

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: 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

<p>1a Name of plan <u>WESTERN UNION INTERNATIONAL, INC. PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>008</u></p>
<p>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) <u>VERIZON BUSINESS GLOBAL LLC</u></p> <p><u>ONE VERIZON WAY, BASKING RIDGE, NJ 07920</u></p>	<p>1c Effective date of plan <u>09/30/1963</u></p> <p>2b Employer Identification Number (EIN) <u>90-0357488</u></p> <p>2c Plan Sponsor's telephone number <u>908-559-3342</u></p> <p>2d Business code (see instructions) <u>517000</u></p>

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.	10/08/2025	KEVIN CAMMARATA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	KEVIN CAMMARATA
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	5	0																		
5	0																				
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="width:90%; text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>	6a(1)	0	6a(2)	0	6b	0	6c	0	6d	0	6e	0	6f	0	6g(1)		6g(2)		6h	
6a(1)	0																				
6a(2)	0																				
6b	0																				
6c	0																				
6d	0																				
6e	0																				
6f	0																				
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																			
7																					

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1H 1I

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan WESTERN UNION INTERNATIONAL, INC. PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>008</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON BUSINESS GLOBAL LLC</p>	<p>D Employer Identification Number (EIN) 90-0357488</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	GA-48166		01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b** -429106

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan WESTERN UNION INTERNATIONAL, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON BUSINESS GLOBAL LLC	D Employer Identification Number (EIN) 90-0357488	

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)

VERIZON COMMUNICATIONS INC.

23-2259884

(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?
14 50	EMPLOYER	438850	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON CONSULTING INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 49 50 64	NONE	86029	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MITCHELL & TITUS, LLP

13-2781641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	34711	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

DUANE MORRIS LLP

23-1392502

(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?
29 50	NONE	13598	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PACIFIC INVESTMENT MANAGEMENT

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	7019	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
18 19 50	NONE	5170	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>WESTERN UNION INTERNATIONAL, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>008</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VERIZON BUSINESS GLOBAL LLC</u>	D Employer Identification Number (EIN) <u>90-0357488</u>	

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: <u>EB TEMPORARY INVESTMENTS</u>		
b Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30786</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WESTERN UNION INTERNATIONAL, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 008
C Plan sponsor's name as shown on line 2a of Form 5500 VERIZON BUSINESS GLOBAL LLC	D Employer Identification Number (EIN) 90-0357488

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1097364 5079
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	63056
(2) U.S. Government securities	1c(2)	23
(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)	2338230 30786
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3498673	35865
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1047625	35865
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1047625	35865
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2451048	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	335	
(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)	631	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		966
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	842	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	28	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-2848	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		33622
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		32554

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	362705	
(2) To insurance carriers for the provision of benefits	2e(2)	1919411	
(3) Other.....	2e(3)	-429106	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1853010
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)	70576	
(5) Investment advisory and investment management fees	2i(5)	7019	
(6) Bank or trust company trustee/custodial fees	2i(6)	5170	
(7) Actuarial fees	2i(7)	86029	
(8) Legal fees	2i(8)	13598	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses.....	2i(11)	448200	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		630592
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2483602

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2451048
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) 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) 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: MITCHELL & TITUS, LLP

(2) EIN: 13-2781641

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 533146.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>WESTERN UNION INTERNATIONAL, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VERIZON BUSINESS GLOBAL LLC</u>	D Employer Identification Number (EIN) <u>90-0357488</u>	

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): _____

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	8
--	---	---

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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____.

EIN 90-0357488 P/N 008
WESTERN UNION INTERNATIONAL, INC. PENSION PLAN

**Financial Statements and Supplemental Schedules
As of December 31, 2024 and 2023
and for the years then ended
With Independent Auditor's Report and Other Report**

EIN 90-0357488 P/N 008
WESTERN UNION INTERNATIONAL, INC. PENSION PLAN
December 31, 2024 and 2023

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** All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted as they are not applicable or not required.*



INDEPENDENT AUDITOR'S REPORT

Pension Committee of Verizon Business Global, LLC
Western Union International, Inc. Pension Plan

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

We were engaged to audit the accompanying financial statements of the Western Union International, Inc. Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 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 subjected 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 1 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

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Basis for Disclaimer of Opinion

The Plan has not maintained sufficient participant records and supporting documents relating to the calculation of benefit payments and participant data supporting the value of accumulated plan benefits. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements and supplemental schedules may have been affected by these conditions.

