

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [x]
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan THE AVAYA INC. HEALTH AND WELFARE BENEFITS PLAN FOR RETIREES
1b Three-digit plan number (PN) 553
1c Effective date of plan 01/01/2007
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AVAYA INC. 350 MOUNT KEMBLE AVENUE MORRISTOWN, NJ 07960
2b Employer Identification Number (EIN) 22-3713430
2c Plan Sponsor's telephone number 908-953-2385
2d Business code (see instructions) 517000

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3421
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	88
	6c	0
	6d	88
	6e	
	6f	
	6g(1)	0
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4B

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

<p>A Name of plan THE AVAYA INC. HEALTH AND WELFARE BENEFITS PLAN FOR RETIREES</p>	<p>B Three-digit plan number (PN) ▶ 553</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AVAYA INC.</p>	<p>D Employer Identification Number (EIN) 22-3713430</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0139994	76	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 64
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WILLIS TOWERS WATSON US LLC **PO BOX 28852**
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	64	NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	12249
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

NAME OF PLAN THREE DIGIT PLAN NUMBER EMPLOYER IDENTIFICATION NUMBER

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE AVAYA INC. HEALTH AND WELFARE BENEFITS PLAN FOR RETIREES	B Three-digit plan number (PN) ▶ 553
C Plan sponsor's name as shown on line 2a of Form 5500 AVAYA INC.	D Employer Identification Number (EIN) 22-3713430

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0139994	88	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	12249
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	7577566

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	12249
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c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	12249
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	12249
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan THE AVAYA INC. HEALTH AND WELFARE BENEFITS PLAN FOR RETIREES	B Three-digit plan number (PN) ▶	553
C Plan sponsor's name as shown on line 2a of Form 5500 AVAYA INC.	D Employer Identification Number (EIN) 22-3713430	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

ADP

61-1169763

(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?
12 13 50	NONE	32726	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20953	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON CONSULTING, INC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	20239	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)

AETNA

06-6033492

(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?
13 14 50	NONE	13004	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	12943	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SAGEVIEW ADVISORY GROUP LLC

33-0818667

(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?
16 50 70	NONE	11531	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)

VIABENEFITS

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?
10	NONE	25420	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)

(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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

A Name of plan <u>THE AVAYA INC. HEALTH AND WELFARE BENEFITS PLAN FOR RETIREES</u>	B Three-digit plan number (PN)	<u>553</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AVAYA INC.</u>	D Employer Identification Number (EIN) <u>22-3713430</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE SEPARATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7577566</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE AVAYA INC. HEALTH AND WELFARE BENEFITS PLAN FOR RETIREES	B Three-digit plan number (PN) ▶ 553
C Plan sponsor's name as shown on line 2a of Form 5500 AVAYA INC.	D Employer Identification Number (EIN) 22-3713430

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

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1382 972
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	310736 257927
(2) U.S. Government securities	1c(2)	4959808 4923011
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	1531311 1517006
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	1143753 1137548
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	0 0
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	12249 12249
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	7959239	7848713
Liabilities			
g Benefit claims payable.....	1g	170019	12249
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	170019	12249
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7789220	7836464

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1181792	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1181792
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-21531
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1160261

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	952874	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		952874
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	105033	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20953	
(5) Investment advisory and investment management fees	2i(5)	21214	
(6) Bank or trust company trustee/custodial fees	2i(6)	12943	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		160143
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1113017

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		47244
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CROWE LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**THE AVAYA INC. HEALTH AND WELFARE
BENEFITS PLAN FOR RETIREES**

FINANCIAL STATEMENTS

December 31, 2024 and 2023

THE AVAYA INC. HEALTH AND WELFARE
BENEFITS PLAN FOR RETIREES

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants
of The Avaya Inc. Health and Welfare Benefits Plan for Retirees

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

We have performed audits of the financial statements of The Avaya Inc. Health and Welfare Benefits Plan for Retirees (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 benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

(Continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

(Continued)

- 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedule of supplemental Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule 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).

(Continued)

The supplemental schedule that accompanies the financial statements does not disclose the historical cost of Plan investments held by qualified institutions. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Our opinion on the ERISA-required supplemental schedule is not modified with respect to this matter.

