Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

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)
DELANEY TELECOM, INC.

5219 MILITIA HILL ROAD
PLYMOUTH MEETING, PA 19462

2b Employer Identification Number (EIN)
23-2388066

2c Plan Sponsor's telephone number
724-873-7095

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.	10/15/2026	JACKIE COUTURE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	SHUBHRA PRADHAN
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	674
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)**	8
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	49
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	57
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	61
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H 1I

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DELANEY TELECOM, INC.

D Employer Identification Number (EIN)
23-2388066

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	41100395
b Actuarial value	**2b**	41100395

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	423	27193353	27193353
b For terminated vested participants	243	15799556	15799556
c For active participants	8	1275064	1275064
d Total	674	44267973	44267973

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

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

5 Effective interest rate	**5**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	385695
c Target normal cost	**6c**	385695

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/13/2026
Date

CATIE GRAY
Type or print name of actuary

26-08473
Most recent enrollment number

USI CONSULTING GROUP
Firm name

629-895-7806
Telephone number (including area code)

5301 VIRGINIA WAY, SUITE 400
BRENTWOOD, TN 37027-7542

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 6.91 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	92.84 %
15	Adjusted funding target attainment percentage	15	92.84 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2025	166210	0			
07/10/2025	166210	0			
10/09/2025	166210	0			
01/12/2026	166210	0			
09/11/2026	104643	0			
			Totals ► 18(b)	769483	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	738158

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	58

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	385695
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3167578	352463
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	738158

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

36 Additional cash requirement (line 34 minus line 35)	**36**	738158
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	738158
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DELANEY TELECOM, INC.

D Employer Identification Number (EIN)
23-2388066

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)

PRINCIPAL TRUST COMPANY

51-0099493

(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 21 25	TRUSTEE	109364	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KNAV CPA LLP

92-3540684

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	10816	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DELANEY TELECOM, INC.

D Employer Identification Number (EIN)
23-2388066

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: S&P 500 INDEX CIT N

b Name of sponsor of entity listed in (a): PRINCIPAL/ BLACKROCK

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)
94-3224211-001	C	818860

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQTY INDEX CIT N

b Name of sponsor of entity listed in (a): PRINCIPAL / BLACKROCK

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)
52-2265229-001	C	314391

a Name of MTIA, CCT, PSA, or 103-12 IE: LIABILITY DRIVEN SOLUTION CIT I

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

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)
30-6225619-001	C	1016691

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

b Name of sponsor of entity listed in (a): PRINCIPAL / MFS

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)
45-6648640-001	C	312138

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-MANAGER SMALL CAP CIT N

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

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)
45-6648658-001	C	308821

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE CIT N

b Name of sponsor of entity listed in (a): PRINCIPAL/CAUSEWAY

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)
47-6375784-001	C	237905

a Name of MTIA, CCT, PSA, or 103-12 IE: INST EQ INC MGD CIT N

b Name of sponsor of entity listed in (a): PRINCIPAL / T ROWE PRICE

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)
46-6586666-001	C	313804

a Name of MTIA, CCT, PSA, or 103-12 IE: INSTITUTIONAL LCG MGD CIT N

b Name of sponsor of entity listed in (a): PRINCIPAL / T ROWE PRICE

c EIN-PN 45-6648614-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 312250

a Name of MTIA, CCT, PSA, or 103-12 IE: LIABILITY DRIVEN SOLUTION CIT II

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

c EIN-PN 80-6049172-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 557898

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND N

b Name of sponsor of entity listed in (a): PRINCIPAL/BLACKROCK

c EIN-PN 41-6292499-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 560372

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

b Name of sponsor of entity listed in (a): PRINCIPAL/ALLIANCE BERNSTEIN

c EIN-PN 92-1443848-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 312742

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P MIDCAP INDEX CIT N

b Name of sponsor of entity listed in (a): PRINCIPAL/BLACKROCK

c EIN-PN 52-2265235-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 270925

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
PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DELANEY TELECOM, INC.

D Employer Identification Number (EIN)
23-2388066

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)	366117	270853
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3255	20724
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)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	39393862	5336797
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1342240	708327
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	41105474	6336701
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	10500	233077
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	10500	233077
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	41094974	6103624

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)	769483	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		769483
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	45487	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		45487
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	10298	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		10298
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	40538033	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	40538033	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3459650
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		311396
c Other income	2c		332
d Total income. Add all **income** amounts in column (b) and enter total	2d		4596646
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2763979	
(2) To insurance carriers for the provision of benefits	2e(2)	36469737	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		39233716
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	10816	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	109364	
(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)	234100	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		354280
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		39587996
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-34991350
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KNAV CPA LLP **(2)** EIN: 92-3540684

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 584059.

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
PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DELANEY TELECOM, INC.