Emphasis-of-Matter — Terminating Plan

As further discussed in Note 5 to the financial statements, Verizon Business Global, LLC, the Plan Sponsor, elected to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, as described in Note 2, the Plan, in 2023, changed its basis of accounting from the going concern basis to the liquidation basis used in presenting the financial statements. 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 that the financial statements are 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

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.



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 audit.

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held for investment at end of year) as of December 31, 2024 and schedules of assets (acquired and disposed of within the year) and of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section, it is inappropriate to, and we do not, express an opinion on the supplemental schedules referred to above.

Mitchell Titus, LLP

October 8, 2025

EIN 90-0357488 P/N 008
WESTERN UNION INTERNATIONAL, INC. PENSION PLAN
 Statements of Net Assets Available for Benefits
 As of December 31, 2024 and 2023

(in thousands)

	2024	2023
Assets		
<i>Investments, at fair value:</i>		
Cash and cash equivalents	\$ —	\$ 63
Common/collective trusts	31	2,338
Total investments	31	2,401
<i>Receivables:</i>		
Due from broker for securities sold	5	1,071
Accrued interest	—	27
Total receivables	5	1,098
Total assets	36	3,499
Liabilities		
Accrued expenses	36	—
Due to broker for securities purchased	—	1,048
Total liabilities	36	1,048
Net assets available for benefits	\$ —	\$ 2,451

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

EIN 90-0357488 P/N 008
WESTERN UNION INTERNATIONAL, INC. PENSION PLAN
 Statements of Changes in Net Assets Available for Benefits
 For the Years Ended December 31, 2024 and 2023

(in thousands)

	2024	2023
Investment income		
Net appreciation in fair value of investments	\$ 32	\$ 983
Interest	1	557
Dividends	—	449
Other income	—	9
Net investment income	<u>33</u>	<u>1,998</u>
Deductions		
Purchase of annuity contract (see Note 5)	—	25,861
Premium refunds for annuity contract	(429)	—
Benefits paid to participants	363	17,578
Transfers to Pension Benefit Guaranty Corporation	1,919	—
Administrative expenses	631	859
Total deductions	<u>2,484</u>	<u>44,298</u>
Net decrease	(2,451)	(42,300)
Net assets available for benefits - beginning of year	<u>2,451</u>	<u>44,751</u>
Net assets available for benefits - end of year	\$ —	\$ 2,451

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

WESTERN UNION INTERNATIONAL, INC. PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

1. Plan Description

General

The following description of the Western Union International, Inc. Pension Plan (the “Plan”) provides only general information on the Plan’s provisions. Participants should refer to the Summary Plan Description and Plan Document for a complete description of the Plan's provisions.

Verizon Business Global, LLC (the “Company”) is the Plan Sponsor and the Plan Administrator. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Pension Benefits

The Plan is a trustee, defined benefit pension plan. The Plan is frozen. Participants no longer receive future benefit accruals and new employees are not eligible to participate in the Plan. Eligible employees who now retire or terminate employment with vested benefits will receive benefits in accordance with Plan provisions.

The Plan provides retirement benefits for participants upon reaching the normal retirement age of 65. The Plan also provides early retirement benefits for participants credited with at least five years of service upon attaining age 55, disability benefit protection, pre-retirement death benefits to participants’ spouses in the event of death after vesting, and optional postretirement protection for other beneficiaries. Participants eligible for benefits receive monthly annuity payments, although a small group has the option to take a lump-sum distribution. Under the terms of the Plan, benefit payments must commence no later than April 1 of the calendar year following the calendar year in which a participant reaches age 70½, provided the participant is no longer employed.

Information Certified by the Trustee

The assets of the Plan are included in the WorldCom International Data Services Pension Trust (the “Trust”) maintained by the Bank of New York Mellon (the “Trustee”). Under the terms of the trust agreement between the Trustee and the Company, the Trustee administers the trust fund on behalf of the Plan as directed by the Investment Committee and as defined in the Trust Agreement.

