

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: CONDUENT SAVINGS PLAN
1b Three-digit plan number (PN): 333
1c Effective date of plan: 01/01/1989
2a Plan sponsor's name (employer, if for a single-employer plan): CONDUENT BUSINESS SERVICES, LLC
2b Employer Identification Number (EIN): 32-0293031
2c Plan Sponsor's telephone number: 844-663-2638
2d Business code (see instructions): 541512

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

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

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

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

Form 5500 (2024) v. 240311

| | | |
|---|--|-------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 34249 |
| 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) | 23430 |
| | 6a(2) | 20831 |
| | 6b | 1 |
| | 6c | 10663 |
| | 6d | 31495 |
| | 6e | 135 |
| | 6f | 31630 |
| | 6g(1) | 20617 |
| | 6g(2) | 19434 |
| 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 2T 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. |
|--|--|---|

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

| | | |
|---|--|------------|
| A Name of plan CONDUENT SAVINGS PLAN | B Three-digit plan number (PN) ▶ | 333 |
| C Plan sponsor's name as shown on line 2a of Form 5500 CONDUENT BUSINESS SERVICES, LLC | D Employer Identification Number (EIN) 32-0293031 | |

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

BLACKROCK

46-2087195

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

DODGE & COX

94-1441976

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

GALLIARD CAPITAL MANAGEMENT, INC.

41-1813702

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

THE VANGUARD GROUP

23-1945930

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

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

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

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

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

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

CONDUENT HR SERVICES, LLC

04-3609848

| (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 | SELF | 312418 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

THE BANK OF NEW YORK MELLON

13-5160382

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 25 50 28 | NONE | 211603 | 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)

RBC

20-0563684

| (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? |
|------------------------|---|--|--|--|---|--|
| 27 50 | NONE | 105000 | 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)

HEXT & ASSOCIATES, P.C.

75-2053526

| (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 | 66363 | 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)

MILLIMAN

91-0675641

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 50 | NONE | 36283 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|--|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | 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>CONDUENT SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ <u>333</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CONDUENT BUSINESS SERVICES, LLC</u> | D Employer Identification Number (EIN) <u>32-0293031</u> |

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

| | | |
|---|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON NSL STOCK INDEX FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u> | | |
| c EIN-PN <u>25-6078093-083</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>117804597</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON NSL MARKET COMPLETION FU</u> | | |
| b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u> | | |
| c EIN-PN <u>25-6078093-227</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>38724160</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE VALUE FUND D</u> | | |
| b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u> | | |
| c EIN-PN <u>52-2250949-001</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>81397358</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON NSL AGGREGATE BOND INDEX</u> | | |
| b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u> | | |
| c EIN-PN <u>25-6078093-085</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>10633969</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON NSL ACWI EX-U.S. FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u> | | |
| c EIN-PN <u>25-6078093-239</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>10831799</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RETIRE 2070 TR I</u> | | |
| b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> | | |
| c EIN-PN <u>87-7035538-001</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>954216</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RETIRE INCOME TR I</u> | | |
| b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> | | |
| c EIN-PN <u>90-6083968-001</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>8337410</u> |

| | | |
|--|------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE GRO IN TR I | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 87-6418227-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 400580 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2020 TR I | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-6083983-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39251132 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2025 TR I | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-6083981-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96948120 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2030 TR I | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-6083979-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131585530 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2035 TR I | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-6083977-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132367827 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2040 TR I | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-6083975-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97836829 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2045 TR I | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-6083973-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62901722 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2050 TR I | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-6083969-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32081244 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2055 TR I | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 27-6715074-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12538912 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE 2060 TR I | | |
| b Name of sponsor of entity listed in (a): VANGUARD TARGET RETIRE 2060 TR I | | |
| c EIN-PN 45-3799212-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4716499 |

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan CONDUENT SAVINGS PLAN | B Three-digit plan number (PN) ▶ 333 |
| C Plan sponsor's name as shown on line 2a of Form 5500 CONDUENT BUSINESS SERVICES, LLC | D Employer Identification Number (EIN) 32-0293031 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 2199 | 3705800 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 5979235 | 1477465 |
| (2) Participant contributions | 1b(2) | 372713 | 333418 |
| (3) Other | 1b(3) | 1449130 | 1114823 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 653653 | 378558 |
| (2) U.S. Government securities | 1c(2) | 12870 | 52693 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | 16766 | 16598 |
| (B) Common | 1c(4)(B) | 6752337 | 9207099 |
| (5) Partnership/joint venture interests | 1c(5) | 0 | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | 13716571 | 12665640 |
| (9) Value of interest in common/collective trusts | 1c(9) | 897384997 | 893413937 |
| (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) | 77536495 | 88148770 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | -5102557 | 187604 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 998774409 | 1010702405 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | 108250 | 161269 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 148798 | 904374 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 257048 | 1065643 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 998517361 | 1009636762 |

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) | 1535475 | |
| (B) Participants..... | 2a(1)(B) | 43029079 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 2214242 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 46778796 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 5305319 | |
| (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) | 951346 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 6256665 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 0 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 95995648 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 31448851 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 180479960 |