Crowe LLP
Crowe LLP

New York, New York
October 15, 2025

THE AVAYA INC. HEALTH AND WELFARE
 BENEFITS PLAN FOR RETIREES
 STATEMENTS OF BENEFIT OBLIGATIONS AND
 NET ASSETS AVAILABLE FOR BENEFITS
 December 31, 2024 and 2023
 (Dollars in thousands)

	<u>2024</u>	<u>2023</u>
BENEFIT OBLIGATIONS		
Healthcare and life insurance claims payable	\$ 12	\$ 170
Postretirement benefit obligations		
Current retirees	1,445	1,302
Other participants not yet fully eligible for benefits	2,612	3,054
Total postretirement benefit obligations	<u>4,057</u>	<u>4,356</u>
Total benefit obligations	<u>4,069</u>	<u>4,526</u>
NET ASSETS		
Investments, at fair value		
Money market fund	258	311
Life insurance funding accounts	7,590	7,647
Total investments	<u>7,848</u>	<u>7,958</u>
Interest receivables	1	1
Total assets	7,849	7,959
Net assets available for benefits	<u>7,849</u>	<u>7,959</u>
Excess (deficit) of net assets available for benefits over benefit obligations	<u>\$ 3,780</u>	<u>\$ 3,433</u>

See accompanying notes to financial statements

THE AVAYA INC. HEALTH AND WELFARE
 BENEFITS PLAN FOR RETIREES
 STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS AND
 NET ASSETS AVAILABLE FOR BENEFITS
 Year ended December 31, 2024
 (Dollars in thousands)

Net increase (decrease) in benefit obligations

Healthcare and life insurance payable	
Claims reported and approved for payment, including benefits reclassified from benefit obligations	\$ (1,269)
Claims paid	1,111
Net decrease	<u>(158)</u>
Postretirement benefit obligations	
Change in assumptions	(571)
Benefits accumulated	92
Increase for interest due to the passage of time	227
Other changes	<u>(47)</u>
Net decrease in postretirement benefit obligations	<u>(299)</u>
Net decrease in benefit obligations	(457)

Net increase (decrease) in net assets available for benefits

Additions to assets available for benefits attributable to	
Interest Income	16
Sponsor contributions	<u>1,182</u>
Total additions	1,198

Deductions from assets available for benefits attributable to	
Net depreciation on investments	37
Payments for healthcare claims	1,111
Operating and administrative expenses	<u>160</u>
Total deductions	<u>1,308</u>
Net decrease in net assets available for benefits	(110)

Increase in excess of net assets available for benefits over benefit obligations

	347
Excess of net assets available for benefits over benefit obligations at beginning of year	<u>3,433</u>
Excess of net assets available for benefits over benefit obligations at end of year	<u><u>\$ 3,780</u></u>

See accompanying notes to financial statements

THE AVAYA INC. HEALTH AND WELFARE
BENEFITS PLAN FOR RETIREES
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – PLAN DESCRIPTION

The following description of The Avaya Inc. Health & Welfare Benefits Plan for Retirees (the “Plan”) provides only general information. Participants should refer to the applicable Summary Plan Descriptions for a more complete description of the Plan’s provisions.

General: The Plan is a welfare benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan provides healthcare benefits (medical, prescription drug, and dental) and life insurance benefits to eligible retired represented employees of Avaya Inc. (the “Sponsor”) and its U.S. subsidiaries.

The Plan is administered by the Health & Welfare Plan Administrator who is an employee of Avaya Inc. (“Avaya”). The Health & Welfare Plan Administrator has overall responsibility for the operation and administration of the Plan. The Avaya Investment Committee, which is comprised of Avaya employees, determines the appropriateness of the Plan’s investments, and monitors investment performance.

The Plan is structured as an umbrella plan, which includes the Avaya Inc. Retiree Medical Expense Plan (the “Retiree Medical Plan”), The Avaya Inc. Retiree Dental Expense Plan (the “Retiree Dental Plan”), the Avaya Inc. Health Reimbursement Arrangement Plan for Represented Retirees (“the HRA Plan”) and The Avaya Inc. Life Insurance Plan (the “Life Insurance Plan”) which provides coverage to represented retirees. The Retiree Medical Plan and Retiree Dental Plan are contributory plans, while the Life Insurance and HRA Plans are noncontributory plans.