With the exception of the fair value hierarchy table in Note 3, all investment information the Plan disclosed in the accompanying financial statements and supplemental schedules, including the investments held, accrued interest, due from broker for securities sold and due to broker for securities purchased as of December 31, 2024 and 2023, and the net investment income for the years then ended, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by the Trustee.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting and in conformity with generally accepted accounting principles in the United States (“U.S. GAAP”). As discussed in Note 5, the Plan Sponsor terminated the Plan with a termination date of April 15, 2023. As a result, the Plan's financial statements as of December 31, 2024 and December 31, 2023 and for the years then ended have been prepared on the liquidation basis, in accordance with U.S. GAAP. This basis of accounting is considered appropriate when, among other things, liquidation of an entity is probable and the net realizable value of assets are reasonably determinable. Under the liquidation basis of accounting, assets are stated at their estimated net realized cash value and liabilities are stated at their anticipated settlement amounts. The estimated net realizable cash value for investments as of December 31, 2024 and December 31, 2023 would be fair value. There were no material changes to these financial statements as a result of the change under the liquidation basis of accounting.

Use of Estimates

U.S. GAAP requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Administrative Expenses

Expenses associated with the administration of the Plan are generally paid by the Plan.

Benefit Payments

Benefit payments to participants are recorded when paid.

Investment Valuation and Income Recognition

Investments in the Trust are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Statement of Changes in Net Assets Available for Benefits reflects the net investment gain/(loss) from the Trust's investment activities which consists of the realized gains or losses and the unrealized appreciation/(depreciation) in fair value, as well as interest and dividends earned.

Purchases and sales of securities are recorded on a trade date basis. Interest is recorded when earned. Net realized and unrealized appreciation/(depreciation) in fair value of investments consists of the change in unrealized appreciation or depreciation during the year and the realized gain or loss on sales of investments during the year.

3. Fair Value Measurements

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

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

Level 2 – Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The Plan held investments in the Trust, in common collective trusts, which were measured under the fair value guidance at NAV. The fair value of these investments as of December 31, 2024, is \$30,786.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments in the Trust at fair value as of December 31, 2023 (in thousands):

	Assets at Fair Value at December 31, 2023		
	Level 1	Level 2	Total:
Investments			
Cash and cash equivalents	\$ —	\$ 63	\$ 63
Total investments in the fair value hierarchy	\$ —	\$ 63	63
Investments measured at NAV			2,338
Total investments at fair value	\$ —	\$ 63	\$ 2,401

Assets are monitored to assess the appropriate levels assigned within the fair value hierarchy. Changes in economic conditions, such as bankruptcy, default or delisting, may require the transfer of an asset from one fair value level to another. When such transfer occurs, it is recognized as of the end of the reporting period.

The net investment income activities of the Trust are reflected in the statement of changes in net assets for the years ended December 31, 2024 and 2023.

The following table summarizes redemption restrictions for investments in the Trust for which fair value is estimated using NAV per share as of December 31, 2024 (in thousands):

Asset Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
Commingled funds:				
Cash equivalents	\$ 31	N/A	Daily	1 day
Total	\$ 31			

The following table summarizes redemption restrictions for investments in the Trust for which fair value is estimated using NAV per share as of December 31, 2023 (in thousands):

Asset Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice
Commingled funds:				
Fixed income	\$ —	N/A	Daily	1 day
Cash equivalents	2,338	N/A	Daily	1 day
Total	\$ 2,338			

4. Funding Policy

Prior to the Plan's termination, the Plan's funding policy was for the Company to contribute an amount which would meet the minimum funding requirement. As of December 31, 2023, the Plan has met the minimum funding requirements of ERISA as determined by the Plan's actuary, and as such no contributions to the Plan were necessary. No contributions were required for the year ended December 31, 2024.

5. Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The Company and the unions have reached an agreement which gives the Company flexibility to terminate the Plan. The Company issued a Notice of Intent to Terminate to all participants on January 27, 2023, which included a Plan termination date of April 15, 2023. The Company adopted the termination amendment to the Plan in July of 2023. In November 2023, the Company started to pay lump sum payments to any participant who elected to participate in this option. In December 2023, the Company purchased an annuity contract from Prudential for those participants that did not elect the lump sum payment option. The expense for the annuity contract was paid from the Plan

assets and is reported on the Statement of Changes in Net Assets Available for Benefits. Prudential will have the liability to make annuity payments to the remaining participants.

All participants were fully vested in their Plan benefits at the time of termination.

Certain benefits under the Plan are insured by the PBGC once the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pension; however, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to statutory limitations.

As of December 31, 2023, the Plan held \$2.5 million in assets to cover future expenses associated with the Plan termination and for the transfer of missing participants' benefits as required under the PBGC Missing Participants Program. The Company expected that all benefit obligations under the Plan will be fully met following the 2023 plan termination.

