

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE WESTERN UNION COMPANY INCENTIVE SAVINGS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE WESTERN UNION COMPANY</u></p> <p><u>7001 E. BELLEVIEW AVE., HQ-14</u> <u>DENVER, CO 80237</u></p>	<p>1c Effective date of plan <u>09/29/2006</u></p> <p>2b Employer Identification Number (EIN) <u>20-4531180</u></p> <p>2c Plan Sponsor's telephone number <u>720-332-0159</u></p> <p>2d Business code (see instructions) <u>541519</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/27/2025	JANA HUNTSMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	2768
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)	1407
	6a(2)	1368
	6b	0
	6c	1381
	6d	2749
	6e	19
	6f	2768
	6g(1)	2790
6g(2)	2743	
6h	0	
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:
 2E 2F 2G 2J 2K 2R 2S 2T 3D 3H

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" 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 type="checkbox"/> A (Insurance Information) – Number Attached _____
(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 _____

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 WESTERN UNION COMPANY INCENTIVE SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WESTERN UNION COMPANY	D Employer Identification Number (EIN) 20-4531180	

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	NONE	143501	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)

INNOVEST PORTFOLIO SOLUTIONS L

84-1612955

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	75000	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)

VANTAGE CONSULTING

54-1333680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	60000	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)

FISHER INVESTMENTS

20-2480800

(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?
26 50	NONE	33861	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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	31306	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)

MOSS ADAMS LLP

91-0189318

(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	16800	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)

FINANCIAL ENGINES ADVISORS LLC

77-0473565

(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?
26 50	NONE	12881	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)

LIFEPRO ASSET MANAGEMENT LLC

81-3712834

(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?
26 50	NONE	10269	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)

FLEXIBLE PLAN INVESTMENTS LTD

38-2340348

(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?
26 50	NONE	9243	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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 62 71 59	NONE	1751	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO.INC AND AFFIL	59	0
(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.	
SEE ATTACHMENT 54-1968332	SEE ATTACHMENT	
(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:	MOSS ADAMS, LLP	b EIN:	91-0183918
c Position:	AUDITOR		
d Address:	675 15TH STREET SUITE 1900 DENVER, CO 80202	e Telephone:	303-298-9600

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025.

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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>THE WESTERN UNION COMPANY INCENTIVE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE WESTERN UNION COMPANY</u>	D Employer Identification Number (EIN) <u>20-4531180</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WESTERN UNION STABLE VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK N.A.</u>		
c EIN-PN <u>52-2250939-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22152186</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Indexed Ret Trust Fund 2010</u>		
b Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Bank</u>		
c EIN-PN <u>81-0625169-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2392582</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Indexed Ret Trust Fund 2015</u>		
b Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Bank</u>		
c EIN-PN <u>81-0625169-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>193102</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Indexed Ret Trust Fund 2020</u>		
b Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Bank</u>		
c EIN-PN <u>81-0625169-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8954662</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Indexed Ret Trust Fund 2025</u>		
b Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Bank</u>		
c EIN-PN <u>81-0625169-014</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1981638</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Indexed Ret Trust Fund 2030</u>		
b Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Bank</u>		
c EIN-PN <u>81-0625169-015</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29805764</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Indexed Ret Trust Fund 2035</u>		
b Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Bank</u>		
c EIN-PN <u>81-0625169-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5880308</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FUND 2040

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-017	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	42960439
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FUND 2045

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13559294
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FUND 2050

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35114574
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FUND 2055

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17495362
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FUND 2060

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5925748
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FUND 2065

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2154909
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a Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT ST INVESTMENT FUND

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

c EIN-PN 45-6138589-068	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	413090
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING DIS SMIDCPGR CIT E2

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

c EIN-PN 45-7019649-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18924634
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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)	
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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)	
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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.	OMB No. 1210-0110 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 WESTERN UNION COMPANY INCENTIVE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WESTERN UNION COMPANY	D Employer Identification Number (EIN) 20-4531180

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

	(a) Beginning of Year	(b) End of Year
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)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4543227
(2) U.S. Government securities	1c(2)	26895
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	316811
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	74363
(B) Common	1c(4)(B)	14855280
(5) Partnership/joint venture interests	1c(5)	5338661
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	3750436
(9) Value of interest in common/collective trusts	1c(9)	207495202
(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)	210347351
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	198107	160533
(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	427752966	446908759
Liabilities			
g Benefit claims payable.....	1g	2001007	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	36811	45838
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2037818	45838
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	425715148	446862921

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)	830150	
(B) Participants.....	2a(1)(B)	18574973	
(C) Others (including rollovers).....	2a(1)(C)	3451731	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		22856854
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)	239542	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		239542
(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)	10394253	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10394253
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	33564	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	31102	
(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)	-900278	
(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)		22844977
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		21141104
c Other income	2c		5195423
d Total income. Add all income amounts in column (b) and enter total	2d		81774337

