

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: SABRE GLBL INC. LEGACY PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1997
2a Plan sponsor's name (employer, if for a single-employer plan): SABRE GLBL INC.
2b Employer Identification Number (EIN): 75-2109502
2c Plan Sponsor's telephone number: 682-605-4342
2d Business code (see instructions): 561500

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3567
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	187
	<b>6a(2)</b>	165
	<b>6b</b>	1677
	<b>6c</b>	1299
	<b>6d</b>	3141
	<b>6e</b>	120
	<b>6f</b>	3261
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1I 3H

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>SABRE GLBL INC. LEGACY PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SABRE GLBL INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>75-2109502</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>224842280</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>247326508</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1761</u>	<u>194853820</u>
	<b>b</b> For terminated vested participants .....	<u>1504</u>	<u>89690611</u>
	<b>c</b> For active participants .....	<u>139</u>	<u>9319367</u>
	<b>d</b> Total .....	<u>3404</u>	<u>293863798</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>4.99 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>3300000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>3300000</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>10/06/2025</u>
	<u>MERRICK JOHNSON</u>	Date
	Type or print name of actuary	<u>23-08683</u>
	<u>WILLIS TOWERS WATSON US LLC</u>	Most recent enrollment number
	Firm name	<u>214-530-4200</u>
	<u>500 N. AKARD STREET, SUITE 4300</u>	Telephone number (including area code)
	<u>DALLAS, TX 75201</u>	
	Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	972127
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		972127
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.70</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		12521
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.12</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		1340
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		13861
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	84.16 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	82.06 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	80.09 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/09/2024	2410000	0					
07/09/2024	2410000	0					
10/08/2024	850000	0					
01/07/2025	1900000	0					
03/25/2025	8200000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	15770000	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	15076748

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 3300000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	46548018	5122213	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 8422213
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 8422213
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 15076748
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 6654535
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>SABRE GLBL INC. LEGACY PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SABRE GLBL INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>75-2109502</b>	

**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

**UBS REALTY INVESTORS LLC**

**06-1452020**

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

**FIDELITY INSTITUTIONAL ASSET MGMT**                      **9 CAPITOL STREET**  
**CONCORD, NH 03301**

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

**JP MORGAN CHASE BANK, N.A.**

**13-6038770**

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

**BLACKROCK INSTITUTIONAL TRUST CO.**

**45-1743707**

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

BENEFIT TRUST COMPANY

81-6903542

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

RELIANCE TRUST COMPANY

35-7085469

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

STATE STREET GLOBAL ADVISORS

04-0025081

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

TOWERS WATSON INVESTMENT SERVICES

82-6695738

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

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

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

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**(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)

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 28 50	ACTUARY	319332	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)

FIDELITY INVESTMENT INST. OPS CO

04-2647786

(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?
17 27 28 38 50 51 99	TRUSTEE	284138	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

LANE GORMAN TRUBITT, PLLC

2626 HOWELL, 7TH FLOOR  
DALLAS, TX 75204

75-1044330

(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	PLAN AUDITOR	30534	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)

BLACKROCK

94-3112180

(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?
51	INVESTMENT MANAGER	21663	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SABRE GLBL INC. LEGACY PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SABRE GLBL INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>75-2109502</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTW GROUP TRUST LONG CREDIT FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>TOWERS WATSON INVESTMENT SVC. INC.</u>		
<b>c</b> EIN-PN <u>82-6695738-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11065180</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTW GROUP TRUST DIVERSIFIED EQUITY</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>TOWERS WATSON INVESTMENT SVC. INC.</u>		
<b>c</b> EIN-PN <u>82-6695738-002</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>86344944</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTW GROUP TRUST DIVERSIFIED CREDIT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>TOWERS WATSON INVESTMENT SVC. INC.</u>		
<b>c</b> EIN-PN <u>82-6695738-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37153702</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS LONG US GOVERNMENT BOND INDEX NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>04-0025081-142</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12110566</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST INTERMEDIATE US GVMT BOND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST CO</u>		
<b>c</b> EIN-PN <u>04-0025081-144</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1758850</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREAS US 10 YR KEY RATE A</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO NA</u>		
<b>c</b> EIN-PN <u>47-4226866-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6530960</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREAS US 20 YR KEY RATE A</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO NA</u>		
<b>c</b> EIN-PN <u>45-3856189-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3090071</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TREAS US 15 YR KEY RATE A**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST CO NA**

<b>c</b> EIN-PN <b>45-3856099-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5634277</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TREAS US 25 YR KEY RATE A**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST CO NA**

<b>c</b> EIN-PN <b>45-3856224-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3469017</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **IR&M INTERMEDIATE CORP COLLECTIVE**

**b** Name of sponsor of entity listed in (a): **GLOBAL TRUST COMPANY**

<b>c</b> EIN-PN <b>37-6567224-006</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2836727</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **WTW GROUP TRUST REAL ASSETS FD**

**b** Name of sponsor of entity listed in (a): **TOWERS WATSON INVESTMENT SVC. INC.**

<b>c</b> EIN-PN <b>82-6695738-005</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>27326318</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK TREASURY NON-LEND FUND**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST CO NA**

<b>c</b> EIN-PN <b>47-4104495-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2551391</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SABRE GLBL INC. LEGACY PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SABRE GLBL INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>75-2109502</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	30492	22097
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2750337	7528976
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	5696509	4851908
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	204403616	199872003
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	212880954	212274984
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	89001	88913
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	89001	88913
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	212791953	212186071

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	12570000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	5310	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		12575310
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		0
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		15892412
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		28467722

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	25764745	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		25764745
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	284138	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	30534	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	304893	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	39465	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	2649829	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		3308859
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		29073604

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-605882
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **LANE GORMAN TRUBITT**

(2) EIN: **75-1044330**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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 \_\_\_\_\_.

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 574488.