In April 2024, the Plan transferred \$1.9 million of assets to the PBGC to cover the benefits of the missing participants. All benefit obligations under the Plan have been fully met as of December 31, 2024.

6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic and lump sum 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 vested employees, (b) beneficiaries of employees who have died, and (c) present employees. Benefits under the Plan are generally based on an employee's age, compensation, and length of service. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included in the calculation of accumulated plan benefits to the extent they are deemed attributable to employee service rendered to the valuation date.

The annual contributions of the Company are actuarially determined and are designed to provide for benefits attributed to service earned through July 1, 1999, the date at which the Plan was frozen. Calculations of the funding requirements of the Plan and the Plan's actuarial valuations are determined by consulting actuaries.

The January 1, 2024 actuarial present value of accumulated plan benefits for the Plan is equal to the sum of the January 2024 annuity disbursements of \$344,262 and the amount transferred to the PBGC for missing participants in April of 2024 in the amount of \$1.9 million.

The significant actuarial assumptions used in the valuation as of January 1, 2023 were as follows:

- (A) The 2023 present value was determined using the December 31, 2022 Aon AA Above Median yield curve and the expected payouts for each plan. The interest rate is 5.09% for 2023. The expected return on assets is 4.43%.

(B) The mortality tables used for the January 1, 2023 present values were as follows:

- Healthy lives - The PRI-2012 Fully Generational Mortality Table with a blue collar version for associates and a white collar version for managers. The projection scale used was a modified version of mortality improvement scale MP-2021 with a 0.75% long-term adjustment for COVID-19.
- Disabled lives - The PRI-2012 Disabled Retiree Mortality Table and a modified version of mortality improvement scale MP-2021 with a 0.75% long-term adjustment for COVID-19.

The annual actuarial valuation for the Plan was completed by the Plan's actuary as of January 1, 2024 and 2023. The actuarial present value of accumulated plan benefits under the Plan is as follows as of January 1, 2024 and 2023 (in thousands):

	2024	2023
Vested benefits		
Participants currently receiving payments	\$ 344	\$ 35,057
Participants with deferred benefits	1,919	5,736
Vested benefits for other participants	—	1,097
Total vested benefits	2,263	41,890
Non-vested benefits	—	—
Actuarial present value of accumulated plan benefits	\$ 2,263	\$ 41,890

Changes in the actuarial present value of accumulated plan benefits are as follows for the year ended January 1, 2024 (in thousands):

	2024
Actuarial present value of accumulated plan benefits as of January 1, 2023	\$ 41,890
Increase (decrease) during the year attributable to:	
Interest	1,040
Benefits paid	(43,439)
Other changes	2,772
Net decrease	(39,627)
Actuarial present value of accumulated plan benefits as of January 1, 2024	\$ 2,263

During the 4th quarter of 2023, the Plan paid approximately \$14.0 million in lump-sum payments to participants and purchased an annuity contract for \$25.9 million. As of December 31, 2023 there were still liabilities in the plan associated with the January 2024 monthly benefit payments and the transfer of missing participants to the PBGC.

7. Investments Valuation

The Plan has a 100% interest in the Trust's investments and investment activities.

Investment Activities

While target allocation percentages will vary over time, the overall investment strategy was to achieve a mix of assets to meet projected benefit payments while taking into consideration risk and return. At December 31, 2023, as a result of terminating the Plan, the target allocation was 100% in cash.

Valuation of Investments

Cash and cash equivalents include short-term investment funds (less than 90 days to maturity), primarily in diversified portfolios of investment grade money market instruments and are valued using quoted market prices or other valuation methods. The carrying value of cash equivalents approximates fair value due to the short-term nature of these investments.

Investments in securities traded on national and foreign securities exchanges were valued by the custodian at the last reported sale prices on the last business day of the year or, if no sales were reported on that date, at the last reported bid prices. Government obligations, corporate bonds, international bonds and asset-backed securities were valued using matrix prices with input from independent third party valuation sources. Over-the-counter securities were valued at the bid and ask prices or the average of the bid and ask prices on the last business day of the year from published sources or, if not available, from other sources considered reliable such as multiple broker quotes.

Common and collective trusts and investments in registered investment companies not traded on national exchanges are reported at their NAV as determined by the investment managers based on the value of the underlying securities. Commingled funds for which fair value is measured using the NAV per share as a practical expedient are not leveled within the fair value hierarchy and are included as a component of the total investments in the Trust.