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	60203951	
(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)		60203951
f Corrective distributions (see instructions)	2f		18410
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)	100277	
(3) Recordkeeping fees	2i(3)	152126	
(4) IQPA audit fees	2i(4)	16800	
(5) Investment advisory and investment management fees	2i(5)	135000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		404203
j Total expenses. Add all expense amounts in column (b) and enter total	2j		60626564

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21147773
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: **BAKER TILLY US,LLP**

(2) EIN: **30-1413443**

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		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE WESTERN UNION COMPANY INCENTIVE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE WESTERN UNION COMPANY</u>	D Employer Identification Number (EIN) <u>20-4531180</u>	

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

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

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 82-3967259

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

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

3	
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 09 / 21 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704158A.

The Western Union Company Incentive Savings Plan

Financial Statements and Supplemental Schedule

As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024

The Western Union Company Incentive Savings Plan

Financial Statements and Supplemental Schedule
As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024

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Report of Independent Auditors

The Western Union Company Retirement Committee of
The Western Union Company Incentive Savings Plan

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of The Western Union Company Incentive Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in 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 Western Union Company Incentive Savings 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 9 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Western Union Company Incentive Savings Plan's ability to continue as a going concern within one year after the date that 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 Western Union Company Incentive Savings Plan's internal control. Accordingly, no such opinion is expressed.

- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Western Union Company Incentive Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4(i) – schedule of assets (held at year end) 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 the 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 its form and content, is 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 Disclosures under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by qualified institutions 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).

Baker Tilly US, LLP

Denver, Colorado
September 30, 2025

The Western Union Company Incentive Savings Plan

Statements of Net Assets Available for Benefits

	December 31,	
	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value	\$ 443,158,323	\$ 424,252,596
Receivables:		
Participant loans	3,750,436	3,500,370
Total receivables	<u>3,750,436</u>	<u>3,500,370</u>
Total assets	<u>446,908,759</u>	<u>427,752,966</u>
Liabilities:		
Accrued liabilities	45,838	36,811
Total liabilities	<u>45,838</u>	<u>36,811</u>
Net assets available for benefits	<u>\$ 446,862,921</u>	<u>\$ 427,716,155</u>

See accompanying independent auditor's report and notes to financial statements

The Western Union Company Incentive Savings Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2024
Additions to net assets attributed to contributions:	
Participant	\$ 18,574,973
Employer, net of forfeitures and surplus assets	830,150
Rollover	3,451,731
Total contributions	22,856,854
Investment income:	
Interest and dividends	12,632,462
Net appreciation of investments	46,045,479
Total net investment income	58,677,941
Participant loan interest	239,542
Deductions from net assets attributed to:	
Benefit payments	62,223,368
Administrative expenses	404,203
Total deductions	62,627,571
Net increase in net assets	19,146,766
Net assets available for benefits at beginning of year	427,716,155
Net assets available for benefits at end of year	\$ 446,862,921

See accompanying independent auditor's report and notes to financial statements

The Western Union Company Incentive Savings Plan

Notes to Financial Statements

1. Plan Description

The following description of The Western Union Company Incentive Savings Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description and Plan document for a more complete description of the Plan’s provisions. The Plan sponsor is The Western Union Company (the “Company” or “Western Union”). The Company has authorized certain of its subsidiaries or affiliates to adopt the Plan for the benefit of their eligible employees.

General

This defined contribution plan was established effective September 29, 2006 to provide retirement benefits for certain employees of the Company and its participating subsidiaries. In general, employees of the Company (i) who receive compensation payable in United States dollars and (ii) who are not interns, leased employees, or independent contractors are “covered employees” who are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended, and is an individual account plan intended to satisfy the requirements of Section 404(c) of ERISA. As the Plan is a defined contribution plan, benefits are not guaranteed by the Pension Benefit Guaranty Corporation.

During 2021, Western Union's defined benefit pension plan, the Western Union Pension Plan (“WUPP”), was terminated. The remaining surplus WUPP assets were transferred to the Plan in 2022 as a Qualified Replacement Plan. The surplus assets are held by the Trustees of the Plan. The surplus assets include cash and securities and are not part of the participants' accounts and considered unallocated and non-participant directed assets. Once the investments are sold, the proceeds will be used solely to offset employer contributions to the Plan. The total amount of surplus assets available for future offsetting of employer contributions was \$0 and \$7,190,345 held by Charles Schwab Trust Bank (“Schwab Trust”) as of December 31, 2024 and 2023, respectively, and \$6,085,552, and \$7,189,980 held by Northern Trust Corporation (“Northern Trust”) as of December 31, 2024 and 2023, respectively.