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

<b>A</b> Name of plan <u>SABRE GBL INC. LEGACY PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SABRE GBL INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>75-2109502</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 04-3434357

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	124
--	---	-----

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 37.6 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 16.0 %  
 High-Yield Debt: 11.5 % Real Assets: 2.7 % Cash or Cash Equivalents: 11.2 % Other: 21.0 %

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

# Financial Statements and Supplemental Schedules

## **The Sabre GLOB Inc. Legacy Pension Plan**

For the years ended December 31, 2024 and 2023



**LANE GORMAN TRUBITT, LLC**  
Accountants & Advisors

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The Sabre GLBL Inc. Legacy Pension Plan

Financial Statements  
and Supplemental Schedules

December 31, 2024 and 2023

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**LANE GORMAN TRUBITT, LLC**  
Accountants & Advisors

## **Independent Auditor's Report**

Plan Administrator and Participants  
The Sabre GLBL Inc. Legacy Pension Plan

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

We have performed audits of the accompanying financial statements of The Sabre GLBL Inc. Legacy 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, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

### **Opinion**

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

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

### **Basis for Opinion**

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

## **Responsibilities of Management**

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

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

## Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of or 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Lane Gorman Trubitt, LLC

Dallas, Texas  
October 13, 2025

The Sabre GLBL Inc. Legacy Pension Plan  
Statements of Net Assets Available for Benefits

December 31,

	2024	2023
<b>Assets</b>		
Investments at fair value:		
Interest-bearing cash	\$ 7,528,976	\$ 2,750,337
Common/collective trusts	199,872,003	204,403,616
Limited partnership interest	4,851,908	5,696,509
Total investments	212,252,887	212,850,462
Receivables:		
Interest and dividend income	22,097	30,492
Total receivables	22,097	30,492
Total assets	212,274,984	212,880,954
<b>Liabilities</b>		
Accrued expenses	88,913	89,001
Net assets available for benefits	\$ 212,186,071	\$ 212,791,953

*See accompanying notes.*

The Sabre GLBL Inc. Legacy Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years ended December 31,

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
Investment income :		
Net appreciation in fair value of investments	\$ 15,394,784	\$ 16,010,629
Interest and dividends	502,938	355,266
Employer contributions	<u>12,570,000</u>	<u>12,650,000</u>
Total additions	<u>28,467,722</u>	<u>29,015,895</u>
<b>Deductions</b>		
Benefit payments	25,764,745	27,556,344
Pension Benefit Guaranty Corporation premiums	2,649,829	2,645,676
Administrative expenses	<u>659,030</u>	<u>845,696</u>
Total deductions	<u>29,073,604</u>	<u>31,047,716</u>
Net decrease	(605,882)	(2,031,821)
Net assets available for benefits at beginning of year	<u>212,791,953</u>	<u>214,823,774</u>
Net assets available for benefits at end of year	<u>\$ 212,186,071</u>	<u>\$ 212,791,953</u>

*See accompanying notes.*

The Sabre GLBL Inc. Legacy Pension Plan  
Notes to Financial Statements

## 1. Plan Description

### General

The Sabre GLBL Inc. Legacy Pension Plan (the “Plan”), established effective January 1, 1997, is a noncontributory, defined benefit pension plan for certain employees of Sabre GLBL Inc. (the “Plan Administrator” or “Plan Sponsor”), the direct subsidiary of Sabre Holdings Corporation. Unless otherwise indicated, references herein to “Sabre” or the “Company” include Sabre Holdings Corporation and its consolidated subsidiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan Document and the Summary Plan Description for more complete information.

Through 2005, participants who received Company contributions and matching contributions in The Sabre 401(k) Savings Plan did not accrue additional benefit service under the Plan. On March 16, 2000, the Plan was amended and restated to exclude all future employees from becoming participants in the Plan. Effective December 31, 2005, the Plan was amended to freeze all future benefit accruals under the Plan. The Plan was amended to add the lump sum benefit distribution option, effective as of April 1, 2008.

The Plan is administered by the Benefits Administration Committee (“BAC”) and the Benefits Investment Committee (“BIC”), whose members are appointed by the Board of Directors of Sabre or its designee. Fidelity Management Trust Company (“Fidelity”) and Fidelity Workplace Services, LLC are the trustee and record keeper, respectively, of the Plan. Willis Towers Watson provides actuarial services for the Plan.

The duties of the Plan Administrator are to oversee the operations and administration of the Plan in accordance with the specific terms of the Plan, provide for prudent investment of Plan assets, and keeping accurate records and reports. Accordingly, the Plan Administrator has been granted discretionary authority concerning investment and management activities.

### Contributions

The Company contributes such amounts as deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to beneficiaries. The funding policy is to contribute annually to the Plan an amount at least equal to the minimum required contribution for a qualified retirement plan but not in excess of the maximum tax-deductible contribution. In 2024 and 2023, the Plan met the minimum funding requirements of ERISA.

The Sabre GLOB Inc. Legacy Pension Plan  
Notes to Financial Statements

## 1. Plan Description (Continued)

### Distributions

Retirement benefits are payable upon attainment of the normal retirement age of 65, upon attainment of an early retirement age (age 55 and completion of 15 years of credited service, as defined, or age 62 and completion of 10 years of credited service, as defined), or upon attainment of late retirement age (on or after age 65). Benefits become 100% vested in the case of termination of employment with at least five years of vesting service, as defined, or termination resulting from total and permanent disability. Benefit payments are recorded when paid.

### Plan Termination

While Sabre has not expressed any intent to terminate the Plan, it is free to do so at any time by action of the BAC, subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, there is a statutory ceiling on the amount of an individual’s monthly benefit that the PBGC guarantees. For plan terminations occurring during 2024 and 2023, that monthly ceiling, which is adjusted periodically, was \$7,108 and \$6,750, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For young annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Whether a particular participant’s accumulated plan benefits will be paid depends on the priority of those benefits, the level of benefits guaranteed by the PBGC, the sufficiency of the Plan’s net assets and may also depend on the financial condition of the Company at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

## 2. Summary of Significant Accounting Policies

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

### Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

## **2. Summary of Significant Accounting Policies (Continued)**

### **Expenses**

Certain administrative expenses of the Plan are paid by the Plan. The remaining administrative expenses are paid by the Company. The Plan is under no obligation to reimburse the Company for these expenses. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation (depreciation) in fair values of investments.

### **Valuation of Investments**

Investments of the Plan are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Changes in fair value are reflected in operations. Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest and other income are recorded on the accrual basis.