D Employer Identification Number (EIN)
23-2388066

Part I Distributions

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

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

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

EIN(s): 42-1466678

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** 610

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

Financial Statements

December 31, 2025, and December 31, 2024

KNAV CPA LLP

Certified Public Accountants
One Lakeside Commons, Suite 850,
990 Hammond Drive NE, Atlanta, GA 30328

CPA℠
America Counts on CPAs

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PARTNERS BEYOND BOUNDARIES

Report of Independent Auditor

To,
The Plan Administrative Committee of
Pension Plan for Bargaining Unit Employees of NextiraOne, LLC

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the accompanying financial statements of Pension Plan for Bargaining Unit Employees of NextiraOne, LLC ("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 December 31, 2024, and the related statements of changes in net assets available for benefits for the years ended December 31, 2025, and December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025, and December 31, 2024, and for the years ended December 31, 2025, and December 31, 2024, 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for opinion

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

Emphasis of Matter—Pension Risk Transfer

We draw attention to note 11 to the financial statements, which describes the Plan's purchase of nonparticipating single-premium group annuity contracts during 2025 for an aggregate premium of $36,469,737. Our opinion is not modified with respect to this matter.

Responsibilities of management for the financial statements

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

In performing an audit in accordance with GAAS, we:

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

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

comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other matters - Supplemental schedules required by ERISA

The supplemental schedules of Schedule H, Part IV, Line 4i - Schedule of assets held as of December 31, 2025, and Schedule H, Part IV, Line 4j - Schedule of reportable transactions for the year ended December 31, 2025, (under supplemental information), are presented for purposes of additional analysis and 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 its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

KNAV CPA LLP

Atlanta, Georgia
October 14, 2026

Financial Statements

Statements of Net Assets Available for Benefits

(All amounts in United States Dollars, unless otherwise stated)

	As at December 31, 2025	As at December 31, 2024
ASSETS		
Investments, at fair value:		
Mutual funds	708,327	1,342,240
Common/collective trusts	5,336,797	39,393,862
Total investments at fair value	**6,045,124**	**40,736,102**
Receivables:		
Dividends	20,724	3,255
Employer contributions	270,853	366,117
Total receivables	**291,577**	**369,372**
Total assets	**6,336,701**	**41,105,474**
LIABILITIES		
Accrued expenses	233,077	10,500
Total liabilities	**233,077**	**10,500**
Net assets available for benefits	**6,103,624**	**41,094,974**

(See accompanying notes to financial statements)

Statements of changes in Net Assets Available for Benefits

(All amounts in United States Dollars, unless otherwise stated)

	For the year ended	
	December 31, 2025	**December 31, 2024**
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	3,771,046	2,578,141
Interest and dividend income	55,785	59,877
Other income	332	937
Total investment income	**3,827,163**	**2,638,955**
Contributions:		
Employer	769,483	1,042,053
Total contributions	**769,483**	**1,042,053**
Total additions	**4,596,646**	**3,681,008**
Deductions from net assets attributed to:		
Benefits paid to participants	2,763,979	2,459,639
Payments to insurance carriers for the provision of benefits *(refer note 11)*	36,469,737	-
Administrative expenses	354,280	448,900
Total deductions	**39,587,996**	**2,908,539**
Net (decrease) increase	**(34,991,350)**	**772,469**
Net assets available for benefits:		
Beginning of the year	**41,094,974**	**40,322,505**
End of the year	**6,103,624**	**41,094,974**

(See accompanying notes to financial statements)

Notes to Financial Statements

(All amounts are in United States Dollars unless otherwise stated)

NOTE 1: DESCRIPTION OF PLAN

The following description of the Pension Plan for the Bargaining Unit Employees of NextiraOne, LLC ("the Plan") provides only general information. Participants should refer to the Plan document or the summary plan description for a complete description of the Plan's provisions.

General

Eligible employees automatically become Plan participants on the first anniversary of the date they commence employment. The Plan is a noncontributory defined benefit plan open to all employees of NextiraOne LLC ("the Company/Plan administrator/Plan Sponsor") who are represented by a collective bargaining unit indicated in the Plan. Participants in the Plan are employees of the Company who are members of the Communications Workers of America AFL-CIO Local #1109 ("CWA #1109").

During Plan year 2025, the Plan completed a pension risk transfer transaction through purchase of nonparticipating single-premium group annuity contracts for certain retired and deferred vested participants. As a result of the transaction, the associated benefit obligations for the covered participants were transferred to the insurance carriers, which assumed responsibility for future benefit payments under the annuity contracts. Refer note 11, Nonparticipating Single Premium Group Annuity Contracts, for details.

On April 30, 2006, Black Box Network Services ("Black Box") acquired NextiraOne from Platinum Equity, LLC.

Effective February 6, 2022, Black Box renewed the collective bargaining agreement with CWA #1109. The agreement limits eligibility to participate in the Plan to those members who were participants as of August 26, 2006. Additionally, the agreement freezes the amount of credited service for participants at the amount earned as of December 31, 2007.

Effective March 31, 2019, NextiraOne, LLC was merged into Delaney Telecom, Inc. Contemporaneously with this merger, Delaney Telecom, Inc. became the sponsor of the Plan.

In July 2019, Wells Fargo Institutional Retirement & Trust ("Wells Fargo IRT"), a former subsidiary of Wells Fargo Bank, N.A., the Plan's trustee, was acquired by Principal Financial Group ("Principal"). The integration of Wells Fargo IRT was completed by the Principal in August 2021.