Administration

The Western Union Company Retirement Committee (“Retirement Committee”) is responsible for the oversight of the administration and operation of the Plan. Additionally, the Retirement Committee establishes, amends, and monitors compliance with investment policies and selects and monitors trustees, investment managers, and outside investment advisors and consultants to the Plan. Furthermore, the Retirement Committee is responsible for establishing and adopting Plan amendments and certain other non-fiduciary and settlor functions. The members of the Retirement Committee are appointed by the Compensation and Benefits Committee of the Western Union Board of Directors. Schwab Trust and Northern Trust (collectively, the “Trustees”) hold Plan assets and act as the trustees of the Plan, and Schwab Retirement Plan Services, Inc. (“Schwab”) acts as the recordkeeper of the Plan. Administrative expenses of the Plan, as shown in the Statement of Changes in Net Assets Available for Benefits, are deducted quarterly from participant accounts and are recognized by the Plan when incurred. Loan fees, which are included in administrative expenses, are paid by the participant who incurred the fees.

Participant Eligibility

Covered employees are eligible to participate in the Plan on the first calendar day of employment commencement. There are no age or service requirements for participation.

Contributions

Participants under the Plan are automatically enrolled at a 5% contribution rate 30 days following the date the participant becomes eligible to participate, unless the participant affirmatively elects otherwise. Participants have an automatic contribution ceiling percentage of 15% of compensation. The contribution percentage will automatically increase by 1% each year until it reaches 15% of compensation. Participants may opt out of the automatic increase program and bonuses are excluded from the automatic increase program. Participants may make pre-tax 401(k) contributions and after-tax Roth 401(k) contributions to the Plan of not less than 1% or more than 100% of their eligible compensation as defined by the Plan, not to exceed the maximum allowed under Section 402(g) of the Internal Revenue Code (the “Code”) (\$23,000 in 2024). Participants may also roll over qualified distributions into the Plan, including personal individual

The Western Union Company Incentive Savings Plan

Notes to Financial Statements (continued)

retirement accounts (“IRAs”). Participants age 50 or over by the close of the Plan year are eligible to make additional tax-deferred or after-tax Roth payroll contributions, subject to certain limitations imposed by the Code (\$7,500 in 2024).

The Company contributes 4% of every covered employee's eligible compensation regardless of the amount contributed by a participant. During 2024, employer contributions were partially offset by \$7,920,534 from the WUPP surplus assets, as described above. Per the Plan document, it is the Company's intention to satisfy the Safe Harbor requirements of Section 401(k)(12) of the Code; therefore, all Company matching contributions vest immediately.

Additionally, the Company may, at its discretion, make a profit-sharing contribution. To qualify for a profit-sharing contribution, the employee must either be a participant in the Plan and be employed on the last day of that Plan year or have been terminated due to retirement, death, or disability during the Plan year. No profit-sharing contribution was made for the 2024 Plan year.

All elective and Company contributions are invested in funds as directed by the participants. If no election is made, contributions are invested in a target-date fund based on the participant's expected retirement age.

Vesting

All participant contributions, including rollover contributions, Company matching contributions, and earnings or losses thereon, vest immediately. Profit-sharing contributions made by the Company vest over a four-year service period: 25% after one year of service, 50% after two years of service, 75% after three years of service, and 100% after four years of service. Upon death, disability, or retirement (age 65), the participant's entire account becomes vested.

Participant Loans

The Plan has a loan provision that allows participants to borrow from their vested account balances a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of the vested account balances, subject to certain limitations. Loans made under the Plan bear a reasonable rate of interest. The rate is fixed for the term of the loan, which can range from six months to five years, or 25 years for primary residential loans, subject to certain exceptions. Interest rates range from 4.25% to 9.50% fixed for the term of the loan. The loans mature at various dates through January 2050. A maximum of two loans per participant is allowed to be outstanding at a time, one for general purposes and one residential. Loan repayments are primarily deducted from the participant's paycheck each payroll period or, in limited circumstances, through lump-sum repayments. Loans are measured at their unpaid principal balance plus any accrued but unpaid interest.

Participant Accounts

Each participant's account is credited with the participant's contributions, rollovers, and the Company's contributions and is credited or charged with investment income or loss, net of expenses. Participant accounts are also charged for withdrawals and forfeitures. Participants are responsible for directing the investment of assets held in their accounts among the various investment options available in the Plan.