The commingled cash and cash equivalents in 2024 and 2023 were held in the EB Temp investment fund. The portfolio holdings are valued daily.

8. Related-Party Transactions

Verizon Investment Management Corp. (“VIMCO”), an indirect, wholly-owned subsidiary of Verizon Communications Inc. (“Verizon”), is the investment advisor for certain investment funds and, therefore, qualifies as a party-in-interest. VIMCO received no compensation from the Plan.

The Company is the Plan Sponsor. The Company employs the administrator of the Plan and members of the administrator’s staff. The Company received no compensation from the Plan other than reimbursement of certain expenses directly attributable to administrative services rendered to the Plan.

BNY Mellon, as Trustee of the Trust, rendered various trustee services to the Trust for which it was compensated in accordance with its agreements with the Company and VIMCO.

The related-party transactions described in this section are exempt from the prohibited transaction rules.

9. Income Tax Status

The Internal Revenue Service (“IRS”) has determined that the Plan and related Trust are designed in accordance with the applicable sections of the Internal Revenue Code (the “IRC”), and has informed the

Company in a letter dated November 24, 2015. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC, and therefore, believes the Plan is qualified and the related Trust is tax-exempt.

U.S. GAAP requires the Plan's management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

10. Participant Records (Unaudited)

Before Verizon acquired the sponsor of the Western Union Plan in 2006, the then independent auditors for the Plan identified a problem relating to the lack of original source records of the Plan Sponsor company with respect to historic employee compensation and service.

The missing records prevented the prior and current auditors from auditing the Plan Administrator's participant records against the Plan Sponsor company's records.

Because of the significance of the information that the current auditors did not audit, the scope of their work was not sufficient to enable the current auditors to express an opinion on these financial statements and supplemental schedules. Due to this lack of original source records, the Plan Administrator requested the independent auditors to undertake certain agreed-upon procedures ("AUP") regarding benefit payments under the Plan.

These procedures have been completed and reported to the Plan Administrator and Verizon.

The missing records were not records maintained or used by the Plan Administrator after the final calculation of benefits following the freeze of the Plan benefits accruals effective July 1, 1999. However, the Plan Administrator and the Company remain highly confident that the participant benefits have been and continue to be properly calculated in accordance with the terms of the Plan and ERISA. Neither the Plan Administrator nor the Company is aware of any significant complaint regarding benefit payments to participants under the Plan nor has there been any litigation in which it is claimed that the benefits to Plan participants are being paid in incorrect amounts.

11. Risks and Uncertainties

The Trust invests in various types of investment securities. Investment securities are exposed to various risks and uncertainties, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and these changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

12. Subsequent Events

Management has evaluated subsequent events through October 8, 2025, the date the financial statements were available to be issued.

OTHER REPORT



INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

To the Pension Committee of
Verizon Business Global, LLC

We have performed the procedures enumerated below to assist you in evaluating whether:

1. Participants of the Western Union International Inc. Pension Plan (the Plan or WIDS) were eligible to receive benefits, based on terms of the Plan, and existing documentation evidencing age, hire date, credited service, salary and other applicable information for the year ended December 31, 2024; and
2. The information reported on certain lines of Schedule H in the Plan's Form 5500 as of December 31, 2024, and for the year then ended (2024 Form 5500) is complete and accurate and consistent with the Plan's financial statements as of December 31, 2024, and for the year then ended (the 2024 financial statements), where applicable.

Note: The actuary's existing Age-65 accrued benefit calculation as of January 1, 2024, was not applicable as the Plan was terminated, effective April 15, 2023. As such, no procedures were performed over the actuary's existing benefit calculations as of January 1, 2024.

The management of Verizon Communications, Inc. (the Company) and the Pension Committee of Verizon Business Global, LLC (the Committee), a wholly owned subsidiary of the Company, are responsible for evaluating whether: a) participants of the Plan were eligible to receive benefits based on terms of the Plan and existing documentation evidencing age, hire date, credited service, salary and other applicable information for the year ended December 31, 2024; b) the actuary's existing Age-65 accrued benefit calculation, performed by the actuary, was reasonable and calculated based on the Plan provisions, participant data and pension eligible earnings records; and c) the information reported on certain lines of Schedule H in the Plan's 2024 Form 5500 is complete and accurate and consistent with the Plan's 2024 financial statements, where applicable.