The Plan provides for investments in various investment securities with different investment strategies, which, in general, are exposed to various risks, such as interest rate, credit, foreign investment, active management, and overall market volatility risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. The Plan attempts to limit these risks by choosing investments that are invested in high quality securities or are offered and administered by reputable and known investment companies. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. The Plan's exposure to a concentration of risk is limited by the diversification of investment securities. Additionally, the investments within each investment held are further diversified into varied financial instruments.

Market conditions have resulted in an unusually high degree of volatility and increased the risks and may affect the short-term liquidity associated with certain investments held by the Plan which could impact the value of investments after the date of these financial statements. Because the values of individual investments fluctuate with market conditions, the amount of gains or losses that will be recognized in subsequent periods, if any, cannot be determined.

### **Net Appreciation (Depreciation) in Fair Value of Investments**

The net appreciation (depreciation) in fair value of investments includes realized and unrealized investment gains and losses on investments bought and sold as well as held during the year. Realized gains or losses on the disposal of securities are determined on the average cost of securities sold, while unrealized gains and losses are determined based on the average cost of securities held at the end of the year.

## 2. Summary of Significant Accounting Policies (Continued)

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires 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.

### Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by Willis Towers Watson (an independent actuary), and is the amount that results from the application of actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The expected return on assets assumption used in the valuations as of January 1, 2024 and 2023 was 6.90% and 5.00%, respectively, to reflect the Plan Sponsor's estimate of future experience for trust asset returns, reflecting the Plan's current asset allocation and any expected changes during the current plan year, current market conditions and the Plan Sponsor's expectation for future market conditions. The discount rate for accounting for benefit obligations used in the valuations as of January 1, 2024 and 2023 was 6.40% and 6.90%, respectively, to reflect current market conditions. There was a re-measurement on September 1, 2020 due to settlement accounting. 3.53% is used for pension costs recognized from January 1, 2020 through August 31, 2020, and 2.76% is used for pension costs from September 1, 2020 through December 31, 2020.

## 2. Summary of Significant Accounting Policies (Continued)

### Actuarial Present Value of Accumulated Plan Benefits (Continued)

Other significant actuarial assumptions used in the valuation as of January 1, 2024 and 2023, were (a) the life expectancy of participants. For 2024 and 2023, mortality assumptions are based on Pri-2012 White collar mortality tables for males and females with separate rates for Employees and Healthy Retirees projected from 2012 using a fully generational mortality improvement projection of the sex-distinct Scale MP-2021. For 2024, disabled participants are based on Pri-2012 Disability mortality tables projected from 2012 using a fully generational mortality improvement projection of the sex-distinct Scale MP-2021 with no adjustments. For 2023, disabled participants are based on Pri-2012 Disability mortality tables projected from 2012 using a fully generational mortality improvement projection of the sex-distinct Scale MP-2021 with no adjustments; (b) average retirement age of 63, (based on varying probabilities of retirement ranging from age 55 and older) for 2024 and 2023; (c) employee turnover (assumed termination rate of 6.00% is based on a statistical study of the Company's termination experience); (d) disability rates vary by age and gender (based on varying probabilities of disability ranging from age 25 to 55); (e) Plan accounting discount rate of 6.40% and 6.90%, respectively, for 2024 and 2023; and (f) annuity benefits are assumed to be paid at age 62 and 60 with 15 years of service, age 64 and 62 with 10 years of service, otherwise age 65, with lump sum payments assumed to be paid at age 65 for 2024 and 2023.

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

Certain financial and actuarial information (a "4010 filing") must be provided to the PBGC if the PBGC Funding Target Attainment Percentage ("PBGC FTAP") is less than 80% for any plan in the contributing sponsor's-controlled group. The 2024 PBGC FTAP is 79.35%. Since the PBGC FTAP is less than 80%, and the PBGC 4010 Funding Shortfall in the Company's controlled group (disregarding overfunded plans) is greater than \$15 million as of January 1, 2024, a 4010 filing is required for 2024. The Plan is not in at-risk status, as defined in the Pension Protection Act of 2006 for the 2024 plan year, because the Plan's FTAP for the 2023 plan year was at least 80%, and/or the Plan's FTAP measured using "at-risk assumptions" was at least 70%.

### Party-in-Interest Transactions

Certain Plan investments are managed by Fidelity Investments, an affiliate of Fidelity. Fidelity is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Certain Plan investments are managed by Towers Watson Investment Services, Inc., an affiliate of the Plan's actuary. All of these transactions are exempt from the prohibited transaction rules. As described above, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

The Sabre GLOB Inc. Legacy Pension Plan  
Notes to Financial Statements

**2. Summary of Significant Accounting Policies (Continued)**

**Benefit Payments**

Benefit payments are recorded when paid.

**3. Income Tax Status**

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated February 7, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the “Code”) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**4. Accumulated Plan Benefits**

The Plan’s actuarial present value of accumulated plan benefits as of January 1, as determined by the Plan’s independent actuary, is summarized in the following table:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 182,883,083	\$ 177,431,337
Other participants	<u>91,555,019</u>	<u>95,363,967</u>
	274,438,102	272,795,304
Non-vested benefits	<u>19,895</u>	<u>35,143</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 274,457,997</u>	<u>\$ 272,830,447</u>

The Sabre GLBL Inc. Legacy Pension Plan  
Notes to Financial Statements

**4. Accumulated Plan Benefits (Continued)**

Changes in the actuarial present value of accumulated plan benefits for the years ended January 1 are summarized in the following table:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits as of January 1, 2023 and 2022	\$ 272,830,447	\$ 349,854,900
Benefits accumulated	-	-
Actuarial (gains) losses	2,407,478	(36,351)
Decrease in the discount period	17,890,464	16,629,069
Benefits paid	(27,556,344)	(34,973,616)
Assumption changes (interest rate, mortality and other)	<u>8,885,952</u>	<u>(58,643,555)</u>
Actuarial present value of accumulated plan benefits as of January 1, 2024 and 2023	<u>\$ 274,457,997</u>	<u>\$ 272,830,447</u>

Benefits accumulated, including actuarial adjustments, include the effects of actuarial experience gains and losses. In addition, the above calculations reflect the effect of the Plan amendment to freeze all future benefit accruals.