Investment Options

Upon enrolling in the Plan, participants are responsible for designating how contributions are apportioned among the Plan's investment options. Participants may choose among various investment options and a self-directed brokerage account, which allows participants the flexibility to choose from a broad range of approved investment options. Some participants have a balance in the Western Union Stock Fund, which was a previous investment option. These participants can freely trade out of Western Union's Stock Fund but no new investments into Western Union's Stock Fund can be made. In addition, Western Union's stock may not be purchased in the self-directed brokerage account. Participants may elect to change their investment options daily.

Benefit Payments

Upon death, disability, termination of service, retirement, or reaching age 59½, the participant or beneficiary may receive a lump-sum distribution of his or her vested account in the form of cash or Western Union common stock, to the extent the participant's account is invested in the Western Union Stock Fund. Distribution of Western Union stock is

The Western Union Company Incentive Savings Plan

Notes to Financial Statements (continued)

made in whole shares with any fractional share distributed in cash. Distributions upon death and/or because of Required Minimum Distribution rules may be received in installments. In addition, upon experiencing severe financial hardship, a participant may request a hardship withdrawal if certain criteria are met. Hardship withdrawals are made in cash.

For distributions of vested account balances of \$7,000 or less, participants can elect a cash distribution or rollover to an IRA. If no election is made, distribution of vested account balances of \$1,000 or less are automatically made in cash to the Plan participant. Distributions of vested account balances greater than \$1,000, but less than or equal to \$7,000, are paid as a direct rollover to an IRA in the name of the Plan participant. These mandatory distributions apply only to participants who have separated from service and do not affirmatively elect a distribution of their accounts or a rollover to an eligible retirement plan.

Forfeitures

Forfeitures may be used to reduce future Company contributions and/or pay Plan administrative expenses at the Company's discretion. Forfeitures of \$10,816 and \$3,223 were held in the Plan at December 31, 2024 and 2023, respectively. In 2024, \$2,881 of forfeitures were used to decrease employer contributions and \$839 were used to pay Plan expenses.

2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") using the accrual method of accounting.

Investment Valuation and Income Recognition

All of the Plan's investments are stated at fair value as further described in Note 3, Fair Value Measurements.

Purchase and sale transactions are recorded on a trade-date basis, interest income is recorded as earned, and dividends are recorded on the ex-dividend date.

Contributions

Employee and employer contributions are recorded on the same date payroll deductions are made.

Benefits

Benefits are recorded when paid. As of December 31, 2024 and 2023, approved but unpaid benefits were \$0 and \$2,001,007, respectively.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes to the financial statements. Actual results could differ from those estimates.

Subsequent Events Review

Effective April 1, 2025, plan administration and recordkeeping responsibilities were transferred from Schwab to Fidelity Investments, and certain custodial responsibilities were transferred from Schwab Trust to Fidelity Management Trust Company. The transfer had no impact on the Plan's financial statements.

The Company has evaluated subsequent events through the auditor's report date, September 30, 2025, which is the date these financial statements were available for issuance.

The Western Union Company Incentive Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements

Fair value, as defined by the relevant accounting standards, represents the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Plan determines the fair values of its investments based on three levels of inputs that may be used to measure fair value.

Level 1: Unadjusted quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2: Observable inputs, other than Level 1 prices, such as quoted prices for similar assets, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets. Level 3 assets include items where the determination of fair value requires significant management judgment or estimation.

The Plan determines the fair values of its assets and liabilities based on the fair value hierarchy. There have been no changes in the methodologies used at December 31, 2024 or 2023. The following describes the valuation methodologies used for investments at fair value.

Registered Investment Companies (mutual funds): Registered investment companies are valued at the daily closing price as reported by the funds. Registered investment companies are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission and deemed to be actively traded.

Common Stock: Common stock is traded in active markets and valued at the published market price.

Self-Directed Brokerage Accounts: These accounts are comprised of cash and cash equivalents, common stock, preferred stock, corporate and U.S. government debt securities, and registered investment companies. Interest-bearing cash held by the Plan is valued at cost plus accrued interest, which approximates fair value. Common stock is traded in active markets and valued at the published market price. Corporate and U.S. government debt securities and preferred stock are valued using multiple third-party pricing services to determine daily market values. Preferred stock has a quoted market price in an over-the-counter market and trades less frequently than common stock.

Collective Trusts: Collective trusts are valued based on the Plan’s interest in the funds at NAV reported by Schwab Trust as of the financial statement date and recent transaction prices. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The NAV is not quoted in an active market; however, the unit price is based on underlying investments, which are traded on an active market or valued using either observable inputs or quotations from inactive markets. The funds provide for daily redemptions by the Plan at reported NAV with no advance requirement. The Plan’s collective trusts include the Western Union Company Stable Value Fund, Schwab Indexed Retirement Trust Funds, and the Allspring Discovery Small and Mid-Cap Growth Fund.