Effective January 1, 2017, the Plan was amended whereby the Sponsor no longer provides coverage for eligible retirees retired as of October 15, 2015 and their dependents through the current Retiree Medical Plan. Instead, the Plan permits these eligible retirees and their eligible dependents to enroll in an individual market for health insurance. The Sponsor contributes toward their cost of medical and pharmacy coverage through contributions toward a Health Reimbursement Arrangement account under the HRA Plan. The HRA Plan provides reimbursements of qualified medical premiums and expenses to eligible retirees and their eligible dependents.

Effective December 31, 2023, the Retiree Medical Plan, HRA Plan, and Retiree Dental Plans were terminated. Healthcare claims presented on the statement of changes in net assets available for benefits relate to claims incurred prior to December 31, 2023 that were paid during 2024.

Eligibility: Eligible participants in the Retiree Medical and HRA Plans, Retiree Dental Plan and Life Insurance Plan include a former eligible employee who: 1) Was either a represented employee when he or she retired from an Avaya participating company, or who transferred to a management position less than 12 months before he or she retired from an Avaya participating company; and 2) Is receiving or eligible to receive a service or disability pension under the Avaya Inc. Pension Plan. An eligible participant must enroll to receive healthcare benefits under the Plan.

Benefits: On-going benefits in the Plan include:

- *Life insurance* coverage to eligible retired represented employees who retire after March 26, 2021.

The Plan provided the following benefits through December 31, 2023. These benefits were terminated effected December 31, 2023.

- *Medical benefits, effective January 1, 2017*:
 - Retirees as of October 15, 2015, Non-Medicare eligible: \$2,200 Sponsor contribution and \$4,200 VEBA contribution per year for retiree-only coverage; and \$4,000 Sponsor contribution and \$8,500 VEBA contribution for retiree and spouse/domestic partner coverage.

(Continued)

THE AVAYA INC. HEALTH AND WELFARE
BENEFITS PLAN FOR RETIREES
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – PLAN DESCRIPTION (Continued)

- Retirees as of October 15, 2015, Medicare eligible: \$2,200 Sponsor contribution and \$200 VEBA contribution per year for retiree-only coverage; and \$4,000 Sponsor contribution and \$200 VEBA contribution for retiree and spouse/domestic partner coverage.
- Retirees after October 15, 2015, combined medical and dental coverage at predetermined contribution caps based on the retiree's age and number of individuals covered under the Plan.
- *Dental benefits*, including a Dental Maintenance Organization (“DMO”) option, to retired participants, their lawful spouses, and other eligible dependents, and

Effective January 1, 2020, the Plan was amended such that the Medical benefits provided by the Plan are as follows:

- *Medical benefits, effective January 1, 2020:*
 - Retirees as of April 30, 2019, Non-Medicare eligible: \$2,200 Sponsor contribution and \$2,100 VEBA contribution per year for retiree-only coverage; and \$4,000 Sponsor contribution and \$4,250 VEBA contribution for retiree and spouse/domestic partner coverage.
 - Retirees as of April 30, 2019, Medicare eligible: \$2,200 Sponsor contribution and \$100 VEBA contribution per year for retiree-only coverage; and \$4,000 Sponsor contribution and \$100 VEBA contribution for retiree and spouse/domestic partner coverage.
 - Retirees after April 30, 2019, combined medical and dental coverage at predetermined contribution caps based on the retiree's age and number of individuals covered under the Plan.