Pension benefits

A Plan participant is eligible to receive a normal retirement benefit if the participant terminates employment upon attaining the normal retirement age of 65. Participants who continue to work past normal retirement age are entitled to a Postponed Retirement Benefit. Participants who terminate employment before normal retirement age and who have at least five years of vesting service are entitled to a Deferred Vested Retirement Benefit. A participant who has at least five years of vesting service is also eligible to receive an Early Retirement Benefit if the participant terminates employment after reaching age 55.

The normal form of benefit payment is a joint and survivor annuity for married participants or a straight-life annuity for participants who are not married. In lieu of the normal benefit, a participant may elect to receive benefits in the form of a straight-life annuity, a joint or survivor annuity, or a 10-year certain and life annuity.

Monthly benefits for service are calculated based on agreements negotiated by the bargaining unit covered by the Plan. Benefits are reduced if benefit payments are initiated prior to participants attaining age 65.

Death benefits

Options are available under the Plan that allow a participant to provide for benefits to be paid to survivors in the event of the participant's death. Under such options, benefit payments are reduced during the participant's life. Upon the death of the participant, equal or smaller benefits are paid to the surviving spouse or beneficiary for life.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition

Investments in mutual funds are valued at quoted market prices, which represent fair value and are classified as Level 1 in the fair value hierarchy. The Plan's investment in a collective trust is valued at net asset value (NAV), as a practical expedient to estimate fair value, and is therefore excluded from the fair value hierarchy. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Sponsor determines the Plan's valuation policies utilizing information provided by the investment advisers, trustee and insurance company, as applicable. See note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date, and interest is accrued when earned. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Funding policy

The Company contributes such amounts that are necessary, on an actuarial basis, to provide sufficient assets to meet the benefits due to Plan participants and to fund prior service costs.

The Plan has met the minimum funding requirements as required by the Employee Retirement Income Security Act of 1974 ("ERISA") for the years ended December 31, 2025, and December 31, 2024.

Although it has not expressed any intention to do so, the Company reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth in ERISA.

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits under the Plan are based on a monthly benefit unit determined by job classification and years of credited service. Benefits payable under all circumstances—retirement, death, disability, and termination of

employment—are included to the extent they are deemed attributable to employee services rendered to the valuation date.

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

The significant assumptions underlying the actuarial computations for 2025 and 2024 are as follows:

	January 01, 2025	January 01, 2024
Discount rate	6.50 percent	6.70 percent
Mortality basis	Pri-2012 Blue Collar Mortality Tables projected generationally (male and female) using scale MP-2021.	Pri-2012 Blue Collar Mortality Tables projected generationally (male and female) using scale MP-2021.
Retirement age	Graduated scale from ages 55 to 63 and over.	Graduated scale from ages 55 to 63 and over.

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

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the management to make estimates and assumptions that affect the amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial value of accumulated Plan benefits reported in the financial statements and accompanying notes. Actual results could materially differ from those estimates.

Plan administration

All Plan administrative and professional expenses incurred in the operation of the Plan are paid directly by the Plan *(refer note 10)*.

Benefit payments

Benefit payments to participants are recorded when paid.

Risks and uncertainties

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

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

statements.

Plan termination

Upon termination of the Plan, its net assets would be allocated to provide participants' accumulated benefits in the priority order prescribed by ERISA and the Plan document. Participants should refer to the Plan document for detailed allocation provisions.

If the Plan is terminated, certain pension benefits under the Plan will be insured by the Pension Benefit Guaranty Corporation ("PBGC"). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and beneficiaries' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits are guaranteed at the level in effect on the date of the Plan's termination, except for those benefits which become nonforfeitable solely because of the termination.

Whether all participants and/or beneficiaries receive their full pension benefits if the Plan is terminated will depend on the sufficiency of the Plan's net assets at that time to pay those benefits. It may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Forfeiture

Under the terms of the Plan, any forfeiture arising from a participant's termination of employment, death, or inability to be located prior to the termination of the Plan is used to pay Plan expenses or reduce employer contributions. Forfeited amounts are used to pay Plan expenses or reduce employer contributions, not to increase benefits for other participants. There were no forfeitures during the years ended December 31, 2025, and December 31, 2024, and no forfeiture balances as of December 31, 2025, and December 31, 2024.

NOTE 3: ACTUARIAL INFORMATION

The actuarial present value of accumulated plan benefits is presented as of the beginning of each Plan year. Accordingly, the January 1, 2025, amounts do not reflect the December 23, 2025, annuity transaction described in Note 11 and include benefits for participants subsequently covered by those contracts. The accumulated Plan benefit information as of January 1, 2025, and January 1, 2024, are as follows:

	January 1, 2025	January 1, 2024
Vested benefits:		
Participants currently receiving payments	24,883,104	21,971,494
Other participants	14,247,200	16,557,143
Actuarial present value of accumulated plan benefits	**39,130,304**	**38,528,637**

The changes in the actuarial present value of accumulated Plan benefits are as follows:

Actuarial present value of accumulated Plan benefits on January 1, 2024	**38,528,637**
Increase (decrease) during the year attributable to:	
Interest	2,500,357
Benefits paid	(2,459,639)
Assumption changes	646,603
Other, including accumulation of benefits (including gains and losses)	(85,654)
Net increase	**601,667**
Actuarial present value of accumulated plan benefits on January 1, 2025	**39,130,304**

The discount rate used to determine the actuarial present value of accumulated plan benefits decreased from 6.70% as of January 1, 2024, to 6.50% as of January 1, 2025.