The Western Union Company Stable Value Fund is wholly invested in the Galliard Managed Income Fund, which is managed by Galliard Capital Management and has invested all of its assets in the Wells Fargo Synthetic Stable Value Fund. The Wells Fargo Synthetic Stable Value Fund is managed by its trustee, Wells Fargo Bank, N.A, and advised by Galliard Capital Management, a wholly owned subsidiary of Wells Fargo Asset Management Holdings, LLC. The Wells Fargo Synthetic Stable Value Fund is invested in a diversified portfolio of high quality, stable value investments offering price stability and liquidity, and is composed primarily of fully benefit-responsive investment contracts that are valued at the NAV of units of the bank collective trust.

The Schwab Indexed Retirement Trust Funds follow an asset allocation strategy that automatically changes over time, decreasing the funds’ allocation to equity securities and increasing the funds’ allocation to fixed-income securities, as the target date approaches. At the target date, the funds will have approximately 44% equity and will

The Western Union Company Incentive Savings Plan

Notes to Financial Statements (continued)

continue to adjust allocations for an additional 20 years at which time the funds will keep a constant weighting of 28% equity, 66% fixed income, and 6% cash and cash equivalents.

The Allspring Discovery Small and Mid-Cap Growth Fund follows an asset allocation strategy of investing at least 80% of the fund's net assets in equity securities of small and medium capitalization companies and up to 25% of the fund's total assets in equity securities of foreign issuers through American Depositary Receipts and similar investments.

Partnerships (royalty rights and venture capital): Royalty rights are held through investment funds. These investments are priority interests in contractual royalty revenue derived from the sale of pharmaceutical products that entitle the investment fund to receive a portion of revenue from the patent-protected product. The investment funds invest in debt instruments secured by the cash flow from one or more royalties. The fair value of the Plan's investment in royalty rights is estimated using consensus Wall Street analysts' sales estimates for the pharmaceutical products, which are multiplied by the contractual royalty rate and then discounted by an interest rate based off the estimated weighted average cost of capital of the pharmaceutical sector, which is then adjusted for liquidity and diversification considerations. Debt instruments secured by royalties typically mature in two to five years and the Plan typically holds these investments until maturity. These investments are subject to impairment testing by the Plan's investment manager. No impairments were recognized during the year ended December 31, 2024.

The Plan's venture capital investments are in the non-marketable securities of individual private companies. These private companies ultimately may become public in the future. The fair value of the Plan's investment in venture capital is estimated using many types of inputs, including historical sales multiples, valuations of comparable public companies, and recently completed equity financings. As of December 31, 2024, there were no significant unfunded capital commitments related to these investments.

Investment distributions are expected to be received over the lives of the funds, which are uncertain but based on the voting rights of investors and the maturities of the underlying investments.

The preceding methods described 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.

The Western Union Company Incentive Savings Plan

Notes to Financial Statements (continued)

The following tables reflect the investments of the Plan that are measured and carried at fair value on a recurring basis as of December 31, 2024 and 2023, respectively:

December 31, 2024	Fair Value Measurement Using			Total Assets
Asset Category	Level 1	Level 2	Level 3	at Fair Value
Registered investment companies ^(a)	\$ 210,347,351	\$ —	\$ —	\$ 210,347,351
Common stock, including employer securities	15,015,813	—	—	15,015,813
Cash and cash equivalents	4,543,227	—	—	4,543,227
Preferred stock	—	74,363	—	74,363
Corporate and U.S. government debt securities	—	343,706	—	343,706
Partnerships and venture capital - nonparticipant-directed	—	—	5,338,661	5,338,661
Total investments measured at fair value	<u>\$ 229,906,391</u>	<u>\$ 418,069</u>	<u>\$ 5,338,661</u>	<u>\$ 235,663,121</u>
Investments measured at net asset value ^(b)				<u>\$ 207,495,202</u>
Total investments				<u>\$ 443,158,323</u>

December 31, 2023	Fair Value Measurement Using			Total Assets
Asset Category	Level 1	Level 2	Level 3	at Fair Value
Registered investment companies ^(a)	\$ 210,966,151	\$ —	\$ —	\$ 210,966,151
Common stock, including employer securities	13,548,879	—	—	13,548,879
Cash and cash equivalents	4,770,573	—	—	4,770,573
Preferred stock	—	884,119	—	884,119
Corporate and U.S. government debt securities	—	289,089	—	289,089
Partnerships and venture capital - nonparticipant-directed	—	—	6,287,821	6,287,821
Total investments measured at fair value	<u>\$ 229,285,603</u>	<u>\$ 1,173,208</u>	<u>\$ 6,287,821</u>	<u>\$ 236,746,632</u>
Investments measured at net asset value ^(b)				<u>\$ 187,505,964</u>
Total investments				<u>\$ 424,252,596</u>

(a) As of December 31, 2024, registered investment companies consisted of 80% large-cap funds, 9% small-cap funds, and 11% bond funds. As of December 31, 2023, registered investment companies consisted of 70% large-cap funds, 8% mid-cap funds, 10% small-cap funds, and 12% bond funds.

