTICIPANT LOANS	VARIOUS	4.250-9.500	1,578,430.87	1,583,106.47
FORFEITURES			231,734.41	231,955.78

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 86-3776842

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Gridiron Fiber Savings and Security Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv	1VTWNX	Vanguard Target Retirement 2020 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1VLXVX	Vanguard Target Retirement 2065 Inv	1VSVNX	Vanguard Target Retirement 2070 Inv
1DFCEX	DFA Emerging Market Core Equity 2 Port I	1DGEIX	DFA Global Equity I
1DFIEX	DFA International Core Equity 2 Port I	1FSPSX	Fidelity International Index
1DFGEX	DFA Global Real Estate Securities Port	1FSSNX	Fidelity Small Cap Index
1FSMDX	Fidelity Mid Cap Index	1DFEOX	DFA US Core Equity 1 I
1FSKAX	Fidelity Total Market Index	1FIPDX	Fidelity Inflation Protected Bond Index
1FXNAX	Fidelity US Bond Index	1PHIYX	PIMCO High Yield Instl
1PIMIX	PIMCO Income Instl	1SDBSCH	Schwab SDB
1SDBSCR	Schwab SDB Roth	1GWAQ35	EI Fixed Account - Series Class I

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year