The actuarial valuation reflects the independent actuary’s understanding of the relevant provisions of the Pension Protection Act of 2006; the Worker, Retiree and Employer Recovery Act of 2008; the Moving Ahead for Progress in the 21st Century Act; the Highway and Transportation Funding Act of 2014; the Bipartisan Budget Act of 2015; the Coronavirus Aid, Relief and Economic Security Act of 2020, and the American Rescue Plan Act of 2021. The Internal Revenue Service has yet to issue final guidance with respect to certain aspects of these laws. It is possible that future guidance may conflict with the independent actuary’s understanding of these laws based on currently available guidance and could therefore affect the actuarial valuation.

**5. Reportable Transactions**

During the years ended December 31, 2024 and 2023, there were no loans in default or uncollectible, investment assets acquired and disposed of within the Plan or non-exempt transactions with parties-in-interest which would require supplemental presentation under United States Department of Labor regulations.

**6. Fair Value Measurements**

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

The Sabre GLOB Inc. Legacy Pension Plan  
Notes to Financial Statements

## 6. Fair Value Measurements (Continued)

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of levels 1, 2 or 3.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

*Interest-bearing cash:* Valued at the net asset value ("NAV") of shares held by the Plan at year-end.

*Common/collective trusts:* Valued at the NAV as reported by the trust managers as of the financial statement dates, which may reflect recent transaction prices. In general, there are no restrictions as to the redemption of these common/collective trusts, nor does the Plan have any contractual obligation to further invest in any of these common/collective trusts.

*Limited partnership interest:* Valued at the NAV per unit held by the Plan at year-end as quoted by the fund, without further adjustment. NAV is based upon the fair value of the underlying investments.

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

The Sabre GLOBL Inc. Legacy Pension Plan  
Notes to Financial Statements

**6. Fair Value Measurements (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ 7,528,976	\$ -	\$ -	\$ 7,528,976
Total in fair value hierarchy	<u>\$ 7,528,976</u>	<u>\$ -</u>	<u>\$ -</u>	7,528,976
Common/collective trusts (a)				199,872,003
Limited partnership interest (a)				<u>4,851,908</u>
Total assets at fair value				<u>\$ 212,252,887</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ 2,750,337	\$ -	\$ -	\$ 2,750,337
Total in fair value hierarchy	<u>\$ 2,750,337</u>	<u>\$ -</u>	<u>\$ -</u>	2,750,337
Common/collective trusts (a)				204,403,616
Limited partnership interest (a)				<u>5,696,509</u>
Total assets at fair value				<u>\$ 212,850,462</u>

- (a) These investments are valued using net asset value as a practical expedient and therefore have not been classified in the fair value hierarchy. The practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

The investment strategy of the non-direct filing entity is as follows:

*UBS Trumbull Property Fund LP* is an actively managed core portfolio of equity real estate. The fund seeks to provide attractive returns while limiting downside risk. Its real return performance objective is to achieve at least a 5% real rate of return, before advisory fees, over any given three-to-five-year period. The underlying holdings are diversified real estate assets that are difficult to value and rely on unobservable inputs to measure fair value. The UBS Trumbull Property Fund provides for quarterly redemptions at NAV and requires a 60 day advance notification.

The Sabre GLOB Inc. Legacy Pension Plan  
Notes to Financial Statements

**7. Information Certified by the Plan’s Trustee (Unaudited)**

The Plan Administrator has elected the method of annual reporting compliance permitted by Section 2520.103-8 of the United States Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate as of and for the years ended December 31, 2024 and 2023:

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
Investments at fair value:		
Interest-bearing cash	\$ 7,528,976	\$ 2,750,337
Common/collective trusts	199,872,003	204,403,616
Limited partnership interest	4,851,908	5,696,509
Total investments	212,252,887	212,850,462
Receivables:		
Interest income	22,097	30,492
	\$ 212,274,984	\$ 212,880,954
	<b>Years Ended December 31,</b>	
	<b>2024</b>	<b>2023</b>
Investment income:		
Interest and dividends	\$ 502,938	\$ 355,266
Net appreciation in fair value of investments	15,394,784	16,010,629
	\$ 15,897,722	\$ 16,365,895

**8. Recent Accounting Pronouncements**

In July 2025, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) 2025-05, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets*. The amendments simplifies the estimation of expected credit losses for current accounts receivable arising from revenue transactions under Accounting Standards Codification (“ASC”) 606, *Revenue from Contracts with Customers*, such as employer contributions receivable. This amendment provides (1) all entities with a practical expedient to assume that current conditions as of the statement of net assets available for benefit date do not change for the remaining life of the assets and (2) entities other than public business entities with an accounting policy election to consider collection activity after the statement of net assets available for benefit date, but before financial statement issuance, when estimating expected credit losses. ASU 2025-05 is effective for the fiscal years beginning after December 15, 2025, with early adoption permitted, and requires prospective application.

The Plan is currently evaluating the impact of this recent pronouncement will have on its financial statements.

The Sabre GLBL Inc. Legacy Pension Plan  
Notes to Financial Statements

**9. Recent Legislation**

In December 2022, Securing a Strong Retirement Act (“SECURE 2.0”) was passed into law. This package of laws builds on the Setting Every Community Up for Retirement Enhancement (“SECURE”) Act of 2019. SECURE 2.0 covers numerous changes to retirement provisions. The provisions include both required and optional elements and the Plan Administrator will determine the optional provisions to elect. The United States Department of the Treasury and the Internal Revenue Service continue to issue guidance and regulations implementing provisions of SECURE 2.0. Many of the provisions in SECURE 2.0 were effective in 2023 and 2024, but it will not be completely implemented until 2028. The deadline for amending plan documents has been extended to December 31, 2026.

**10. Subsequent Events**

Management has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued.