(b) Investments measured at NAV are collective trusts. Investments that were measured at NAV per share (or its equivalent), as a practical expedient, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments in the Plan, measured using the NAV per share practical expedient, including the unfunded commitments and redemption terms as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is only applicable to the Plan.

Investment Type	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trusts:			
Wells Fargo Synthetic Stable Value Fund	None	Daily	12 months
Schwab Indexed Retirement Trust Funds	None	Daily	30 days
Allspring Discovery Small and Mid-Cap Growth Fund	None	Daily	12 months

The Western Union Company Incentive Savings Plan

Notes to Financial Statements (continued)

The following table provides a summary of changes in the fair value of the Trust's nonparticipant-directed Level 3 financial assets:

	<u>Partnerships and Venture Capital</u>
Balance, January 1, 2024	\$ 6,287,821
Actual return on Plan assets:	
Relating to assets still held as of the reporting date	<u>(949,160)</u>
Balance, December 31, 2024	<u>\$ 5,338,661</u>

4. Income Tax Status

The Plan uses a pre-approved plan document sponsored by Schwab. The Internal Revenue Service ("IRS") has determined and informed Schwab by an opinion letter dated September 21, 2020 that the pre-approved plan document and related trust are designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the opinion letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan 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 Plan and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. In June 2024, the Company received notice from the IRS that the Plan was selected for examination of the Plan year ended December 31, 2022. By December 31, 2024, the Company received written notification that the IRS completed the examination with no further action.

5. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan and dispose of the net assets in accordance with the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts as defined in the Plan document.

6. Related Party/Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds and collective trusts managed by Schwab. Additionally, the Plan allows participants to buy and sell Schwab mutual funds. The Plan also provides loans to participants. Transactions in these assets qualify as party-in-interest transactions, although they are exempt from the prohibited transaction rules. Amounts due to Schwab as of December 31, 2024 and 2023 were immaterial. For the year ended December 31, 2024, Schwab administrative expenses totaled \$140,028, and Northern Trust administrative expenses totaled \$31,306.

As described in Note 1, Plan Description, certain of the Plan's participants are invested in common stock of Western Union. As of December 31, 2024 and 2023, the Western Union Stock Fund includes 14,364 and 16,266 shares of Western Union common stock with a fair value of \$152,259 and \$198,107, respectively. In addition, there was \$8,274 and \$4,216 of cash included in the fund balance as of December 31, 2024 and 2023, respectively. There are no accrued dividends on Western Union common stock as of December 31, 2024 and 2023.

Fees incurred during the year ended December 31, 2024 by the Plan for audit services rendered by parties-in-interest on behalf of the Plan were \$16,800. Fees incurred during the year ended December 31, 2024 for investment advisory rendered by parties-in-interest on behalf of the Plan were \$135,000.

The Western Union Company Incentive Savings Plan

Notes to Financial Statements (continued)

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Additionally, the value, liquidity, and related income of the investment securities are sensitive to changes in economic conditions, including real estate values, delinquencies, or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Shares of Western Union stock are also exposed to similar risks as well as risks specific to the Company. Forced liquidation may affect the estimated value of such investments. Due to the level of risk associated with certain investment securities and the level of uncertainty related to the changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

8. Differences Between Financial Statements and Form 5500

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

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Net assets available for benefits per the accompanying financial statements	\$ 446,862,921	\$ 427,716,155
Benefits approved, not yet paid	—	(2,001,007)
Net assets available for benefits per the Form 5500 (unaudited)	<u>\$ 446,862,921</u>	<u>\$ 425,715,148</u>

The following is a reconciliation of the net increase in net assets prior to transfers per the accompanying financial statements to the net income per the Form 5500:

	<u>Year Ended December 31, 2024</u>
Net increase in net assets per the accompanying financial statements	\$ 19,146,766
Change in benefits approved, not yet paid	2,001,007
Net income per the Form 5500 (unaudited)	<u>\$ 21,147,773</u>

9. Information Certified by Plan Trustees

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following investment information disclosed in the accompanying financial statements and supplemental schedule was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Schwab Trust and Northern Trust (if applicable) as of December 31, 2024 and 2023, and for the year ended December 31, 2024.