NOTE 4: INFORMATION CERTIFIED BY PRINCIPAL BANK ("TRUSTEE") (UNAUDITED)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such an election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Principal Bank, the trustee, except for comparing such information certified to by Principal Bank to information included in the Plan's financial statements as of and for the years ended December 31, 2025, and December 31, 2024, and supplemental information as of and for the year ended December 31, 2025:

	December 31, 2025	December 31, 2024
Investments:		
Mutual fund	708,327	1,342,240
Common/collective trusts	5,336,797	39,393,862
Total investments certified by trustee *(unaudited)**	**6,045,124**	**40,736,102**
Receivables		
Dividends	20,724	3,255
Transactions during the years ended		
Net appreciation in fair value of investments	3,771,046	2,578,141
Interest and dividend income	55,785	59,877
Other income	332	937

**Refer note 7 for reconciliation with Schedule H, Form 5500*

The Plan's independent auditors did not perform auditing procedures with respect to above information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE 5: CONCENTRATION

The following table reflects the individual investments within the Plan that were equal to or greater than 5% of the net assets available for benefits as of:

	December 31, 2025	%	December 31, 2024	%
Principal/Multi-Manager Liability Driven Solution Cit I	1,016,691	17	17,293,267	42
Principal/BlackRock S&P 500 Index Cit N	818,860	13	2,534,808	6
Principal/Blackrock Short Term Investment Fund S1	560,372	9	*	*
Principal/Multi-Manager Liability Driven Solution Cit II	557,898	9	10,540,330	26
Principal/BlackRock International Equity Index Cit N	314,391	5	*	*
Principal/T. Rowe Price Institutional Equity Income Managed Cit N	313,804	5	*	*

Principal/Alliance Bernstein Large Cap Growth Cit	312,742	5	*	*
Principal/T. Rowe Price Institutional Large Cap Growth Managed Cit N	312,250	5	*	*
Principal/MFS Value Cit N	312,138	5	*	*
Principal/Multi-Manager Small Cap Ci Cit N	308,821	5	*	*

*Value as at the reporting date does not equal or exceed 5% of net assets.

NOTE 6: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Basis of fair value measurement

Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.
Level 2 – Quoted prices in markets that are not considered to be active, or financial instruments for which all significant inputs are observable, either directly or indirectly.
Level 3 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation methodologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used as of and for the years ended December 31, 2025, and December 31, 2024.

Mutual funds: Mutual funds are valued at their published daily net asset value (NAV) per share, which represents the price at which shares can be purchased or redeemed at the measurement date. These investments are classified within Level 1 of the fair value hierarchy..

Common/collective trusts: Common/collective trusts represent investments with various investment managers. Units held in common/collective trusts are valued at NAV used as a practical expedient to measure fair value as reported by the investment managers. The Plan has no restrictions or redemption period requirements. There are no unfunded commitments relating to the common/collective trusts.

	December 31, 2025				
Description	Quoted in active markets for identical assets. (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Others	Amount ($)
Mutual funds	708,327	-	-	-	708,327
Common/collective trusts*	-	-	-	5,336,797	5,336,797
Total investments	**708,327**	**-**	**-**	**5,336,797**	**6,045,124**

	December 31, 2024				
Description	Quoted in active markets for identical assets. (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Others*	Amount ($)
Mutual funds	1,342,240	-	-	-	1,342,240
Common/collective trusts*	-	-	-	39,393,862	39,393,862
Total investments	**1,342,240**	**-**	**-**	**39,393,862**	**40,736,102**

*Certain investments that are measured at fair value using NAV per share (or its equivalent), as a practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit the reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

Transfers between fair value hierarchy levels: The Plan's policy is to recognize transfers between levels at the end of the reporting period. There were no transfers between Level 1, Level 2, or Level 3 during the years ended December 31, 2025, and December 31, 2024.

Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value using NAV per share as a practical expedient as of December 31, 2025, and December 31, 2024. The Plan has no restrictions or redemption period requirements. There are no unfunded commitments relating to the common/collective trusts.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common/collective trusts	5,336,797	-	Daily	None

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common/collective trusts	39,393,862	-	Daily	None

As of December 31, 2025, and December 31, 2024, the Plan had no unfunded commitments related to its investment in the common/collective trust. Redemptions are permitted daily at NAV with no advance notice requirement, lock-ups, gates, or other redemption restrictions at the participant level.

NOTE 7: RECONCILIATION TO FORM 5500

There are no reconciling items between the net assets available for benefits as of December 31, 2025, and December 31, 2024, and the (decrease) increase in net assets available for benefits reported for the years ended December 31, 2025, and December 31, 2024, in the financial statements and Schedule H of Form 5500.