Effective December 30, 2020, the Plan was amended such that the Medical benefits provided by the Plan are as follows:

- *Medical benefits, effective December 30, 2020 for calendar years 2021, 2022, and 2023:*
 - Retirees and those who retire as of November 30, 2020, Non-Medicare eligible: \$2,200 Sponsor contribution for retiree-only coverage; and \$4,000 Sponsor contribution for retiree and spouse/domestic partner coverage.
 - Retirees and those who retire as of November 30, 2020, Medicare eligible: \$2,200 Sponsor contribution for retiree-only coverage; and \$4,000 Sponsor contribution for retiree and spouse/domestic partner coverage.
 - For retirees who retire on or after December 1, 2020, Non-Medicare eligible: \$4,300 Sponsor contribution for retiree-only coverage; and \$8,250 Sponsor contribution for retiree and spouse/domestic partner coverage.
 - For retirees who retire on or after December 1, 2020, Medicare eligible: \$2,300 Sponsor contribution for retiree-only coverage; and \$4,100 Sponsor contribution for retiree and spouse/domestic partner coverage.

Effective December 1, 2020 future retiree(s) will have no premiums for sixty (60) days beyond the end of the month they retire to bridge enrolling at the Exchange.

Effective January 1, 2023, the Plan was amended to change the Dental benefit to a PPO plan.

(Continued)

THE AVAYA INC. HEALTH AND WELFARE
BENEFITS PLAN FOR RETIREES
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – PLAN DESCRIPTION (Continued)

Effective December 31, 2023, the Plan was amended such that medical and dental benefits previously provided by the Plan were no longer offered. As of January 1, 2024, the only benefit offered under the Plan is life insurance coverage to eligible retired represented employees who retire after March 26, 2021.

The medical and dental benefits (other than the HMO and DMO) were self-insured. The claims for self-insured benefits were processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. Despite the Plan's utilization of third-party claim's processors, the Plan is ultimately responsible for the self-insured medical and dental benefits provided under the Plan.

A participant may assign his or her life insurance under the Plan in accordance with the terms and conditions of the policy. Life insurance benefit payments are administered under insurance contracts with Metropolitan Life Insurance Company ("MetLife").

An eligible retired represented employee receives basic life insurance coverage under the Plan equal to his or her total annual pay at retirement times the following percentage:

<u>Age</u>	<u>Percentage</u>
65 or less	100%
66	90%
67	80%
68	70%
69	60%
70 or older	50%

"Total Annual Pay" for represented employees is defined as follows:

- If retired before January 1, 2004, generally, total annual pay is the annual rate of pay at the time of retirement, plus any bonuses, incentives and merit awards paid within the last 12 months before retirement (if these amounts are considered a part of compensation for the normal work schedule), rounded to the next higher \$1,000. Total annual pay does not include differentials, overtime pay, extra payments or allowances that are considered temporary.
- If retired on or after January 1, 2004, total annual pay is the annual rate of pay plus the annual Avaya Performance Award Target Payment amount as of September 10 of the prior Plan year, rounded to the next higher \$1,000.

Contributions: To fund benefits under the Plan, the Sponsor created the Avaya Inc. Represented Employees' Post-Retirement Health Benefits Trust (the "Trust"), a Voluntary Employees' Beneficiary Association Trust within the meaning of Section 501(c)(9) of the Internal Revenue Code (IRC). According to the Trust agreement, the Sponsor shall contribute such assets to the Trust as it reasonably determines necessary and appropriate to pay current benefit and administration expenses under the Plan for each year consistent with any limitations under Section 419 of the IRC.

(Continued)

THE AVAYA INC. HEALTH AND WELFARE
BENEFITS PLAN FOR RETIREES
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – PLAN DESCRIPTION (Continued)

Avaya agreed to extend the 2009 Collective Bargaining Agreement (“CBA”) with the Communications Workers of America, and with the International Brotherhood of Electrical Workers, effective January 25, 2018 and February 2, 2018, respectively. The CBA, which was previously extended through June 13, 2017, June 14, 2018, September 21, 2019 and June 21, 2021, June 24, 2023, and is expected to be extended through December 15, 2026, however extension through 2026 is still being negotiated. The contract extension did not affect the actuarial present value of the expected APBO. Under the terms of the Agreement, as extended, the Sponsor will contribute an amount based on the specified per participant per year retiree health care caps. Any unused contributions will be carried forward to offset the subsequent years’ retiree medical and dental costs, if any, which would otherwise be the obligation of the retirees. The arrangement whereby unused contributions are carried forward to offset subsequent years’ retiree medical and dental costs no longer exists, and the Plan bears no obligations or recorded any receivable as a result of the arrangement or its cessation.