Expenses

| | | | |
|--|---------------|-----------|-----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 168794894 | |
| (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) | | 168794894 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 68924 | |
| (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) | 496741 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 565665 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 169360559 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 11119401 |
| 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: **HEXT & ASSOCIATES**

(2) EIN: **75-2053526**

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. |
|--|---|---|

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

| | | |
|---|--|------------|
| A Name of plan <u>CONDUENT SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ | <u>333</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONDUENT BUSINESS SERVICES, LLC</u> | D Employer Identification Number (EIN) <u>32-0293031</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 25-1926855

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 | |
|--|---|--|

| | |
|----------------|---|
| 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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Conduent Savings Plan

Financial Statements and
Independent Auditors' Report

As of December 31, 2024 and 2023(Restated) and
For the Year Ended December 31, 2024

TABLE OF CONTENTS

| | PAGE NO. |
|---|-----------------|
| INDEPENDENT AUDITORS' REPORT | 1 |
| FINANCIAL STATEMENTS | |
| Statements of Net Assets Available for Benefits December 31, 2024 and 2023 (Restated)..... | 4 |
| Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2024 | 5 |
| Notes to Financial Statements | 6 |
| SUPPLEMENTAL SCHEDULE | |
| Schedule of Assets (Held at End of Year)..... | 18 |



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INDEPENDENT AUDITORS' REPORT

To the Benefit Administrative Committee of
the Conduent Savings Plan

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

We have performed audits of the financial statements of the Conduent Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 (Restated), 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 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 a certification from Bank of New York Mellon, N.A, 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 D, Note E and Note F to the financial statements, is complete and accurate.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion section of our report:

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

Basis for Qualified Opinion

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

As described in Note M to the financial statements, for seven investment funds the trustee (The Bank of New York Mellon) used stale pricing from 2022 in determining balances as of January 1, 2023, December 31, 2023, and January 1, 2024. Although corrected year-end balances were provided for December 31, 2024, sufficient appropriate audit evidence supporting the accuracy of balances for these funds as of December 31, 2023, and January 1, 2024 was not available. Consequently, the 2023 Statement of Net Assets Available for Benefits investment balances include certain investments valued based on 12/31/2022 pricing. Additionally, the activity for these assets reported in the Statement of Changes in Net Assets Available for Benefits includes two years of changes in investment value (2022 to 2024). Without the 12/31/2023 investment pricing data, we were unable to determine whether adjustments might have been necessary to the Plan's net assets as of December 31, 2023, or to the related changes in net assets for the year ended December 31, 2024.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Conduent 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 Conduent 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 accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

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

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, 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 Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter

As described in Note H, the statement of net assets available for benefits and related disclosure has been restated by replacing contract value for stable value fund with fair value to meet ASU 2015 – 12 reporting requirements.

We previously performed ERISA Section 103(a)(3)(C) audit on the Plan's financial statements as of December 31, 2023, and our report dated September 12, 2024, expressed an unqualified opinion on those financial statements. As described in the Basis for Qualified Opinion paragraph, we have since become aware that stale pricing was used for certain investments at December 31, 2023. Accordingly, users of our previously issued auditor's report should no longer rely on that report, and our present opinion on the restated 2023 financial statements, as expressed herein, is qualified.

Next & Associates, P.C.

Dallas, Texas
October 8, 2025

CONDUENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023 (RESTATED)

| | ASSETS | |
|--|--------------------------------|------------------------------|
| | 2024 | 2023 (Restated) |
| | <u> </u> | <u> </u> |
| Investments | | |
| Non-interest bearing cash | \$ 3,705,800 | \$ 2,199 |
| Investments at fair value | 723,457,606 | 713,580,353* |
| Investments in Master Trust (Note D) | 186,550,312 | 166,055,448 |
| Stable value fund at fair value | 81,397,341 | 97,618,760 |
| Total investments | <u>995,111,059</u> | <u>977,256,760</u> |
| Receivables | | |
| Employee contribution receivable | 333,418 | 372,713 |
| Employer contribution receivable | 1,477,465 | 5,979,235 |
| Notes receivable from participants | 12,665,640 | 13,716,571 |
| Receivable for investments sold | 1,098,126 | 1,423,994 |
| Dividends and interest receivable | 16,697 | 24,559 |
| Other | - | 577 |
| Total receivables | <u>15,591,346</u> | <u>21,517,649</u> |
| Total assets | <u>1,010,702,405</u> | <u>998,774,409</u> |
| | LIABILITIES | |
| Payable for investments purchased | 904,374 | 148,798 |
| Other operating payables | 161,269 | 108,250 |
| Total liabilities | <u>1,065,64</u> | <u>257,048</u> |
| Net assets available for benefits | <u>\$ 1,009,636,762</u> | <u>\$ 998,517,361</u> |

| |
|---|
| *See Note M regarding missing balance information, as noted in the scope limitation |
|---|