- a. Investments, at fair value, and participant loans on the Statements of Net Assets Available for Benefits and the Supplemental Schedule;
- b. Interest and dividends on the Statement of Changes in Net Assets Available for Benefits;
- c. Participant loan interest on the Statement of Changes in Net Assets Available for Benefits;
- d. Net appreciation of investments on the Statement of Changes in Net Assets Available for Benefits.

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

Supplemental Schedule

The Western Union Company Incentive Savings Plan

EIN: 20-4531180 Plan Number: 001

Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year)

December 31, 2024

* Investments are managed by Schwab Trust or Northern Trust, which are parties-in-interest. The Company is the Plan sponsor, which is also a party-in-interest.

** Cost information has been omitted as these investments are participant directed.

*** Includes 14,364 shares of Western Union common stock and a cash balance of \$8,274.

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Rate of Interest, Maturity Date, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Schwab S&P 500 Index Fund	Mutual fund	\$	** \$ 84,770,871
*	Schwab Indexed Retirement Trust 2040 Fund	Common/collective trust		** 42,960,439
	Mainstay Large Cap Growth R1 Fund	Mutual fund		** 36,970,290
*	Schwab Indexed Retirement Trust 2050 Fund	Common/collective trust		** 35,114,574
*	Schwab Indexed Retirement Trust 2030 Fund	Common/collective trust		** 29,805,764
*	Personal Choice Retirement	Self-directed accounts		** 25,172,902
*	Western Union Company Stable Value Fund	Common/collective trust		** 22,152,186
	Metropolitan West Total Return Bond Fund	Mutual fund		** 21,351,222
	BlackRock Equity Dividend CL1	Mutual fund		** 20,284,506
	DFA US Small Cap Value Port	Mutual fund		** 20,015,960
	T. Rowe Price International Stock	Mutual fund		** 19,233,931
	Allspring Discovery SMID Cap Growth CIT	Common/collective trust		** 18,924,634
*	Schwab Indexed Retirement Trust 2055 Fund	Common/collective trust		** 17,495,362
*	Schwab Indexed Retirement Trust 2045 Fund	Common/collective trust		** 13,559,294
*	Schwab Indexed Retirement Trust 2020 Fund	Common/collective trust		** 8,954,662
*	Schwab Indexed Retirement Trust 2060 Fund	Common/collective trust		** 5,925,748
*	Schwab Indexed Retirement Trust 2035 Fund	Common/collective trust		** 5,880,308
	Biopharma Credit Investments	Partnership/joint venture	3,092,697	3,960,267
*	Schwab Indexed Retirement Trust 2010 Fund	Common/collective trust		** 2,392,582
*	Schwab Indexed Retirement Trust 2065 Fund	Common/collective trust		** 2,154,909
*	Schwab Indexed Retirement Trust 2025 Fund	Common/collective trust		** 1,981,638
*	Personal Choice Retirement 2	Self-directed accounts		** 1,617,354
	WI Harper	Partnership/joint venture	1,390,000	1,037,601
*	Northern Trust Collective Short-Term Investment Fund	Interest-bearing cash	411,518	413,090
	ADC Therapeutics	Common stock	2,333,596	333,801
	Highcape Partners	Partnership/joint venture	472,873	205,941
*	Schwab Indexed Retirement Trust 2015 Fund	Common/collective trust		** 193,102
*	The Western Union Company Stock Fund ***	Common stock		** 160,533
	Auven Therapeutics	Partnership/joint venture	319,815	134,852
		Interest rates ranging from 4.25% to 9.50%, various maturity dates through January 2050, secured by participants' vested accounts	—	3,750,436
	Total Investments		<u>\$ 8,020,499</u>	<u>\$ 446,908,759</u>

See accompanying independent auditor's report and notes to financial statements

THE WESTERN UNION INCENTIVE SAV PLAN
Information for Form 5500, Schedule C
For January 1, 2024 - December 31, 2024

Appendix 1 - Shareholder Servicing Payment Rates :

Charles Schwab & Co., Inc. and its affiliates ("Schwab") may receive indirect compensation from fund companies or their affiliates for shareholder related services. The rate received by Schwab may change from time to time as changes are made by fund companies. Outlined below is an illustration of rates received by Schwab as of the end of the reporting period for funds held in your plan at that time.