The Company and the Committee have agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of evaluating the items noted above. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of this report and may not meet the needs of all users of this report and, as such, users are responsible for determining whether the procedures are appropriate for their purpose.

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mitchelltitus.com



Background

Buck Consultants served as the Plan's actuary, prior to 2008, and maintained records of participants' pension eligible earnings for purposes of performing annual actuarial valuations and the calculation of benefits due to plan participants after Plan benefit accruals were frozen in 1999. Since 2008, and for the year ended December 31, 2024 (the Year), Aon (formerly Hewitt Associates) has been the Plan's actuary (the Actuary). Additionally, Conduent, Inc. (Conduent) performs administration services for the Plan, and maintains records used to calculate benefit payments for eligible participants of the Plan. In a previous year, Aon, as Plan recordkeeper prior to Conduent, supplied us with a list of participants for whom records of pension eligible earnings were maintained. The participant listing of pension eligible earnings originated from Buck Consultants. However, the original source of pension eligible earnings records do not exist for all participants in the Plan. Currently, Conduent relies on the historical information of frozen benefit information for the purpose of determining benefit payment amounts. This information was transferred to Conduent by Aon, the prior recordkeeper, after Conduent took over as recordkeeper on January 1, 2013.

The WIDS Pension Plan was terminated on April 15, 2023. A lump-sum window was conducted with a November 1, 2023, payment date, and an annuity provider was selected on November 30, 2023. The annuity provider took over payments starting on February 1, 2024. Funds were transferred from the WIDS plan to the Pension Benefit Guaranty Corporation (PBGC) in April 2024 to cover the benefits for the missing participants, and all benefit obligations under the Plan have been fully met as of December 31, 2024.

As explained below, we have performed certain procedures relating to the recalculation of benefit payment amounts and accrued benefit amounts. The method of calculation was not the same for all participants, as these methods varied based on the participants' original Plan participation. The calculations were performed in accordance with the existing Plan provisions applicable to the selected participant, as defined below:

- Part I calculations were performed for participants of a former Western Union plan. Western Union was acquired by MCI International, Inc. (MCI), and those participants' benefits under the former Western Union plan were frozen as of January 31, 1990.
- Part II calculations were performed for participants of a former RCA plan. RCA was acquired by MCI, and those participants' benefits under the former RCA plan were also frozen as of January 31, 1990.
- Part III calculations were performed for participants who were participants of Part I and Part II on January 31, 1990, or who became participants after January 31, 1990, and earned benefits between February 1, 1990 and June 30, 1999 when the plan was frozen.



The procedures and the associated findings are as follows:

Benefit Payments – Procedures and Findings

1. The actuary has not provided a census listing of participants who were eligible to receive benefits as of January 1, 2024, as the WIDS plan was terminated on April 15, 2023. However, Mitchell Titus conducted testing on a sample of 24 participants carried forward from the prior year with annuity benefits under Listing One who were eligible to receive benefits as of January 1, 2023 (Listing One). Conduent provided a benefit payment listing for all participants who went into pay status during 2024 (Listing Two). We identified seven participants on Listing Two with a change in status from the prior year that we selected for testing, including, six retirees and one beneficiary. We then identified those participants for whom earnings records were available, and for whom earnings records were not available, based on the records of participants' pension eligible earnings previously maintained by Buck Consultants.
2. Of the 24 participants carried forward from the prior year who were eligible to receive benefits as of January 1, 2023 (Listing One), 13 participants received benefit payments for January 2024, and their annuities were transferred to Prudential Insurance Company of America (Prudential), effective February 1, 2024. The remaining 11 participants received lump-sum distributions in 2023.
3. Of the seven participants selected from Listing Two, a historical earnings record existed for one retiree, which was included in Test Group A. No historical earnings records existed for five retirees and one beneficiary, which were included in Test Group B.
4. For Test Group A (a total of one participant from paragraph 3 above), one participant received benefit payments during the year. Of the total Group A population, one participant fell under the Part III calculation.
5. For the one selection included in Test Group A, Conduent provided data for the selected participant Age-65 accrued benefit amount and the benefit payment amount for the Year. We recalculated the Age-65 accrued benefit amount and the benefit payment amount, as applicable, for the Year based on Plan provisions. To perform these recalculations, we utilized a benefit calculation illustrative template provided by the Actuary. For the one participant receiving benefits during the year with complete earnings information available, no exceptions were noted regarding the annual Age-65 accrued benefit amount or the benefit payment amount for the year.
6. For the participant selected in Test Group A who was receiving a benefit payment during 2024 (one retiree), we compared the benefit payment amount from the census data to the amount on the monthly benefit payment register files (the Benefit Payment Registers) that are provided each month from Principal to Conduent, identifying all benefit payments made during the monthly processing cycle. Principal makes all payments to the individual participants in this Plan, which are funded by the Trustee, the Bank of New York Mellon



(BNYM). We reconciled these Benefit Payment Registers to the 2024 trustee statements from BNYM to determine the completeness of these listings.