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

CONDUENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

| | |
|---|------------------|
| Investment income: | |
| Net appreciation in fair value of investments | \$ 96,395,827* |
| Net appreciation in Master Trust (Note D) | 31,448,851 |
| Interest and dividends | <u>5,305,319</u> |
| Total investment income | 133,149,997 |
| Less investment expenses | <u>226,942</u> |
| Net investment income | 132,923,055 |
| | |
| Income from notes receivable from participants: | 951,346 |
| | |
| Contributions: | |
| Employer | 1,535,475 |
| Participants | 43,029,079 |
| Participant rollovers | <u>2,214,242</u> |
| Total contributions | 46,778,796 |
| | |
| Net transfers | <u>(173,237)</u> |
| Total additions | 180,479,960 |

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

| | |
|-------------------------------|--------------------|
| Benefits paid to participants | 168,794,894 |
| Administrative expenses | <u>565,665</u> |
| Total deductions | <u>169,360,559</u> |
| | |
| Net increase in net assets | 11,119,401 |

NET ASSETS AVAILABLE FOR BENEFITS:

| | |
|-----------------------|-------------------------|
| Beginning of the year | <u>998,517,361</u> |
| End of the year | <u>\$ 1,009,636,762</u> |

| |
|--|
| <p>* Due to the missing 12/31/2023 data as noted in the scope limitation, two years of activity are included in this statement for the investments detailed in Note M.</p> |
|--|

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

CONDUENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE A – PLAN DESCRIPTION

The following description of the Conduent Savings Plan (the “Plan”) provides only general information. Conduent Business Services, LLC (the “Company” or “CBS”) is the sponsor and administrator of the Plan. The Bank of New York Mellon, N.A is the Plan trustee and custodian. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Company maintains the Plan for the benefit of its eligible employees and eligible employees of subsidiaries, divisions and affiliated companies that have adopted the Plan. The Plan is a defined contribution plan. The Plan as amended and restated was established January 1, 1989, upon conversion of an existing employee contribution savings plan. The Plan is subject to the provisions of ERISA.

401(k) Provisions

Contributions are by salary reduction and are at the employee’s discretion within limits imposed by the 401(k) provisions of the Plan and the applicable Internal Revenue Code sections. Participant accounts are invested in the list of funds made available by the Plan.

Plan Amendments

There were no amendments for the years ended December 31, 2024 and 2023.

Salary Deferral Contributions

The Plan is a defined contribution plan wherein participants elect to reduce their compensation and have such reductions contributed to the Plan on their behalf. Generally, the Plan covers all eligible employees of the Company who elect to participate except those who are leased; or are independent contractors or consultants; or are nonresident aliens not receiving United States source income. Employees are eligible to contribute on their date of hire or as soon as administratively feasible.

Employees can elect to contribute to the Plan in a multiple of 1% and the maximum percentage is 75% of eligible compensation on a pre-tax basis, after-tax basis or a combination of both. The maximum contributions allowed by the Internal Revenue Service were \$23,000 and \$22,500 for years 2024 and 2023, respectively. If a participant made both pre-tax and Roth contributions for the applicable calendar year, excess contributions shall be attributed first to the participant’s pre-tax contributions and second to the participant’s Roth contributions. The term “compensation” for calculation of deferral shall be base pay, overtime and commissions.

Participating employees are eligible to make catch-up contributions under the Plan provided the participating employees have attained or will attain the age of 50 before the close of the year. The amount of catch-up contributions allowed by the Internal Revenue Services was \$7,500 and \$7,500 for years 2024 and 2023. The catch-up contributions are excluded in calculating any matching compensation. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Employer Discretionary Matching Contribution

Participating employees are eligible for discretionary matching contributions immediately following completion of a one-year of service.

For 2023 the discretionary employer match was 0 – 4% and the designated amount was 1.1%. For 2024 the discretionary employer match was 0 – 0.62%. The Company made discretionary matching contributions of \$1,535,475 and \$5,979,954 for the years ended December 31, 2024 and 2023, respectively.

CONDUENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE A – PLAN DESCRIPTION (CONTINUED)

Employer Discretionary Matching Contribution (continued)

The discretionary matching contribution shall be designated as of the last day of the Plan Year, on behalf of each eligible participant who made a deferral contribution on any pay date during the Plan Year and who is employed on the last business day of the Plan Year. Participants who made deferral contributions during the Plan Year but who is not employed on the last day of the Plan Year due to death, disability, retirement, or involuntary termination of employment by the Employer as a result of a corporate disposition or a reduction in force shall be entitled to a discretionary matching contribution for such year.

All discretionary matching contributions have been allocated in accordance with participant's investment elections.

Allocation

Each participant's account is credited with the participant's salary deferral. Investment income or loss is allocated daily based on the ratio of each participant's account balance at the end of each day.