## Supplemental Schedules

The Sabre GLBL Inc. Legacy Pension Plan  
Schedule H; Line 4i - Schedule of Assets (Held at End of Year)  
EIN: 75-2109502  
Plan 001  
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	BlackRock Institutional Trust Company, N.A.	BlackRock Treasury Non-Lending Fund	\$ 2,848,568	\$ 2,551,391
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 10 Year Key Rate Fund - Class A	11,306,078	6,530,960
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 15 Year Key Rate Fund - Class A	11,694,687	5,634,277
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 20 Year Key Rate Fund - Class A	6,663,880	3,090,071
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 25 Year Key Rate Fund - Class A	13,739,635	3,469,017
*	Fidelity Investments	Fidelity Government Portfolio - Institutional	7,528,976	7,528,976
	State Street Global Advisors Trust Company Income Research + Management	SSgA Intermediate U.S. Government/Credit Bond Index Non-Lending Series Fund IR+M Intermediate Corporate Collective Fund	1,688,950 2,753,446	1,758,850 2,836,727
	State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	12,549,935	12,110,566
	UBS Realty Investors	Trumbull Property Fund	5,293,900	4,851,908
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Diversified Credit Fund	28,796,143	37,153,702
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Diversified Equity Fund	52,692,436	86,344,944
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Long Credit Fund	11,723,592	11,065,180
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Real Assets Fund	27,000,000	27,326,318
			<u>\$ 196,280,226</u>	<u>\$ 212,252,887</u>

\* - Party-in-interest.

The Sabre GBLB Inc. Legacy Pension Plan  
Schedule H; Line 4j - Schedule of Reportable Transactions  
EIN: 75-2109502  
Plan 001  
Year ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	Purchases		Sales		
		(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain/(loss)
<b>Category (i) - Individual transactions in excess of 5% of beginning plan assets</b>						
Fidelity Investments	Fidelity Government Portfolio - Institutional	\$ -	\$ 14,100,000	\$ 14,100,000	\$ 14,100,000	\$ -
Fidelity Investments	Fidelity Government Portfolio - Institutional	\$ -	\$ 12,000,000	\$ 12,000,000	\$ 12,000,000	\$ -
State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	\$ 12,550,000	\$ -	\$ -	\$ -	\$ -
<b>Category (iii) - Series of transactions in excess of 5% of beginning Plan assets</b>						
Fidelity Investments	Fidelity Government Portfolio - Institutional	\$ 59,964,633	\$ 55,185,993	\$ 55,185,993	\$ 55,185,993	\$ -
State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	\$ 12,550,000	\$ 67	\$ 65	\$ 67	\$ 2
Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Diversified Equity Fund	\$ 6,000,000	\$ 22,450,000	\$ 13,899,633	\$ 22,450,000	\$ 8,550,367
<b>Category (iv) - Transactions with the same party in excess 5% of beginning Plan assets</b>						
Fidelity Investments	Fidelity Government Portfolio - Institutional	\$ -	\$ 14,100,000	\$ 14,100,000	\$ 14,100,000	\$ -
Fidelity Investments	Fidelity Government Portfolio - Institutional	\$ -	\$ 12,000,000	\$ 12,000,000	\$ 12,000,000	\$ -
State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	\$ 12,550,000	\$ -	\$ -	\$ -	\$ -

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	1	0	9	6	0	0	0	16
55-59	0	0	0	1	1	0	20	22	2	1	0	47
60-64	0	0	0	0	2	1	13	29	9	6	0	60
65-69	0	0	0	0	0	0	4	4	5	3	0	16
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	1	4	1	46	61	16	10	0	139

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
 Plan Name: Sabre GLBL, Inc. Legacy Pension Plan  
 EIN / PN: 75-2109502 / 001  
 Plan Sponsor: Sabre GLBL, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month September 2023
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
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**2023 Assumed return for asset smoothing:** 6.90%

### Demographic Assumptions

#### Mortality

- Healthy and Disabled Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- Lump Sum Payments IRC §417(e)(3) mortality table for lump sums paid in the valuation year.

**Termination** For all ages 40-65, the assumed termination rate is 6.0% per year.

Plan Name: Sabre GLBL, Inc. Legacy Pension Plan  
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Plan Sponsor: Sabre GLBL, Inc.  
Valuation Date: January 1, 2024

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## Disability

Rates varying by age and gender

Percentage becoming disabled during the year		
Age	Males	Females
25	0.0815%	0.0826%
40	0.2067%	0.2154%
55	0.0000%	0.0000%

---

## Retirement

Rates varying by age, average age 63

Representative rates	
Age	Rate
55	8%
61	12%
70	100%

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## Benefit commencement date

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit Annuity benefits are assumed to be paid at age 62 with 15 years of service, age 64 with 10 years of service, else age 65. Lump sums are assumed to be paid at age 65.
- Disability benefit Normal retirement date
- Retirement benefit Upon termination of employment

## Form of payment

72% of participants are assumed to elect a lump sum and 28% are assumed to elect an annuity. For participants electing an annuity, 67% elect a single life annuity and 33% elect a joint and survivor 50% annuity.

## Lump-Sum Conversion Rate

For funding, 3-segment rates are used for calculation of the Funding Target Liability

## Spouse age

Female participant has a spouse 2 year older, male participant has a spouse 3 years younger.

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**Administrative expense** Equal to actual prior year plan expenses, excluding investment management fees and including adjustments for updates in PBGC premiums; rounded to the nearest \$10,000.

## Methods

**Valuation date** First day of plan year

**Funding target** Present value of accrued benefits

**Target normal cost** Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.

**Actuarial value of assets for determining minimum required contributions** Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.90% for the 2023 plan year (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

**Benefits Not Valued** All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Sabre GLBL Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

## Sources of Data and Other Information

The plan sponsor through its third-party administrator, furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor, Fidelity Investments and individual investment managers. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with Sabre GLBL Inc., assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

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## Assumptions Rationale - Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Plan-related expenses</b>	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
<b>Lump sum conversion rate</b>	As required by IRC §430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the discount rate, adjusted as required to account for the fact that the plan’s lump sum conversion rate is IRC §417(e) assumptions.
<b>Assumed return for asset smoothing</b>	The assumed return of 6.90% used for asset smoothing is the expected return on assets assumption chosen by the client with the help of their investment advisers for the 2023 plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client’s best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

## Assumptions Rationale - Significant Demographic Assumptions

<b>Healthy Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Disabled Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Termination</b>	Termination rates were based on an experience study conducted in 2017, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

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## Retirement

Retirement rates were based on an experience study conducted in 2017, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

## Benefit commencement date for deferred benefits:

- Preretirement death benefit  
Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
- Deferred vested benefit  
Deferred vested participants are assumed to begin benefits based on rates applied to a number of commencement ages based on an analysis of actual commencement patterns. This analysis was last completed in October 2023.