Any participant contributions are made through direct payments or electronic funds transfer to the Sponsor (or a third-party representative of the Sponsor), which in turn contributes to the Plan on the participant’s behalf. Participant contributions are based on the net of the cost of the medical and dental options selected and coverage level, less the Maximum Company Contribution as defined.

Participants do not contribute for basic life insurance coverage. Life benefits are not fully insured, and all claims are paid from the Group Term Life Insurance Contract as funded by the Life Insurance Funding Account.

Administration Costs: Administration costs incurred by the Sponsor, to the extent directly related to the Plan, generally are charged back to the Plan. These costs include but are not limited to claims and HRA administration and other administrative services, investment management, investment consulting, trustee fees and audit fees.

Termination Provisions: Although it has not expressed any intention to do so other than the termination of the component plans discussed above, the Sponsor has the right under the Plan to modify the benefits provided to participants, to discontinue its contributions at any time, or to terminate the Plan, subject to the provisions set forth in ERISA and to the terms of the applicable collective bargaining agreements. In the event of such termination, the net assets of the Plan shall be allocated to pay the benefit obligations of the Plan in accordance with ERISA.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition: The Plan’s investments consist of separate accounts offered by MetLife, which comprise the Plan’s Life Insurance Funding Account, and a money market fund.

Investments 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. See Note 6 for discussion of fair value measurements.

Purchases and sales of investments are recorded as of the trade date. Interest income is recorded as earned on an accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

(Continued)

THE AVAYA INC. HEALTH AND WELFARE
BENEFITS PLAN FOR RETIREES
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 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 the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein; claims payable; and when applicable, disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Payments for Benefits: Payments for medical and dental benefits represent claim amounts paid by the Claims Administrator on behalf of the Plan as well as premium payments for HMOs and the DMO. Payments for death benefits represent claim amounts paid by MetLife on behalf of the Plan. All such payments are recorded when paid in the statement of changes in net assets available for benefits.

NOTE 3 – RISKS AND UNCERTAINTIES

Investments held by the Trust are exposed to various risks, such as interest rate, market and credit risks, including the financial stability of the insurance company. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term, and those changes could materially affect the amounts reported in the statement of benefit obligations and net assets available for benefits. Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Trusts' investments. Accordingly, the valuation of investments at December 31, 2024 may not necessarily be indicative of amounts that could be realized in a current market exchange.

Plan contributions and the actuarial present value of Plan postretirement benefit obligations are reported based on certain assumptions pertaining to per capita claim estimates, interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

NOTE 4 – POSTRETIREMENT BENEFITS

The accumulated postretirement benefit obligation ("APBO") represents the actuarial present value of those estimated future benefits governed by the CBA that are attributed to employee service rendered through December 31 of the applicable year. Postretirement benefits include future benefits expected to be paid to or for (1) currently eligible retired employees and their eligible dependents and beneficiaries, and (2) active employees and their eligible dependents and beneficiaries during retirement from the Sponsor. Prior to an active employee's full eligibility date, the APBO is the portion of the expected APBO that is attributed to that employee's service performed to the valuation date.

The actuarial present value of the expected APBO is determined by the Plan's actuary, Aon Hewitt. Until December 31, 2023, the APBO is the amount that results from applying actuarial assumptions to the capped claims-cost per participant and to adjust such estimates for the time value of money and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment for medical and dental costs of individuals who retire after October 15, 2015. The Plan's medical and dental costs are capped as a result of the limitation on Company contributions due to the retiree healthcare caps.

(Continued)

THE AVAYA INC. HEALTH AND WELFARE
BENEFITS PLAN FOR RETIREES
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 – POSTRETIREMENT BENEFITS (Continued)

For individuals retired prior to October 16, 2015, the medical costs are capped by the amount of the benefit credit to an HRA account, therefore, the APBO is the amount that results from applying actuarial estimates for the time value of money and the probability of payments (by means of decrements, such as those for death, disability, withdrawal, retirement or election of benefits, such as opt-out) between the valuation date and the expected date of payment. For group life costs, the APBO is the amount that results from applying actuarial assumptions to participant census data to estimate future annual benefit amounts per participant and to adjust such estimates for the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. Medical and dental claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation as of December 31, 2023; due to the termination of medical and dental benefits through the Plan as of December 31, 2023, no additional incurred but not reported claims are anticipated or included in the postretirement benefit obligation as of December 31, 2024.