Vesting

Vesting of all employer contributions occurs at the following rates for employees enrolled in the Plan. Employee contributions, Roth contributions and rollover contributions are 100% vested. The vesting schedule applicable to discretionary matching contributions in 2024 and 2023 are:

| <u>Years in Vesting Service</u> | <u>Vested Interest</u> |
|--|-------------------------------|
| Less than two years | 0% |
| Two to three years | 50% |
| Three or more years | 100% |

Participant Loans

Participants may borrow from their fund accounts, through a loan transaction, a minimum of \$1,000 or up to a maximum of \$50,000 not to exceed 50% of their vested account balance. The balance in the participant's account is used to secure the loans. These loan transactions are treated as a transfer between the investment fund and the participant notes fund. Loans used for the purchase of a primary residence have a maximum term of fifteen years. All other loans have a maximum term of five years. The interest rate on loan transactions is commensurate with current rates. As of December 31, 2024 and 2023, the interest rate on outstanding loan balances ranged from 4.25% to 9.5%. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Principal and interest is paid ratably through payroll deductions. Participant notes receivable are valued at their unpaid principal balances, plus accrued but unpaid interest thereon. Interest income on notes receivable from participants is recognized when earned. A participant may not have more than two loans outstanding at the same time.

If a participant ceases to make loan repayments and the plan administrator, based upon the terms of the plan document, deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

CONDUENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE A – PLAN DESCRIPTION (CONTINUED)

Termination

Although it has not expressed any intent to do so, the Company may terminate the Plan at any time. Upon termination, the Company may elect to distribute to each participant, or his or her beneficiary, his or her account balance to the extent permitted by the Internal Revenue Code, or transfer such balance to a successor plan. In addition, upon termination of the Plan, the participants' vested interest in employer contributions shall be 100%. Should the Plan be terminated, the trust will continue until all participant accounts have been completely distributed.

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of his or her account.

Forfeitures

Forfeitures may occur when participants terminate employment before becoming 100% vested in all their accounts in the Plan. Forfeitures are used to reduce employer discretionary matching or profit-sharing contributions or plan administrative expenses. At December 31, 2024 and 2023, the Plan maintained a forfeited balance in its forfeiture account of \$905,036 and \$1,236,390, respectively. The Plan utilized \$325,000 and \$475,000 from its forfeiture account for the years ended December 31, 2024 and 2023, respectively.

Plan Administrative Costs

Plan administrative costs include the costs of recordkeeping, account setup and maintenance, Plan communications, quarterly statements, legal fees, advisory fees and other expenses. These fees are subtracted from each participant's account on a quarterly basis throughout the year.

In 2024, the Plan charged a quarterly per-participant fee if the account balance is \$1,000 or greater with a minimum of \$1.25 per quarter and a maximum of \$18.75 per quarter. Account balances under \$1,000 are not charged a fee.

In 2023, the Plan charged a quarterly per-participant fee if the account balance is \$1,000 or greater with a minimum of \$1.25 per quarter and a maximum of \$18.75 per quarter. Account balances under \$1,000 are not charged a fee.

Funding Policy

It is the policy of the Plan sponsor to remit the employee contribution three business days after the date of payroll. This is the earliest date in which the Company can reasonably segregate these amounts from general assets.

Benefits

Generally, on termination of service due to death, disability, or retirement, benefits are paid in a lump sum to a terminating participant or participant's beneficiary. Participants are also eligible for hardship withdrawals in accordance with Plan documents.

CONDUENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Plan is presented to assist in understanding the financial statements. The financial statements and notes are representations of the Plan's administrator, who is responsible for their integrity and objectivity. The accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting. Current year contributions, investment income and expenses, the annual employer match, which were not received or paid until the subsequent year were accrued.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, such as fair value. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Bank of New York Mellon, N.A holds the Plan investments. The fair value per unit/share is stated at quoted market prices as determined by the Bank of New York Mellon, N.A. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

The Plan presents, in the Statement of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Payment of Benefits

Benefit payments are recorded when paid.

CONDUENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses

Certain expenses incurred for maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included in appreciation (depreciation) of fair value of investments.

Revenue Share

Revenue sharing amounts for investments that generate such amounts for BNY Mellon is credited to a fee account. Certain expenses are paid using a revenue sharing arrangement and are included in administrative expenses on the statements of changes in net assets available for benefits.

Total investment advisory and other fees paid out of this revenue sharing arrangement were \$0 and \$4,700 for the years ended December 31, 2024 and 2023, respectively.

Fair Value Measurements

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

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

| | |
|---------|---|
| Level 2 | Inputs to the valuation methodology include <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that is observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. |
|---------|---|

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

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

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

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

Common stocks, corporate bonds, partnerships/joint venture interests and registered investment companies: Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. government securities, Preferred stock and interest bearing cash: Valued at prices for similar assets or liabilities in active or inactive markets. These funds are classified as level 2 of the fair value hierarchy.

CONDUENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements (continued)

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that is registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trusts: Unobservable inputs valued at contract price and net asset value (NAV). These values are classified within level 3 of the fair value hierarchy.

Master trusts: Unobservable inputs valued at fair value based on units of participation from independent pricing services. These values are not classified within levels of the fair value hierarchy.

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 is 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.