## Form of payment

The percentage of retiring participants assumed to take lump sums is based on observed experience over the period 2017-2022.

## Marital Assumptions:

- Spouse age  
The assumed age difference for spouses is based on the age difference for marrieds in the active population from an experience study conducted in 2023, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes as described herein, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

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## Changes in Assumptions and Methods

### Change in Assumptions and Methods Since Prior Valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to current valuation date as required by IRS under IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430, and the base mortality table was updated to Pri-2012, as required.
- The lump sum conversion interest rates were updated to reflect applicable segment rates under IRC §430 as of September 2023.
- The mortality table used for lump sum conversion was updated to the IRC §417(e)(3) mortality table for lump sums paid in the valuation year.
- The assumed commencement date for terminated vested participants was updated as a result of an experience study performed in October 2023.
- The assumed form of payment was updated as a result of an experience study performed in October 2023.
- The assumed spouse age difference for female participants was updated as a result of an experience study performed in October 2023.

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# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Sabre GLBL, Inc.
<b>EIN/PN</b>	75-2109502 / 001
<b>Plan Name</b>	Sabre GLBL, Inc. Legacy Pension Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Merrick Johnson
<b>Enrollment Number</b>	23-08683

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

The Sabre GBLB Inc. Legacy Pension Plan  
Schedule H; Line 4j - Schedule of Reportable Transactions  
EIN: 75-2109502  
Plan 001  
Year ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	Purchases		Sales		
		(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain/(loss)
<b>Category (i) - Individual transactions in excess of 5% of beginning plan assets</b>						
Fidelity Investments	Fidelity Government Portfolio - Institutional	\$ -	\$ 14,100,000	\$ 14,100,000	\$ 14,100,000	\$ -
Fidelity Investments	Fidelity Government Portfolio - Institutional	\$ -	\$ 12,000,000	\$ 12,000,000	\$ 12,000,000	\$ -
State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	\$ 12,550,000	\$ -	\$ -	\$ -	\$ -
<b>Category (iii) - Series of transactions in excess of 5% of beginning Plan assets</b>						
Fidelity Investments	Fidelity Government Portfolio - Institutional	\$ 59,964,633	\$ 55,185,993	\$ 55,185,993	\$ 55,185,993	\$ -
State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	\$ 12,550,000	\$ 67	\$ 65	\$ 67	\$ 2
Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Diversified Equity Fund	\$ 6,000,000	\$ 22,450,000	\$ 13,899,633	\$ 22,450,000	\$ 8,550,367
<b>Category (iv) - Transactions with the same party in excess 5% of beginning Plan assets</b>						
Fidelity Investments	Fidelity Government Portfolio - Institutional	\$ -	\$ 14,100,000	\$ 14,100,000	\$ 14,100,000	\$ -
Fidelity Investments	Fidelity Government Portfolio - Institutional	\$ -	\$ 12,000,000	\$ 12,000,000	\$ 12,000,000	\$ -
State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	\$ 12,550,000	\$ -	\$ -	\$ -	\$ -

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan SABRE GBL INC. LEGACY PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SABRE GBL INC.	<b>D</b> Employer Identification Number (EIN) 75-2109502	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value.....	<b>2a</b>	224,842,280
	<b>b</b> Actuarial value.....	<b>2b</b>	247,326,508
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	1,761	194,853,820
	<b>b</b> For terminated vested participants .....	1,504	89,690,611
	<b>c</b> For active participants.....	139	9,319,367
	<b>d</b> Total.....	3,404	293,863,798
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	
<b>5</b>	Effective interest rate.....	<b>5</b>	4.99%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	3,300,000
	<b>c</b> Target normal cost.....	<b>6c</b>	3,300,000

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

<b>SIGN HERE</b>	Merrick Johnson <u>MKJ</u> Signature of actuary	<u>10/6/2025</u> Date
	Merrick Johnson Type or print name of actuary	<u>2308683</u> Most recent enrollment number
	Willis Towers Watson US LLC Firm name	<u>214-530-4200</u> Telephone number (including area code)
	500 N. Akard Street Suite 4300 Dallas TX 75201 Address of the firm	

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



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 3,300,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	46,548,018		5,122,213	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				<b>34</b> 8,422,213
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 8,422,213
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 15,076,748
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 6,654,535
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	$q_x^r$	$l_x$	${}_{x-55}P_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.08	1,000	1.000000	0.080000	4.400000
56	0.08	920	0.920000	0.073600	4.121600
57	0.08	846	0.846400	0.067712	3.859584
58	0.08	779	0.778688	0.062295	3.613112
59	0.08	716	0.716393	0.057311	3.381375
60	0.08	659	0.659082	0.052727	3.163591
61	0.12	606	0.606355	0.072763	4.438519
62	0.12	534	0.533592	0.064031	3.969927
63	0.12	470	0.469561	0.056347	3.549884
64	0.12	413	0.413214	0.049586	3.173483
65	0.12	364	0.363628	0.043635	2.836301
66	0.12	320	0.319993	0.038399	2.534344
67	0.12	282	0.281594	0.033791	2.264014
68	0.12	248	0.247802	0.029736	2.022068
69	0.12	218	0.218066	0.026168	1.805588
70	1.00	192	0.191898	0.191898	13.432877
Average age at retirement					62.566267
Rounded for Schedule SB item 22					63

Plan Name: Sabre GLBL, Inc. Legacy Pension Plan  
 EIN / PN: 75-2109502 / 001  
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# SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 15**  
**Reconciliation of differences between valuation results and amounts used to**  
**calculate AFTAP**  
**as of January 1, 2024**

The AFTAP reported on line 15 is the final certified AFTAP for the plan year and does not correspond to the valuation results reported on this SB.