For measurement purposes, health care trend rate assumptions are not applied since claim costs are capped and costs in excess of the cap are the responsibility of the retirees. Accordingly, a 1% increase in the assumed medical and dental cost trend rates for the Plan would have no impact on the APBO.

The following summarizes significant actuarial assumptions used in the valuation as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Weighted average discount rates	5.89%	5.09%
Mortality	Pri-2012 base table with projection scale MP-2021	Pri-2012 base table with projection scale MP-2021

During 2024, the decrease in the APBO related to changes in assumptions in the amount of \$571,000 resulted primarily from a change in the weighted average discount rate from 5.09% to 5.89%.

Other changes, which accounted for a decrease in the APBO in the amount of \$47,000, are due to gains due to actual experience differing from that assumed.

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

The Medicare Prescription Drug Improvement and Modernization Act of 2003 provides for a government subsidy to plan sponsors who maintain a prescription drug plan for Medicare eligible participants that is at least actuarially equivalent to the benefit provided by Medicare Part D. The Plan does provide an actuarially equivalent benefit, for which the Sponsor is entitled to receive a subsidy. The Sponsor has included the effects of the Medicare subsidy in measuring its postretirement benefit obligation; therefore, the Plan's postretirement benefit obligation differs from that of the Sponsor.

(Continued)

THE AVAYA INC. HEALTH AND WELFARE
BENEFITS PLAN FOR RETIREES
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 5 – CERTIFIED INFORMATION

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest income for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by The Bank of New York Mellon/ BNY Mellon, N.A (the trustee of the Plan) and MetLife.

NOTE 6 – FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, 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 ASC 820 are described as follows:

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

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 for the asset or liability that are observable; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 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.

An asset or liability's, fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used by the Plan to determine fair value of the assets in the Plan. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money Market Fund: The fair values of money market fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Life Insurance Funding Account: The Life Insurance Funding Account with MetLife provides for investment of pre-funding amounts in separate accounts offered by MetLife. Each separate account, in which the Plan owns units, provides a unit Net Asset Value ("NAV") on a daily basis, which is based on the fair value of the underlying assets owned by the account and is used as a practical expedient to estimate fair value.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

(Continued)

THE AVAYA INC. HEALTH AND WELFARE
BENEFITS PLAN FOR RETIREES
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 6 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024 and 2023.

	Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
	(dollars in thousands)			
Money market fund	\$ 258	\$ 258	\$ -	\$ -
Investments measured at net asset value ^(a)	7,590	-	-	-
Investments at fair value	\$ 7,848	\$ 258	\$ -	\$ -
	Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
	(dollars in thousands)			
Money market fund	\$ 311	\$ 311	\$ -	\$ -
Investments measured at net asset value ^(a)	7,647	-	-	-
Investments at fair value	\$ 7,958	\$ 311	\$ -	\$ -

^(a) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy.

For investment funds whose fair value is based on the net asset value of the investment (or its equivalent) as a practical expedient to estimate fair value, the attributes of the investments, such as the investment strategies of the investee, and any unfunded commitments and any restrictions on the Plan's ability to redeem its investments at December 31, 2024 and 2023, are presented below:

<u>(dollars in thousands)</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>December 31, 2024</u>				
Life insurance funding account ^(a)	\$ 7,590	\$ -	daily	2 days for partial redemption; 60 days for full liquidation
Total	\$ 7,590	\$ -		
<u>December 31, 2023</u>				
Life insurance funding account ^(a)	\$ 7,647	\$ -	daily	2 days for partial redemption; 60 days for full liquidation
Total	\$ 7,647	\$ -		

(Continued)

THE AVAYA INC. HEALTH AND WELFARE
BENEFITS PLAN FOR RETIREES
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December 31, 2024 and 2023