NOTE C – INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan sponsor by a letter dated November 3, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination 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 IRC 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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there is no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

CONDUENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE D – INVESTMENTS (UNAUDITED)

During 2024 and 2023, the Plan invested in a Master Trust arrangements consisting of common stock and mutual funds. The trust consists solely of the Plan’s assets. Investment information related to the Master Trust arrangements during 2024 and 2023, is as follows:

| | <u>December 31, 2024 (Unaudited)</u> | <u>December 31, 2023 (Unaudited)</u> |
|--|---|---|
| Master trust balances: | | |
| Other investments | \$ 186,550,312 | \$ 166,055,448 |
| Plus: | | |
| Due from broker for securities sold | 1,098,126 | 1,423,994 |
| Accrued interest and dividends | 16,697 | 24,559 |
| Miscellaneous | - | 577 |
| Less: | | |
| Due to broker for securities purchased | 904,374 | 148,798 |
| Accrued expenses | <u>161,267</u> | <u>108,250</u> |
| Total | <u>\$ 186,599,494</u> | <u>\$ 167,247,530</u> |

| | <u>Year Ended December 31, 2024 (Unaudited)</u> | <u>Year Ended December 31, 2023 (Unaudited)</u> |
|--|--|--|
| Change in net assets: | | |
| Contributions | \$ 14,482,700 | \$ 12,640,196 |
| Net appreciation of investments | 31,448,851 | 30,006,995 |
| Net forfeitures | (28,630) | (57,762) |
| Benefits paid to participants | (32,525,739) | (24,470,992) |
| Administrative and miscellaneous expense | (70,558) | (49,419) |
| Net transfer to the trust | <u>7,186,883</u> | <u>6,022,528</u> |
| Total change in net assets | <u>\$ 20,493,507</u> | <u>\$ 24,091,546</u> |

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Bank of New York Mellon, N.A, the trustee.

The Net Assets of the Master Trust Investment at December 31, 2024 and 2023, were equal to the aggregate value of the assets of the Master Trust Investment less the value of the accrued liabilities of the Master Trust Investment. The assets of the Master Trust Investment were determined in accordance with generally recognized valuation procedures based upon prices and quotes from independent pricing services.

The closing prices reported in the active markets in which the securities are traded were used to value the investments in the Master Trust.

CONDUENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE D – INVESTMENTS (UNAUDITED) (CONTINUED)

During the years ended December 31, 2024 and 2023, respectively, the Master Trust’s investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated as follows:

| | <u>2024 (Unaudited)</u> | <u>2023 (Unaudited)</u> |
|------------------------|-------------------------|-------------------------|
| Net appreciation: | | |
| Other investments | \$ 31,448,851 | \$ 30,006,995 |
| Total net appreciation | <u>\$ 31,448,851</u> | <u>\$ 30,006,995</u> |

The December 31, 2024 and 2023 Statement of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The qualified institution’s certification applies to investment assets, transactions, and income, and the schedules of investment and reportable transactions.

NOTE E – GUARANTEED INVESTMENT CONTRACT WITH GALLIARD (UNAUDITED)

The Plan holds shares of a fully benefit-responsive investment contract with Galliard Managed Income Fund Core (“Galliard”). Discontinuance of the contract would result in certain surrender charges and market value adjustments as defined by the contract. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at market value. Galliard maintains the contributions in a general account. The account is credited with earnings on the investments and is charged for participant withdrawals and administrative expenses charged by Galliard. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise. Principal and interest at crediting rates, which is announced in advance on an annual basis, is guaranteed; however, there is no stated maturity date.

During 2024 and 2023, the average yields for the Stable Value Fund were as follows:

| | <u>2024</u> | <u>2023</u> |
|---|-------------|-------------|
| Based on actual earnings | 4.91% | 4.92% |
| Based on interest rate credited to participants | 3.21% | 2.89% |

Benefit-responsive investment contracts are designed to preserve capital and provide a stable crediting rate. Such contracts provide that withdrawals associated with certain events not in the ordinary course of fund operations may be paid at market rather than contract value. Examples of such circumstances may include significant plan design changes, complete or partial plan terminations, severance programs, early retirement programs, the closing or sale of a subsidiary, bankruptcy of the plan sponsor or the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe the occurrence of the above events that would limit the Plan’s ability to conduct transactions with participants at contract value is probable.

The Plan’s ability to receive amounts due in accordance with the fully benefit-responsive investment contracts is dependent on the third-part issuer’s ability to meet its financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

The guaranteed investment contract does not permit Galliard to terminate the agreement prior to the scheduled maturity date.

CONDUENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

**NOTE E – GUARANTEED INVESTMENT CONTRACT WITH GALLIARD (UNAUDITED)
(CONTINUED)**

During 2023, the Plan held an investment in a stable value fund through a collective trust. In prior years, this investment was presented at contract value. However, based on the guidance provided in ASU 2015-12, investments in stable value funds held indirectly through a common or collective trust do not meet the definition of fully benefit-responsive investment contracts. Accordingly, the Plan has adopted ASU 2015-12 and now reports this investment at fair value. The adoption has been applied retrospectively, and the financial statements reflect the revised presentation as of December 31, 2023. Further details of the restatement can be found in Note H.