The AFTAP reported on line 15 was certified on March 22, 2024 and only reflects discounted contributions for the prior plan year deposited as of the certification date. After the AFTAP certification date, an additional contribution was made for the prior plan year. This update is reflected in the valuation results reported on this SB, but the plan sponsor did not elect to recertify the AFTAP reflecting the additional contribution, since the change was not a material change.

Date of AFTAP certification/ recertification	AFTAP	Description and the amount of each adjustment to the funding target, AVA, carryover balance, prefunding balance
March 22, 2024	82.06%	A contribution for the prior plan year was made after the AFTAP certification date. The contribution of \$5,800,000 made on September 10, 2024 is included in the valuation results reported on this SB, but not reflected in the AFTAP certified on March 22, 2024.

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Plan Name: Sabre GLBL, Inc. Legacy Pension Plan  
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Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b

### Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	26,674	3,812,866	18,958,114	22,797,654
2025	91,542	2,240,808	18,429,461	20,761,811
2026	180,308	3,047,898	17,950,697	21,178,903
2027	276,700	3,894,782	17,434,866	21,606,348
2028	395,906	4,852,876	16,887,926	22,136,708
2029	515,272	5,727,323	16,344,468	22,587,063
2030	603,643	6,384,837	15,779,108	22,767,588
2031	695,219	6,905,870	15,181,461	22,782,550
2032	778,996	7,298,380	14,561,541	22,638,917
2033	840,521	7,510,837	13,913,681	22,265,039
2034	881,034	7,609,483	13,239,797	21,730,314
2035	904,378	7,618,973	12,534,930	21,058,281
2036	912,538	7,551,206	11,807,027	20,270,771
2037	907,577	7,429,638	11,068,154	19,405,369
2038	897,240	7,276,066	10,317,668	18,490,974
2039	881,439	7,104,958	9,560,369	17,546,766
2040	862,015	6,916,453	8,803,744	16,582,212
2041	837,357	6,710,736	8,052,430	15,600,523
2042	808,239	6,488,249	7,312,624	14,609,112
2043	776,678	6,248,543	6,590,529	13,615,750
2044	742,697	5,991,430	5,892,243	12,626,370
2045	706,453	5,717,043	5,223,515	11,647,011
2046	668,040	5,427,113	4,589,616	10,684,769
2047	627,610	5,121,247	3,995,240	9,744,097
2048	585,393	4,799,528	3,444,212	8,829,133
2049	541,703	4,465,071	2,939,348	7,946,122
2050	496,948	4,120,353	2,482,344	7,099,645
2051	451,622	3,768,558	2,073,785	6,293,965
2052	406,292	3,413,541	1,713,189	5,533,022
2053	361,579	3,059,715	1,399,061	4,820,355
2054	318,127	2,711,884	1,129,046	4,159,057
2055	276,557	2,374,998	900,093	3,551,648
2056	237,426	2,053,833	708,652	2,999,911
2057	201,197	1,752,692	550,856	2,504,745
2058	168,212	1,475,142	422,679	2,066,033
2059	138,682	1,223,824	320,106	1,682,612
2060	112,694	1,000,330	239,260	1,352,284
2061	90,221	805,204	176,522	1,071,947
2062	71,133	638,000	128,603	837,736
2063	55,210	497,410	92,591	645,211
2064	42,169	381,441	65,969	489,579
2065	31,685	287,616	46,615	365,916
2066	23,411	213,176	32,779	269,366
2067	17,001	155,273	23,049	195,323
2068	12,129	111,121	16,314	139,564

Plan Name: Sabre GLBL, Inc. Legacy Pension Plan  
EIN / PN: 75-2109502 / 001  
Plan Sponsor: Sabre GLBL, Inc.  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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2069	8,496	78,127	11,716	98,339
2070	5,839	53,963	8,611	68,413
2071	3,936	36,623	6,526	47,085
2072	2,600	24,428	5,121	32,149
2073	1,683	16,023	4,160	21,866

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

<b>Effective Date</b>	January 1, 1997.
<b>Covered Employees</b>	Any employee of Sabre GLBL who was a participant of the AA plan on December 31, 1996 or subsequent transfers from AA.
<b>Participation Date</b>	Completion of one year of service with a minimum of 1,000 hours worked in a year.
<b>Plan Close / Freeze Date</b>	Plan Close: March 15, 2000. Plan Freeze: December 31, 2005.

### Definitions

<b>Vesting service</b>	One year for each 1,000-hour calendar year of employment by Sabre GLBL Inc.
<b>Credited service</b>	Years of service as a member of the plan and service earned under the AA plan as of December 31, 1996. Those participants who receive company contributions to the Sabre 401(k) Savings Plan shall not receive any future service credits after January 1, 1997. Credited service is frozen as of the Plan Freeze Date.
<b>Pensionable pay</b>	A member's regular pay including commissions and 401(k) salary reduction amounts but excluding overtime, shift differentials, bonuses and expenses.
<b>Final average compensation</b>	The average of the highest paid 60 consecutive calendar months out of the 120 consecutive calendar months of plan membership preceding the Plan Freeze Date.
<b>Primary insurance amount (PIA)</b>	The estimated projected monthly Social Security benefit payable at age 65 assuming level compensation from Plan Freeze Date to age 65, and the law in effect at the Plan Freeze Date.