On average, the rate earned with respect to your plan's fund holding(s) in plan brokerage account(s) in the fund family(ies) listed is 0.22%, as further detailed below:

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)		
Fund Family/Provider	EIN	Formula
Abbey Capital	Not Available	Rate of 0.40% of average daily balance of asset(s)
Akre	54-1968332	Rate of 0.10% of average daily balance of asset(s)
Allianz Global Investors	Not Available	Range of 0.02 - 0.40% of average daily balance of assets
AQR Funds	Not Available	Rate of 0.05% of average daily balance of asset(s)
Baird	39-6037917	Rate of 0.05% of average daily balance of asset(s)
BlackRock	04-6171663	Rate of 0.40% of average daily balance of asset(s)
Bridgeway	Not Available	Rate of 0.10% of average daily balance of asset(s)
Campbell & Company	Not Available	Rate of 0.10% of average daily balance of asset(s)
Champlain Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
CLIFFWATER LLC	Not Available	Rate of 0.15% of average daily balance of asset(s)
Dimensional Fund Advisors	22-2370029	Rate of 0.02% of average daily balance of asset(s)
Eaton Vance	20-1227352	Rate of 0.40% of average daily balance of asset(s)
FEDERATED FUNDS	Not Available	Rate of 0.40% of average daily balance of asset(s)
Forum	01-0516963	Rate of 0.15% of average daily balance of asset(s)
Goldman Sachs	Not Available	Rate of 0.10% of average daily balance of asset(s)
Hennessy	68-0377264	Rate of 0.40% of average daily balance of asset(s)
Janus Henderson	43-1804048	Rate of 0.35% of average daily balance of asset(s)
Lazard	Not Available	Rate of 0.40% of average daily balance of asset(s)
LKCM	Not Available	Rate of 0.07% of average daily balance of asset(s)
Matthews Asia Funds	94-3250972	Rate of 0.10% of average daily balance of asset(s)
Morgan Stanley	36-3145972	Rate of 0.10% of average daily balance of asset(s)
ONEFUND Trust	Not Available	Rate of 0.10% of average daily balance of asset(s)
PGIM Investments	22-3703799	Rate of 0.25% of average daily balance of asset(s)
T ROWE-PRICE	Not Available	Rate of 0.15% of average daily balance of asset(s)
TCW	95-2749628	Rate of 0.40% of average daily balance of asset(s)

Please note, the EIN for Fund Family/Provider was provided by Morningstar and is based on how the fund is marketed on the fund website or in other sales literature. Morningstar evaluates the legal entity options that are available and assigns the Provider Company EIN reflected in the above table(s). The EIN should be representative of the fund company or its affiliates, one or more of which may pay Schwab for shareholder related services.

For more details, please refer to your Schwab service, trust or custody agreements.

If you need additional information, please contact your Schwab service representative.

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR:	The Western Union Company
NAME OF PLAN:	The Western Union Company Incentive Savings Plan
EIN:	20-4531180
PLAN NUMBER:	001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (4.25% - 9.50%)		3,750,436
*	WESTERN UNION COMPANY STK FD	Employer Securities		160,533
	ALLSPRING DIS SMIDCPGR CIT E2	Common Collective Trust Fund		18,924,634
*	SCHWAB INDEXED RET 2010 I	Common Collective Trust Fund		2,392,582
*	SCHWAB INDEXED RET 2015 I	Common Collective Trust Fund		193,102
*	SCHWAB INDEXED RET 2020 I	Common Collective Trust Fund		8,954,662
*	SCHWAB INDEXED RET 2025 I	Common Collective Trust Fund		1,981,638
*	SCHWAB INDEXED RET 2030 I	Common Collective Trust Fund		29,805,764
*	SCHWAB INDEXED RET 2035 I	Common Collective Trust Fund		5,880,308
*	SCHWAB INDEXED RET 2040 I	Common Collective Trust Fund		42,960,439
*	SCHWAB INDEXED RET 2045 I	Common Collective Trust Fund		13,559,294
*	SCHWAB INDEXED RET 2050 I	Common Collective Trust Fund		35,114,574
*	SCHWAB INDEXED RET 2055 I	Common Collective Trust Fund		17,495,362
*	SCHWAB INDEXED RET 2060 I	Common Collective Trust Fund		5,925,748
*	SCHWAB INDEXED RET 2065 I	Common Collective Trust Fund		2,154,909
	WESTERN UNION STABLE VALUE FD	Common Collective Trust Fund		22,152,186
	PCRA	Self-Directed Brokerage Account		26,790,256
	BLACKROCK EQUITY DIVIDEND CL I	Registered Investment Company		20,284,506
	DFA US SMALL CAP VALUE PORT	Registered Investment Company		20,015,960
	MAINSTAY WINSLOW LGCAP GRTH R1	Registered Investment Company		36,970,290
	METROPOLITAN WEST TOTAL RET BD	Registered Investment Company		21,351,222
*	SCHWAB S&P 500 INDEX FUND	Registered Investment Company		84,770,871
	T.ROWE PRICE INTERNATIONAL ST	Registered Investment Company		19,233,931
	OUTSIDE ASSET - Other	Other Assets		6,085,552

* Party-in-interest