NOTE F – FAIR VALUE MEASUREMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023 (Restated):

| | Level 1 | Level 2 | Level 3 | Total |
|------------------------------------|----------------------|-------------------|-----------------------|-----------------------|
| Interest bearing cash | \$ - | \$ 378,558 | \$ - | \$ 378,558 |
| U.S. government securities | - | 52,693 | - | 52,693 |
| Corporate stock - Common | 9,207,099 | - | - | 9,207,099 |
| Corporate stock - Preferred | - | 16,598 | - | 16,598 |
| Common/collective trusts | - | - | 625,466,284 | 625,466,284 |
| Registered investment companies | 88,148,770 | - | - | 88,148,770 |
| Other | 187,604 | - | - | 187,604 |
| Total assets leveled at fair value | <u>\$ 97,543,473</u> | <u>\$ 447,849</u> | <u>\$ 625,466,284</u> | \$ 723,457,606 |
| Master trusts | | | | 186,550,312 |
| Stable value fund at fair value | | | | <u>81,397,341</u> |
| Total assets at fair value | | | | <u>\$ 991,405,259</u> |

**Assets at Fair Value (Unaudited) (Restated)
As of December 31, 2023**

| | Level 1 | Level 2 | Level 3 | Total |
|------------------------------------|----------------------|-------------------|-----------------------|-----------------------|
| Interest bearing cash | \$ - | \$ 653,653 | \$ - | \$ 653,653 |
| U.S. government securities | - | 12,870 | - | 12,870 |
| Corporate stock - Common | 6,752,337 | - | - | 6,752,337 |
| Corporate stock - Preferred | - | 16,766 | - | 16,766 |
| Common/collective trusts | - | - | 620,658,767 | 620,658,767 |
| Registered investment companies | 85,337,573 | - | - | 85,337,573 |
| Other | 148,387 | - | - | 148,387 |
| Total assets leveled at fair value | <u>\$ 92,238,297</u> | <u>\$ 683,289</u> | <u>\$ 625,658,767</u> | \$ 713,580,353 |
| Master trusts | | | | 166,055,448 |
| Stable value fund at fair value | | | | <u>97,618,760</u> |
| Total assets at fair value | | | | <u>\$ 977,254,561</u> |

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2024, is reported in net appreciation in fair value of investments.

CONDUENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE F – FAIR VALUE MEASUREMENTS (CONTINUED)

The Vanguard Target Retirement Trusts are classified as common/collective trusts. Vanguard Target Retirement Trusts use an asset allocation glide path to offer an appropriate level of exposure to risk and return as investors progress along the path to retirement. The year in the trust name refers to the approximate year (the target date) when an investor in the fund would retire and leave the workforce. The fund will gradually shift its emphasis from more aggressive investments to more conservative ones based on its target date. The trusts use a simple fund of funds structure which seeks to build appropriate asset allocation from preselected stock, bond, and money market portfolios.

During the 2023 audit, the Plan identified that a previously reported Level 3 investment under the Master Trust did not meet the criteria for Level 3 classification under ASC 820. The investment was removed from the fair value hierarchy table and no longer presented in the current year disclosures. Additionally, the stable value fund, previously omitted, has been included in assets at fair value in accordance with the fair value measurement guidance. The updated fair value hierarchy reflects these classification corrections.

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

The Plan invested in investments managed by the Bank of New York Mellon, N.A., the custodian and trustee of the Plan's assets, as defined by the Plan. These transactions qualify as party-in-interest transactions. However, these transactions are exempt from the prohibited transaction rules. Fees paid by the Plan for the investment management services were \$68,924 and \$58,222 for the years ended December 31, 2024 and 2023, respectively.

Conduent HR Solutions, LLC (a division of Conduent) provides certain accounting, administrative, and investment management services to the Plan. The Plan paid \$290,209 and \$674,241 for the services rendered by Conduent HR Solutions, LLC for 2024 and 2023, respectively. These transactions are considered exempt party-in-interest transactions.

The Plan allows for loans to participants based on their vested balances. These transactions are considered exempt party-in-interest transactions. As of December 31, 2024 and 2023, the participant loan balances were \$12,665,640 and 13,716,571, respectively.

Hext & Associates, P.C. provides audit services to the Plan. These services qualify as party-in-interest transactions. However, these transactions are exempt from the prohibited transaction rules.

There are no open investigations with the Department of Labor as of December 31, 2024 and 2023.

CONDUENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE H – ERROR AND RESTATEMENT

During the 2023 audit, the Plan identified errors related to the presentation and classification of certain investments within the financial statements. These errors have been corrected, as summarized in the table below:

| | <u>Originally Reported</u> | <u>Restated</u> | <u>Location</u> |
|--|--------------------------------|-----------------|---|
| Stable value fund at fair value as of December 31, 2023 * | \$ - | \$ 97,618,760 | Statements of Net Assets Available for Benefits (Note E) |
| Stable value fund at contract value as of December 31, 2023 * | \$ 102,869,704 | \$ - | Statements of Net Assets Available for Benefits (Note E) |

In addition, a previously disclosed Level 3 investment under the Master Trust (Note F) was removed, as it did not meet the applicable fair value classification criteria. These changes have no impact on the Plan’s total net assets available for benefits but improve the accuracy and presentation in accordance with current accounting standards.