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<b>Normal retirement date (NRD)</b>	First of month coinciding with or next following the attainment of age 65.						
<b>AA Plan</b>	The AMS plan of American Airlines, Inc.						
<b>Monthly Pension Benefit</b>	<p>As of the Plan Freeze Date, the greater of (a), (b), (c) or (d)</p> <p>(a) One-twelfth of the basic retirement benefit accrued April 1, 1978 under the provisions of the prior plan, plus 1.25% of pensionable pay for each subsequent calendar year through 2005 not in excess of \$6,600, plus 2% of such pensionable pay in excess of \$6,600.</p> <p>(b) 1.667% of final average compensation multiplied by credited service.</p> <p>(c) The monthly amount shown below, multiplied by credited service.</p> <table><thead><tr><th>Final Average Compensation</th><th>Monthly Amount</th></tr></thead><tbody><tr><td>Less than \$15,000</td><td>\$23.50</td></tr><tr><td>\$15,000 and over</td><td>\$24.00</td></tr></tbody></table> <p>(d) 2% of final average compensation multiplied by credited service (the base benefit), less 1.5% of the PIA multiplied by credited service, not greater than 33-1/3 years.</p> <p>If the annual base benefit exceeds \$50,000, the benefit is offset by an additional amount of 2% of PIA (up to 50%) for each \$1,000 that the base benefit exceeds \$50,000.</p>	Final Average Compensation	Monthly Amount	Less than \$15,000	\$23.50	\$15,000 and over	\$24.00
Final Average Compensation	Monthly Amount						
Less than \$15,000	\$23.50						
\$15,000 and over	\$24.00						
<b>Qualified monthly preretirement spouse benefit</b>	50% joint and survivor form of the monthly pension benefit payable as if the member had retired on the date of his death.						
<b>Earliest retirement date</b>	Earliest date on which participant could elect to commence benefits based upon service as of date of termination or death.						

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## Actuarial Equivalence for conversion to optional forms

(a) For purposes of computing the value of a benefit payable in monthly installments, the interest assumption shall be the lesser of 5% or the rate specified in (b). The mortality assumption shall be the Unisex Pension 1984 Table weighted 88% male and 12% female.

(b) For purposes of computing the value of any lump sum benefit, the interest and mortality assumptions shall be those dictated under Section 417(e)(3) of the Internal Revenue Code.

## Eligibility for Benefits

### Normal retirement

Retirement on NRD

### Early retirement

Retirement before NRD and on or after attaining the earlier of  
(a) age 55 and completing fifteen years of credited service, or  
(b) age 62 and completing ten years of credited service.

### Late retirement

Retirement at least one month after NRD.

### Deferred vested

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

### Preretirement spouse benefit

Death of a participant who has elected coverage under the qualified preretirement survivor annuity while eligible for normal, early, late or deferred vested retirement benefits, with a surviving spouse who has been married to the participant for at least one year at date of death.

### Disability retirement

Termination due to total and permanent disability after completion of five or more years of vesting service.

## Monthly Benefits Paid Upon the Following Events

### Normal retirement

Monthly pension benefit determined as of NRD

### Early retirement

Monthly pension benefit determined as of early retirement date, reduced 3.0% for each year of payment before the participant attains age 62.

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<b>Late retirement</b>	Monthly pension benefit determined as of actual retirement date.
<b>Termination with deferred vested benefit</b>	Monthly pension benefit determined as of termination date, payable at normal retirement date. Participant can elect to commence benefit on his earliest retirement date with the benefit reduced in the same manner as for early retirement.
<b>Death with preretirement spouse benefits</b>	Qualified monthly preretirement spouse benefit is payable to eligible spouse for life starting at the earliest retirement date
<b>Disability benefit</b>	Same as termination with deferred vested benefits.
<b>Qualified Joint and survivor option</b>	If a married participant retires under normal, early, disability, or deferred vested retirement provisions and does not elect to the contrary in writing, the benefit will be paid under the terms of the qualified joint and survivor option. Under this option, the participant will receive a reduce pension payable for life with payments in the amount of 50% of such reduced pension will be continued after his death to the spouse for the spouse's lifetime.
<b>Forms of payment</b>	Preretirement spouse benefits are payable as described above. Monthly pension benefits are paid for life, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option, or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan including the lump sum option.
<b>Maximum benefits and pay</b>	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

## Future Plan Changes

None.

## Changes in Benefits Valued Since Prior Year

None.

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The Sabre GLBL Inc. Legacy Pension Plan  
Schedule H; Line 4i - Schedule of Assets (Held at End of Year)  
EIN: 75-2109502  
Plan 001  
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	BlackRock Institutional Trust Company, N.A.	BlackRock Treasury Non-Lending Fund	\$ 2,848,568	\$ 2,551,391
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 10 Year Key Rate Fund - Class A	11,306,078	6,530,960
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 15 Year Key Rate Fund - Class A	11,694,687	5,634,277
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 20 Year Key Rate Fund - Class A	6,663,880	3,090,071
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 25 Year Key Rate Fund - Class A	13,739,635	3,469,017
*	Fidelity Investments	Fidelity Government Portfolio - Institutional	7,528,976	7,528,976
	State Street Global Advisors Trust Company Income Research + Management	SSgA Intermediate U.S. Government/Credit Bond Index Non-Lending Series Fund IR+M Intermediate Corporate Collective Fund	1,688,950 2,753,446	1,758,850 2,836,727
	State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	12,549,935	12,110,566
	UBS Realty Investors	Trumbull Property Fund	5,293,900	4,851,908
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Diversified Credit Fund	28,796,143	37,153,702
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Diversified Equity Fund	52,692,436	86,344,944
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Long Credit Fund	11,723,592	11,065,180
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Real Assets Fund	27,000,000	27,326,318
			<u>\$ 196,280,226</u>	<u>\$ 212,252,887</u>

\* - Party-in-interest.

# SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2024**

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	(11,446,898)	15.00000	(11,446,898)	(1,041,442)
Shortfall	01/01/2023	53,260,249	14.00000	51,105,072	4,877,611
Shortfall	01/01/2022	(14,816,429)	13.00000	(13,607,942)	(1,369,208)
Shortfall	01/01/2021	(1,597,173)	12.00000	(1,395,910)	(148,923)
Shortfall	01/01/2020	(16,894,116)	11.00000	(13,927,302)	(1,586,132)
Shortfall	01/01/2019	47,484,419	10.00000	35,820,998	4,390,307
Total				46,548,018	5,122,213

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## Schedule SB, Line 24 Change in Actuarial Assumptions

- The lump sum conversion interest rates were updated to reflect applicable segment rates under IRC §430 as of September 2023.
- The mortality table used for lump sum conversion was updated to the IRC §417(e)(3) mortality table for lump sums paid in the valuation year.
- The assumed commencement date for terminated vested participants was updated as a result of an experience study performed in October 2023.
- The assumed form of payment was updated as a result of an experience study performed in October 2023.
- The assumed spouse age difference for female participants was updated as a result of an experience study performed in October 2023.

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