NOTE 8: COMPANY CONTRIBUTIONS

Company contributions that meet the funding requirements of ERISA are determined by actuarial valuations and are made to the Plan in amounts expected to be sufficient to provide the Plan with assets to pay estimated pension benefits to Plan participants. Contributions to the Plan are determined based upon calculations made by the actuary and are designed to annually fund current normal cost and to amortize the unfunded liability, which results in annual contributions equal to or in excess of the minimum funding requirements:

Contributions were made on:	Amount ($)
April 15, 2025	166,210
July 10, 2025	166,210
October 09, 2025	166,210
January 12, 2026	166,210
September 11, 2026	104,643
Total contributions for the year ended December 31, 2025	**769,483**

Contributions were made on:	Amount ($)
April 15, 2024	225,312
July 11, 2024	225,312
October 10, 2024	225,312
January 09, 2025	225,312
September 15, 2025	140,805
Total contributions for the year ended December 31, 2024	**1,042,053**

NOTE 9: INCOME TAX STATUS

The Plan received a determination letter from the IRS dated August 21, 2017, stating that the Plan, as amended through September 14, 2015, is qualified under applicable sections of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from federal taxation. The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is designed and currently operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by federal, state, and/or local taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, and December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The tax positions taken include the Plan status as a qualified plan. The Plan administrator believes that the Plan has operated in a manner that did not jeopardize this status.

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

NOTE 10: RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

Certain administrative expenses of the Plan are paid by the Plan and certain expenses may be paid by the Company, at the Plan administrator's discretion. Principal served as the Plan trustee for the years ended December 31, 2025, and December 31, 2024. Principal also served as the recordkeeper of the Plan. Certain investments are managed by Principal. USI Consulting Group served as actuary for the years ended December 31, 2025, and December 31, 2024. Plan administrative expenses include recordkeeping, trustee/custodial, audit, actuarial, and other professional fees.

For the years ended December 31, 2025, and December 31, 2024, total administrative expenses paid by the Plan were $354,280 and $448,900, respectively, as presented in the Statements of Changes in Net Assets Available for Benefits. Amounts paid to parties-in-interest (including the trustee/recordkeeper and investment advisor) were $120,180 and $184,313 for Plan years 2025 and 2024, respectively. Investment management fees that are netted against investment returns are not included in administrative expenses.

Such transactions, while considered party-in-interest transactions under ERISA, are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 11: NONPARTICIPATING SINGLE PREMUIM GROUP ANNUITY CONTRACTS

On December 23, 2025, the Plan purchased nonparticipating single-premium group annuity contracts from American National Insurance Company and American National Life Insurance Company of New York (collectively, the "Insurance Carriers") as part of a pension risk transfer transaction. The aggregate purchase price of the annuity contracts was $36,469,737, consisting of premiums of $27,494,385 and $8,975,352 paid to the respective Insurance Carriers.

The annuity contracts were purchased for 610 retired and deferred vested participants. Under the terms of the annuity contracts, the Insurance Carriers assumed liability for the payment of future annuity benefits to a designated group of Plan participants and beneficiaries covered by the contracts. As a result of the transaction, the associated benefit obligations relating to those participants were transferred from the Plan to the Insurance Carriers in accordance with the contract provisions.

The annuity purchase was funded through Plan assets and is reflected as payments to insurance carriers for the provision of benefits during the year ended December 31, 2025. The Insurance Carriers assumed responsibility for the covered benefit obligations under the annuity contracts. As a transitional administrative arrangement, Principal continued making benefit payments to the covered participants during January and February 2026 using funds provided by Insurance Carriers. The Insurance Carriers commenced direct benefit payments on March 1, 2026.

At December 31, 2025, the Plan held $222,577 received from the Insurance Carriers for January 2026 benefit payments, with a corresponding liability included in accrued expenses. These receipts were excluded from employer contributions.

NOTE 12: SUBSEQUENT EVENTS

The Plan evaluated all events and transactions that occurred after December 31, 2025, through the date the financial statements were available to be issued. Based on the evaluation:

Cash contributions

During the period from January 1, 2026, through October 14, 2026, the Company made cash contributions of $270,853 attributable to the Plan year ended December 31, 2025.

Supplemental Information

Plan name: Pension Plan for Bargaining Unit Employees of NextiraOne, LLC
EIN: 23-2388066
Plan Number: 001