NOTE I – DERIVATIVES

The Plan has no instruments that, in whole or part, are accounted for as a derivative instrument under current authoritative guidance in *Accounting for Derivative Instruments and Hedging Activities*, during the Plan years 2024 and 2023.

NOTE J – RISKS AND UNCERTAINTIES

Investment Risks

The Plan invests in various investment securities which, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Further, due to the level of risk associated with certain investment securities it is at least reasonably possible that changes in values 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.

NOTE K – SEPARATED PARTICIPANTS WITH VESTED BENEFITS

There were 10,633 and 10,629 terminated participants with vested benefits of \$531,975,940 and \$495,266,137 as of December 31, 2024 and 2023, respectively.

NOTE L – SUBSEQUENT EVENTS

The Plan Sponsor has evaluated subsequent events through September 12, 2024, the date which the original 2023 financial statements were issued.

The Plan Sponsor has evaluated subsequent events through October 8, 2025, the date which the accompanying financial statements were available to be issued.

CONDUENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE M – PRICING OF CERTAIN INVESTMENTS

During 2023 and 2024, the Plan's trustee, The Bank of New York Mellon, identified that seven investment funds within the Plan were reported using stale pricing data from 2022. Specifically, the trustee applied stale prices in determining the balances as of December 31, 2023, which also impacted the Plan's opening balances as of January 1, 2024.

Although the trustee subsequently corrected the reported year-end balances as of December 31, 2024, the corrected pricing information was not available for December 31, 2023, or January 1, 2024. As a result, the Plan's statements of net assets available for benefits as of December 31, 2023, and the related opening balances for 2024, may not reflect the appropriate valuation for these funds.

The seven impacted funds were as follows:

- Vanguard Target Retirement Income Fund
- Vanguard Target Retirement 2025 Fund
- Vanguard Target Retirement 2035 Fund
- Vanguard Target Retirement 2040 Fund
- Vanguard Target Retirement 2055 Fund
- Vanguard Target Retirement 2060 Fund
- Vanguard Target Retirement 2065 Fund

Without the December 31, 2023 investment pricing data, there is no way to determine the materiality of the misstatement in the 2023 net assets available for benefits balances, or how to allocate the changes in net assets available for benefits between 2023 and 2024. Management and the trustee have implemented procedures to ensure that stale pricing does not recur in future reporting periods.

SUPPLEMENTAL SCHEDULE

CONDUENT SAVINGS PLAN
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
EIN #32-0293031 PLAN NUMBER 333