7. For the participant selected in Test Group A, we determined that the participant was eligible to receive benefits (whether the selected participant was currently receiving benefits or not) based on terms of the Plan, pension eligible earnings records provided by Conduent, as well as census data evidencing age, hire date, credited service, salary, and other applicable information. Based on the supporting evidence available, no exceptions were identified as to the eligibility of the participants.
8. For the participant selected in Test Group A who received a benefit during 2024, we agreed the benefit payment from the Electronic Funds Transfer Report from Principal (EFT Report) to the Pension Election Authorization Form (Election Form) obtained from Conduent and agreed the amount to the Benefit Payment Register. We reviewed the EFT Report to verify that the benefit payment was made from the WIDS Trust Account. We did not identify any exceptions as a result of these procedures.
9. For the participant selected in Test Group A who received a benefit (one retiree) during 2024, we noted that the benefit payment was authorized by the participant through examination of participant's Election Form and the presence of a signature authorizing the benefit payment amount and benefit election type. We did not identify any exceptions as a result of this procedure.
10. For Test Group B, as defined in paragraph 3 above (six participants), we requested to obtain the participant's Election Form for each participant that is eligible to receive a benefit during 2024 (five retirees and one beneficiary). The Election Forms existed for the 5 retirees and one beneficiary, including signatures by the participants authorizing the benefit payments. For the five retirees and one beneficiary, we agreed the monthly benefit amount per these forms to the Benefit Payment Registers provided by Conduent. We did not identify any exceptions as a result of this procedure.
11. For each participant selected in Test Group B who received a benefit (five retirees and one beneficiary), we agreed the benefit payment amount per the EFT Report to the Benefit Payment Registers. In addition, we reviewed the EFT Report to verify that benefit payments are made from the WIDS Trust Account. We did not identify any exceptions as a result of these procedures.
12. For the participants selected in Test Group B (five retirees and one beneficiary), we determined that the participants were eligible to receive benefits (whether the selected participant was currently receiving benefits or not) based on terms of the Plan, pension eligible earnings records provided by Conduent, as well as documentation evidencing age, hire date, credited service, salary, and other applicable information. We did not identify any exceptions as the result of this procedure.



13. For the beneficiaries receiving benefits due to the death of an original participant (one beneficiary in Group B), we reviewed the death certificate to determine that the beneficiary was eligible to receive benefit payments. Based on the supporting evidence available, no exceptions were identified as to the eligibility of the participants.
14. We have been informed by management of the Plan that they are not aware of any instances of contact from a participant of the Plan during the year ended December 31, 2024, whereby the participant indicated that their benefit payment amount or Age-65 accrued benefit calculation was not correct.

Form 5500 – Procedures and Findings

15. We agreed the following investment information on the attached Schedule H of the Plan’s 2024 Form 5500, which was certified as complete and accurate by the Plan’s Trustee, the BNYM, to amounts reported in the Plan’s 2024 financial statements. We did not identify any exceptions as a result of this procedure.

Line of Schedule H in 2024 Form 5500		Amount
1b(3)	Receivables	\$ 5,079
1c(9)	Value of interest in common/collective trusts	30,786
1f	Total assets	35,865
1j	Other liabilities	35,865
1k	Total liabilities	35,865
2d	Total income	32,554
2e(4)	Total benefit payments	1,853,010
2i(12)	Total administrative expenses	630,592
2j	Total expenses	2,483,602
2k	Net income	(2,451,048)

Note: We have separately audited the 2024 financial statements of the Plan and have issued our report thereon dated October 8, 2025. Our report disclaims an opinion on those financial statements because the Plan has not maintained sufficient participant records and supporting documents relating to the calculation of benefit payments and participant data supporting the value of accumulated plan benefits.