Schedule H, Part IV, Line 4i - Schedule of assets held as of December 31, 2025**

(a)	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Number of Shares/Unit Number of Shares/Units	Cost	Current Value ($)
*	Principal/Multi-Manager Liability Driven Solution Cit I	Common/collective trust	55,571	950,253	1,016,691
*	Principal/BlackRock S&P 500 Index Cit N	Common/collective trust	2,558	693,344	818,860
*	Principal/Blackrock Short Term Investment Fund S1	Common/collective trust	560,372	560,372	560,372
*	Principal/Multi-Manager Liability Driven Solution Cit II	Common/collective trust	28,286	525,060	557,898
*	Principal/BlackRock International Equity Index Cit N	Common/collective trust	8,523	238,734	314,391
*	Principal/T. Rowe Price Institutional Equity Income Managed Cit N	Common/collective trust	10,272	274,089	313,804
*	Principal/Alliance Bernstein Large Cap Growth Cit	Common/collective trust	17,240	272,942	312,742
*	Principal/T. Rowe Price Institutional Large Cap Growth Managed Cit N	Common/collective trust	3,982	263,718	312,250
*	Principal/MFS Value Cit N	Common/collective trust	8,695	275,374	312,138
*	Principal/Multi-Manager Small Cap Ci Cit N	Common/collective trust	11,525	296,658	308,821
*	Principal/MidCap CIT Tier II	Mutual fund	564	273,044	271,832
*	Principal/BlackRock S&P MidCap Index Cit N	Common/collective trust	2,955	250,860	270,925
*	Principal/Causeway International Value Cit N	Common/collective trust	10,087	171,376	237,905
	American Funds EuroPacific Growth Fund Class R6	Mutual fund	3,916	213,169	237,211
	Putnam Emerging Markets Equity Fund	Mutual fund	5,255	78,318	99,682
	Acadian Emerging Markets Portfolio Class I #1960	Mutual fund	3,601	82,258	99,602
	Total investments				**6,045,124**

*Party-in-interest as defined by ERISA

**Other schedules required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because there is no information to report.

The above information has been certified by Principal Bank to be complete and accurate to the best of its knowledge.

See Report of Independent Auditor

Supplemental Information

Plan name: Pension Plan for Bargaining Unit Employees of NextiraOne, LLC
EIN: 23-2388066
Plan Number: 001

Schedule H, Part IV, Line 4(j) - Schedule of reportable transactions for the year ended December 31, 2025

Single transaction of the same security in excess of 5% of Plan net assets:

Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Net gain (loss)
Principal	Blackrock Short Term Investment Fund S1	36,013,648	-	-	-
Principal	Blackrock Short Term Investment Fund S1	-	36,469,737	36,469,737	-
Principal	Multi-Manager Liability Driven Solution Cit II	-	9,503,827	9,963,491	(459,664)
Principal	Multi-Manager Liability Driven Solution Cit I	-	17,491,935	16,295,779	1,196,156

Series of transactions of the same security in excess of 5% of Plan net assets:

Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Net gain (loss)
Principal	Blackrock Short Term Investment Fund S1	40,234,894	-	-	-
Principal	Blackrock Short Term Investment Fund S1	-	40,538,033	40,538,033	-
Principal	Blackrock S&P 500 Index Cit N	-	2,574,500	1,272,739	1,301,761
Principal	Multi-Manager Liability Driven Solution Cit II	349,006	-	-	-
Principal	Multi-Manager Liability Driven Solution Cit II	-	10,964,231	11,546,534	(582,303)
Principal	Multi-Manager Liability Driven Solution Cit I	1,137,060	-	-	-
Principal	Multi-Manager Liability Driven Solution Cit I	-	18,644,481	17,404,003	1,240,478

Distribution of Active Participants

Age Near Year	Years of Vesting Service										
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25											
25-29											
30-34											
35-39											
40-44											
45-49											
50-54											
55-59											
60-64							1		1	1	3
65-69									2	2	4
70+									1		1
Total	0	0	0	0	0	0	1	0	4	3	8

Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates

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

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

Maximum Deductible Annual Interest Rates

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

Segment 1 (0 – 5 years)	5.00%
Segment 2 (5 to 20 years)	5.27%
Segment 3 (more than 20 years)	5.40%
Effective Interest Rate	5.28%

PBGC and LDROM Annual Interest Rates

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

Segment 1 (0 – 5 years)	4.65%
Segment 2 (5 to 20 years)	5.28%
Segment 3 (more than 20 years)	5.63%
Effective Interest Rate	5.32%

ASC 960 Discount Rate

Discount Rate 6.50%
Rationale: as selected by the Plan Sponsor to align with ASC 715 results

Salary Scale

Not applicable

Mortality

Funding: IRS 2024 Generational Mortality, for male and female, with different rates for annuitants and nonannuitants, as prescribed by IRC 430.
ASC 960-20: Pri-2012 Blue Collar Mortality Table Projected Generationally, male and female, using scale MP-2021
Rationale: as selected by the Plan Sponsor to align with ASC 715 results.

Rates of Withdrawal

Participants are assumed to withdrawal according to the following pattern (per 1,000 lives):

Age	Rate
15	430
20	350
25	270
30	210
35	180
40	160
45	150
50	120
55	0
60	0

Rates of Retirement

Actives are assume to retire based on age as follows:

Age	Rate
55-56	20%
57	25
58	30
59	35
60	45
61	55
62	65
63+	100

Terminated Vested participants and Deferred Beneficiaries are assumed to commence at Normal Retirement Date.

Weighted Average Retirement Age is 58. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Disability

None

Assumptions Made In Valuing Spouse's Benefit

60% of all employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Optional Form Selection

All employees are assumed to elect the life annuity form of benefit.

Provision for Expenses

The expense for the current year is the prior year's expense excluding PBGC premium plus current year PBGC premium.

Standing Elections

The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.