NOTE 6 – FAIR VALUE MEASUREMENTS (Continued)

^(a) At December 31, 2024 and 2023, the Life Insurance Funding Account was comprised of separate accounts offered by MetLife with varying investment strategies, as follows: Equity Index (U.S. mid-large cap) = 7.0% and 7.0%; Small Cap Index = 2.0% and 2.0%; International Equity Index = 6.0% and 6.0%; Long Duration Government Credit Index = 65.0% and 65.0%; and Fixed Income Index = 20.0% and 20.0%, respectively. The funds are restricted for use to fund the group term life insurance policy held by the Plan. Inter-account transfers are permitted upon 10 business days advance notice. The first four inter-account transfers per year are free, and any additional transfers are subject to a fee.

NOTE 7 – TAX STATUS

On November 19, 2003, the Trust, which funds the Plan, received an exemption letter from the Internal Revenue Service confirming its tax-exempt status under the provisions of Internal Revenue Code (IRC) Section 501(c)(9) as a Voluntary Employees' Beneficiary Association. The Plan and the Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Plan's administrator and legal counsel believe that the Trust is designed and currently operating in compliance with applicable requirements of the IRC and, therefore, remains tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Trust and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Trust, 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 Plan's financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Transactions with the trustee, The Bank of New York Mellon/BNY Mellon, N.A., and the life insurance contract administrator and separate account issuer, MetLife, are party-in-interest transactions. For the year ended December 31, 2024, trustee fees of \$12,943 and life insurance contract fees of \$20,214 were incurred by the Plan, which are permitted party-in-interest transactions. In addition, fees were paid to parties-in-interest for actuarial, audit and contract administration services, which are permitted party-in-interest transactions.

(Continued)

THE AVAYA INC. HEALTH AND WELFARE
BENEFITS PLAN FOR RETIREES
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
<u>(dollars in thousands)</u>		
Net assets available for benefits per the financial statements	\$ 7,849	\$ 7,959
Less: Healthcare and life insurance claims payable	<u>(12)</u>	<u>(170)</u>
Net assets available per the Form 5500	<u>\$ 7,837</u>	<u>\$ 7,789</u>

The following is a reconciliation of the claims paid on behalf of participants per the financial statements to the Form 5500 for the year ended December 31, 2024:

<u>(dollars in thousands)</u>		
Payments for benefits and claims per the financial statements		\$ 1,111
Add: Amounts accrued at December 31, 2024		12
Less: Amounts accrued at January 1, 2024		<u>(170)</u>
Payments for benefits per the Form 5500		<u>\$ 953</u>

Amounts accrued for healthcare and life insurance claims payable as of December 31, 2024, are recorded on the Form 5500 as benefit payments.

NOTE 10 – SUBSEQUENT EVENTS

Subsequent events have been evaluated as of October 15, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

THE AVAYA INC. HEALTH AND WELFARE
 BENEFITS PLAN FOR RETIREES
 SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT YEAR END)
 December 31, 2024

Plan Sponsor: Avaya Inc.
 Plan Number: 553
 EIN Number: 22-3713430

(Dollars in thousands)

<u>Issuer</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
* MetLife Equity Index SA 150	Separate Account	#	\$ 529
* MetLife Fixed Income Index SA 153	Separate Account	#	1,517
* MetLife International Equity Index SA 273	Separate Account	#	456
* MetLife Small Cap Index SA 256	Separate Account	#	152
* MetLife Long Duration Government Credit Index SA 589	Separate Account	#	4,936
Blackrock Liquidity Fund-Institutional	Money Market Fund	#	<u>258</u>
Total			<u>\$ 7,848</u>

* Party-in-interest transaction.

Historical cost information not available

See independent auditor's report.

THE AVAYA INC. HEALTH AND WELFARE
 BENEFITS PLAN FOR RETIREES
 SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT YEAR END)
 December 31, 2024

Plan Sponsor: Avaya Inc.
 Plan Number: 553
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Blackrock Liquidity Fund-Institutional	Money Market Fund	#	<u>258</u>
Total			<u>\$ 7,848</u>

* Party-in-interest transaction.

Historical cost information not available

See independent auditor's report.