16. We reviewed the 2024 Form 5500 and the 2024 financial statements and noted that there were no accrued contingencies or commitments reported either in the 2024 Form 5500 or in the Plan’s 2024 financial statements. We also noted that there were no prohibited transactions, as defined by ERISA, reported in the financial statements. We inquired of management and the internal legal counsel of the Plan as to the existence of any commitments, contingencies or prohibited transactions related to the Plan. We were informed that no such matters exist.



17. We verified the existence of a favorable determination letter from the Internal Revenue Service dated November 24, 2015, stating the Plan is qualified under Section 401(a) of the Internal Revenue Code; and, therefore, the related Trust is exempt from taxation.

We were engaged by the Company and the Committee to perform this agreed-upon procedures engagement and conducted our engagement in accordance with attestation standards established by the American Institute of Certified Public Accountants. We were not engaged and did not conduct an examination or review, the objective of which would be the expression of an opinion or conclusion, respectively, on the items of the subject matter noted above. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We are required to be independent of the Company and the Committee and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our agreed-upon procedures engagement.

This report is intended solely for the information and use of the Company's management and the DOL and is not intended to be, and should not be, used by anyone other than these specified parties.

Mitchell Titus, LLP

October 8, 2025

**WESTERN UNION INTERNATIONAL, INC.
PENSION PLAN**

EIN 90-0357488 / PN 008

SCHEDULE H, PART IV - LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS
AS OF DECEMBER 31, 2024



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

MCI / WUI COMB PLAN - MCUG85260000

1/1/2024 - 12/31/2024

MCI / WUI COMBINED PLAN

Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :			122,552.41					
MCUF85260302	996085619 EB TEMP IVN FD VAR RT 12/31/2049 DD 04/25/97	S	344,262.040	0.00	0.00	344,262.04	344,262.04	0.00
MCUF85260302	996085619 EB TEMP IVN FD VAR RT 12/31/2049 DD 04/25/97	S	1,923,552.270	0.00	0.00	1,923,552.27	1,923,552.27	0.00
MCUF85260302	996085619 EB TEMP IVN FD VAR RT 12/31/2049 DD 04/25/97	B	429,106.200	0.00	429,106.20	0.00	0.00	0.00
MCUF85260302	996085619 EB TEMP IVN FD VAR RT 12/31/2049 DD 04/25/97	S	427,931.450	0.00	0.00	427,931.45	427,931.45	0.00



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

MCI / WUI COMB PLAN - MCUG85260000

1/1/2024 - 12/31/2024

MCI / WUI COMBINED PLAN

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		122,552.41					
21	996085619	EB TEMP IVN FD VAR RT 12/31/2049 DD 04/25/97	664,458.500	664,458.50	0.00	0.00	0.00
37	996085619	EB TEMP IVN FD VAR RT 12/31/2049 DD 04/25/97	2,971,903.250	0.00	2,971,903.25	2,971,903.25	0.00

**WESTERN UNION INTERNATIONAL, INC.
PENSION PLAN**

EIN 90-0357488 / PN 008

SCHEDULE H, PART IV - LINE 4i

SCHEDULE OF ASSETS
(HELD FOR INVESTMENT AT END OF YEAR)
AS OF DECEMBER 31, 2024

WESTERN UNION INTERNATIONAL , INC. PENSION PLAN
EIN 90-0357488 PN 008
SUMMARY
SCHEDULE OF ASSETS HELD AS OF DECEMBER 31, 2024

Investment Sub Category	Cost	Market Value	Unrealized Gain/Loss
COMMON COLLECTIVE TRUST	\$ 53,403	\$ 30,786	\$ (22,617)
TOTAL ASSETS HELD FOR INVESTMENT AT DECEMBER 31, 2024	\$ 53,403	\$ 30,786	\$ (22,617)

WESTERN UNION INTERNATIONAL , INC. PENSION PLAN
EIN 90-0357488 PN 008
SCHEDULE OF ASSETS HELD AT YEAR END - DECEMBER 31, 2024

Security Description 1	Issue, Maturity Date, Rate of Interest, Collateral	Units	Cost	Market Value	Unrealized Total Gain/Loss
EB TEMP IVN FD	VAR RT 12/31/2049 DD 04/25/97	30,786	30,786	30,786	0
SIGMA ERISA LIQUIDATING POOL	VAR RT 12/31/2049 DD 05/01/01	22,617	22,617	0	-22,617
COMMON/COLLECTIVE TRUST Total		53,403	53,403	30,786	(22,617)
Grand Total		53,403	53,403	30,786	(22,617)