Asset Method

Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date.

ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.

Funding Method

Pure Unit Credit

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software

	to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.
Employees Valued	Only participants as of the valuation date were valued.
Changes in Assumptions and Methods since the Last Actuarial Valuation	The interest rates used for determining the funding target were 5.00%, 5.27% and 5.50%. These rates were updated to the rates required for the current plan year. The ASC 960 discount rate assumption was updated from 6.70% to 6.50% to align with ASC 715.
Justification for Changes in Actuarial Assumptions	The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

Supplemental Information

Plan name: Pension Plan for Bargaining Unit Employees of NextiraOne, LLC
EIN: 23-2388066
Plan Number: 001

Schedule H, Part IV, Line 4(j) - Schedule of reportable transactions for the year ended December 31, 2025

Single transaction of the same security in excess of 5% of Plan net assets:

Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Net gain (loss)
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Principal	Blackrock Short Term Investment Fund S1	-	36,469,737	36,469,737	-
Principal	Multi-Manager Liability Driven Solution Cit II	-	9,503,827	9,963,491	(459,664)
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Principal	Multi-Manager Liability Driven Solution Cit II	349,006	-	-	-
Principal	Multi-Manager Liability Driven Solution Cit II	-	10,964,231	11,546,534	(582,303)
Principal	Multi-Manager Liability Driven Solution Cit I	1,137,060	-	-	-
Principal	Multi-Manager Liability Driven Solution Cit I	-	18,644,481	17,404,003	1,240,478

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Delaney Telecom, INC.

D Employer Identification Number (EIN)
23-2388066

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	41,100,395
b Actuarial value	**2b**	41,100,395

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	423	27,193,353	27,193,353
b For terminated vested participants	243	15,799,556	15,799,556
c For active participants	8	1,275,064	1,275,064
d Total	674	44,267,973	44,267,973

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

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

5 Effective interest rate	**5**	5.31%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	385,695
c Target normal cost	**6c**	385,695

Statement by Enrolled Actuary

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

SIGN HERE

Catie Gray
Signature of actuary

10/13/2026
Date

CATIE GRAY
Type or print name of actuary

2608473
Most recent enrollment number

USI CONSULTING GROUP
Firm name

629-895-7806
Telephone number (including area code)

5301 VIRGINIA WAY, SUITE 400
BRENTWOOD TN 37027-7542
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 6.91 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	92.84 %
15	Adjusted funding target attainment percentage	15	92.84 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2025	166,210	0			
07/10/2025	166,210	0			
10/09/2025	166,210	0			
01/12/2026	166,210	0			
09/11/2026	104,643	0			
			Totals ► 18(b)	769,483	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	738,158

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	58

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	385,695
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3,167,578	352,463
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	738,158

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

36 Additional cash requirement (line 34 minus line 35)	**36**	738,158
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	738,158

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

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

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

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

Val Date	1/1/2025
Plan Year End	12/31/2025
Plan Name	Pension Plan for Bargaining Unit Employees of NextiraOne LLC
EIN	23-2388066
PN	001

Pension Plan For Bargaining Unit Employees Of Nextiraone Llc
EIN: 23-2388066 PN: 001 Plan Year End: 12-31-2025
Schedule SB, Line 19 – Discounted Employer Contributions

Date	Amount	Year Applied	Effective Rate	Late Quarterly Rate	Late Quarterly Period	Interest Adjusted Contribution
4/14/2025	166,210	2025	5.12%	N/A	N/A	163,721
7/10/2025	166,210	2025	5.12%	N/A	N/A	161,617
10/9/2025	166,210	2025	5.12%	N/A	N/A	159,540
1/12/2026	166,210	2025	5.12%	N/A	N/A	157,489
9/11/2026	104,643	2025	5.12%	N/A	N/A	95,791
Total:	**769,483**			**Total:**		**738,158**

Pension Plan for Bargaining Unit Employees of NextiraOne LLC

EIN: 23-2388066 PN: 001 Plan Year End: 12-31-2025

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The retirement age shown is based on an employee who fulfilled the minimum requirement for early eligibility and is calculated in accordance with the following formula which generally assumes employees terminate at the middle of the year.

This age is derived by applying, for an employee with the characteristics of an average new entrant to the plan, the following formula, modified so that the "½" is not used for t = FRA-ERA.

$$\frac{\sum_{t=0}^{FRA-ERA} ({}_tp_{ERA}) * (q^r_{ERA+t}) * (ERA + t + \frac{1}{2})}{\sum_{t=0}^{FRA-ERA} ({}_tp_{ERA}) * (q^r_{ERA+t})}$$

where FRA = age by which everyone is assumed to retire
ERA = age before which nobody is assumed to retire
${}_tp_{ERA}$ = probability of surviving at work to age ERA + t
q^r_{ERA+t} = probability of retiring at age ERA + t

Age	Probability of Retirement	Probability of Survival to Next Age	Probabilities	to Expected Retirement Age
55.5	20.00%	80.00%	23.49%	13.04
56.5	20.00%	64.00%	18.79%	10.62
57.5	25.00%	48.00%	17.61%	10.13
58.5	30.00%	33.60%	14.80%	8.66
59.5	35.00%	21.84%	11.22%	6.68
60.5	45.00%	12.01%	7.93%	4.80
61.5	55.00%	5.41%	4.36%	2.68
62.5	65.00%	1.89%	1.80%	1.13
63.5	100.00%	0.00%	0.00%	0.00
64.5	100.00%	0.00%	0.00%	0.00
65.5	100.00%	0.00%	0.00%	0.00
			100.00%	57.74

Summary of Principal Plan Provisions

Plan Sponsor	Delaney Telecom, Inc.
EIN/PN	23-2388066/001
Effective Date	January 1, 1995; restated effective January 1, 2016 and last amended effective August 31, 2020.
Plan Year	The 12-month period beginning each January 1.
Participation	An eligible employee shall become a participant on the first day of the month coincident with or immediately following the date on which he or she completes one Year of Service. Any employee whose original hire date is on or after December 31, 2007 shall not be eligible to participate in this Plan.
Accrued Benefit	Accrued benefits are frozen effective December 31, 2007.
Normal Retirement Benefit	*Eligibility:* Age 65, or fifth anniversary if later *Monthly Benefit:* The Accrued Benefit
Early Retirement Benefit	*Eligibility:* Age 55 and 5 Years of Service. *Monthly Benefit:* The Accrued Benefit at early retirement reduced by 1/15th for each of the first 5 years by which the commencement precedes his Normal Retirement Date, and by 1/30th for each of the next 5 years.
Termination Benefit	*Eligibility:* Upon termination of employment prior to retirement after completion of at least five Years of Service. *Monthly Benefit:* The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

Death Benefit	*Eligibility*: 100% vested and married for at least one year. *Monthly Benefit*: A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.
Normal Form	Annuity payable for the life of the participants only; actuarially equivalent 50% joint and survivor annuity if married.
Optional Forms of Payments	Straight Life Annuity. Joint and Survivor with 50%, 75% or 100% continued to the beneficiary if predeceased by participant. 10 Year Certain and life annuity continued to the beneficiary or estate if the participant dies before the end of the certain period. Lump Sum, if under $5,000. The conversion factors for the above optional forms are based on the 1994 GAR Table as defined in Rev. Rul. 2002-61 and an interest rate of 6.00%.
Plan Compensation Limit	The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.
Changes in Plan Provisions	The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes.

Supplemental Information

Plan name: Pension Plan for Bargaining Unit Employees of NextiraOne, LLC
EIN: 23-2388066
Plan Number: 001

Schedule H, Part IV, Line 4i - Schedule of assets held as of December 31, 2025**

(a)	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Number of Shares/Unit Number of Shares/Units	Cost	Current Value ($)
*	Principal/Multi-Manager Liability Driven Solution Cit I	Common/collective trust	55,571	950,253	1,016,691
*	Principal/BlackRock S&P 500 Index Cit N	Common/collective trust	2,558	693,344	818,860
*	Principal/Blackrock Short Term Investment Fund S1	Common/collective trust	560,372	560,372	560,372
*	Principal/Multi-Manager Liability Driven Solution Cit II	Common/collective trust	28,286	525,060	557,898
*	Principal/BlackRock International Equity Index Cit N	Common/collective trust	8,523	238,734	314,391
*	Principal/T. Rowe Price Institutional Equity Income Managed Cit N	Common/collective trust	10,272	274,089	313,804
*	Principal/Alliance Bernstein Large Cap Growth Cit	Common/collective trust	17,240	272,942	312,742
*	Principal/T. Rowe Price Institutional Large Cap Growth Managed Cit N	Common/collective trust	3,982	263,718	312,250
*	Principal/MFS Value Cit N	Common/collective trust	8,695	275,374	312,138
*	Principal/Multi-Manager Small Cap Ci Cit N	Common/collective trust	11,525	296,658	308,821
*	Principal/MidCap CIT Tier II	Mutual fund	564	273,044	271,832
*	Principal/BlackRock S&P MidCap Index Cit N	Common/collective trust	2,955	250,860	270,925
*	Principal/Causeway International Value Cit N	Common/collective trust	10,087	171,376	237,905
	American Funds EuroPacific Growth Fund Class R6	Mutual fund	3,916	213,169	237,211
	Putnam Emerging Markets Equity Fund	Mutual fund	5,255	78,318	99,682
	Acadian Emerging Markets Portfolio Class I #1960	Mutual fund	3,601	82,258	99,602
	Total investments				**6,045,124**

*Party-in-interest as defined by ERISA

Pension Plan for Bargaining Unit Employees of NextiraOne LLC
Schedule SB, Line 32 - Schedule of Amortization Bases
EIN: 23-2388066 PN: 001 Plan Year End: 12-31-2025

Type of Base	Present Value of Installments	Date Established	Years Reamaining	Amortizaion Installment
Shortfall	$ (1,556,322)	01/01/2025	15	$ (144,746)
Shortfall	$ (2,498,680)	01/01/2024	14	$ (243,421)
Shortfall	$ 7,222,580	01/01/2023	13	$ 740,630
Total	$ 3,167,578			$ 352,463