| (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 |
|-----|--|--|-------------|----------------------|
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TARGET RETIREMENT 2030 TR | ** | \$ 131,585,530 |
| * | Bank of New York Mellon, N.A. | MELLON STOCK UNIT | ** | 117,485,561 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TRGT RETIREMENT 2035 TR INSTL | ** | 132,367,822 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TRGT RETIREMENT 2025 TR INSTL | ** | 96,948,120 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TARGET RETIREMENT 2040 TR | ** | 97,836,830 |
| * | Bank of New York Mellon, N.A. | WELLS FARGO BK STABLE VALUE FD D | ** | 81,397,341 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TRGT RETIREMENT 2045 TR INSTL | ** | 62,901,718 |
| * | Bank of New York Mellon, N.A. | VANGUARD DIVIDEND GROWTH-INV | ** | 45,500,549 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TARGET RETIREMENT 2020 TR INST | ** | 39,251,132 |
| * | Bank of New York Mellon, N.A. | XBS EB DAILY LIQ MKT COMP UNIT | ** | 38,755,254 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO RETIREMENT 2050 TR INSTL | ** | 32,081,243 |
| * | Bank of New York Mellon, N.A. | AMERICAN BALANCED FUND-R6 | ** | 15,874,064 |
| * | Bank of New York Mellon, N.A. | BLACKROCK ADV S/C CORE-K | ** | 14,658,921 |
| * | Bank of New York Mellon, N.A. | MELLON AGG BOND UNIT | ** | 10,859,495 |
| * | Bank of New York Mellon, N.A. | XBS EB DAILY LIQ ACWI UNIT | ** | 10,858,844 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO RETIREMENT 2055 TR I | ** | 12,538,909 |
| * | Bank of New York Mellon, N.A. | TOTAL ** CORPORATE STOCKS - COMMON | ** | 9,207,099 |
| * | Bank of New York Mellon, N.A. | XBS DODGE & COX INCOME UNIT | ** | 8,591,159 |
| * | Bank of New York Mellon, N.A. | DODGE & COX INTL STCK-X | ** | 7,822,052 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TARGET RETIREMENT INCOME TR | ** | 8,337,410 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TRGT RETIREMENT 2060 TR INSTL | ** | 4,716,499 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TARGET RETIREMENT 2065 TR I | ** | 3,292,360 |
| * | Bank of New York Mellon, N.A. | EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01 | ** | 2,654,493 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCI/TARGET RETIREMENT 2 | ** | 954,216 |
| * | Bank of New York Mellon, N.A. | DREYFUS 100% US TREASURY MM | ** | 858,519 |
| * | Bank of New York Mellon, N.A. | VANGUARD GROWTH ETF | ** | 647,541 |
| * | Bank of New York Mellon, N.A. | BITWISE BITCON ETF | ** | 550,813 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO UNIT | ** | 400,580 |
| * | Bank of New York Mellon, N.A. | INVESCO QQQ TRUST SERIES 1 | ** | 397,890 |
| * | Bank of New York Mellon, N.A. | SPROTT PHYSICAL GOLD TRUST | ** | 187,604 |
| * | Bank of New York Mellon, N.A. | KRANESHARES CSI CHINA INTERN | ** | 127,185 |
| * | Bank of New York Mellon, N.A. | VANECK GOLD MINERS ETF | ** | 115,091 |
| * | Bank of New York Mellon, N.A. | VANGUARD 500 INDEX-ADM | ** | 95,746 |
| * | Bank of New York Mellon, N.A. | VANECK JUNIOR GOLD MINERS | ** | 90,379 |
| * | Bank of New York Mellon, N.A. | SCHWAB FNDM US LRG COMP INDX | ** | 83,151 |
| * | Bank of New York Mellon, N.A. | VANGUARD S&P 500 ETF | ** | 82,958 |
| * | Bank of New York Mellon, N.A. | INVESCO CHINA TECHNOLOGY ETF | ** | 79,227 |
| * | Bank of New York Mellon, N.A. | SPROTT PHYSICAL SILVER TRUST | ** | 66,440 |
| * | Bank of New York Mellon, N.A. | GLOBAL X SILVER MINERS ETF | ** | 52,675 |
| * | Bank of New York Mellon, N.A. | SPROTT PHYSICAL GOLD AND SIL | ** | 47,520 |
| * | Bank of New York Mellon, N.A. | VANGUARD TOTAL STOCK MKT ETF | ** | 43,088 |
| * | Bank of New York Mellon, N.A. | T ROWE PRICE VALUE FUND-INV | ** | 31,097 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRA VIX ST FUTUR | ** | 31,080 |
| * | Bank of New York Mellon, N.A. | ARK INNOVATION ETF | ** | 28,615 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRAPRO SHORT QQQ | ** | 28,026 |
| * | Bank of New York Mellon, N.A. | FEDERAL NATIONAL MORTGAGE ASSO NON-CUMULATIVE | ** | 26,535 |
| * | Bank of New York Mellon, N.A. | FEDERAL HOME LOAN MORTGAGE COR PFD 8.375% NON-CUMULATIVE | ** | 26,158 |
| * | Bank of New York Mellon, N.A. | VANGUARD SEMICONDUCTOR ETF | ** | 24,366 |
| * | Bank of New York Mellon, N.A. | WILLIAM BLAIR SM CAP GRW-N | ** | 23,041 |

CONDUENT SAVINGS PLAN
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
EIN #32-0293031 PLAN NUMBER 333

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|-----|--|--|-------------|----------------------|
| * | Bank of New York Mellon, N.A. | ISHARES CORE S&P MIDCAP ETF | ** | 21,540 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRA BLOOMBERG NA | ** | 21,108 |
| * | Bank of New York Mellon, N.A. | INVESCO S&P 500 EQUAL WEIGHT | ** | 19,127 |
| * | Bank of New York Mellon, N.A. | SPROTT JR URANIUM MINERS ETF | ** | 17,216 |
| * | Bank of New York Mellon, N.A. | DRX DLY S&P BIOTECH BULL 3X | ** | 17,077 |
| * | Bank of New York Mellon, N.A. | T ROWE PRICE VALUE FUND-INV | ** | 16,598 |
| * | Bank of New York Mellon, N.A. | MFS TECHNOLOGY FUND-A | ** | 16,035 |
| * | Bank of New York Mellon, N.A. | TOTAL ** CORPORATE STOCKS - PREFERRED | ** | 15,534 |
| * | Bank of New York Mellon, N.A. | INVESCO DB COMMODITY INDEX T | ** | 15,217 |
| * | Bank of New York Mellon, N.A. | T ROWE PR LATIN AMERICA-INV | ** | 14,864 |
| * | Bank of New York Mellon, N.A. | ISHARES SILVER TRUST | ** | 13,687 |
| * | Bank of New York Mellon, N.A. | GUINNESS ATK GLBL ENRGY | ** | 12,320 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRAPRO SHORT QQQ | ** | 11,705 |
| * | Bank of New York Mellon, N.A. | GRANITESHARES GOLD TRUST | ** | 11,105 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRAPRO S&P 500 | ** | 10,762 |
| * | Bank of New York Mellon, N.A. | WASATCH SMALL CAP GROW-INV | ** | 10,714 |
| * | Bank of New York Mellon, N.A. | ISHARES SEMICONDUCTOR ETF | ** | 10,581 |
| * | Bank of New York Mellon, N.A. | SPROTT PHYSICAL PLATINUM AND | ** | 9,615 |
| * | Bank of New York Mellon, N.A. | PROSHARES TR I | ** | 9,478 |
| * | Bank of New York Mellon, N.A. | FRANKLIN SM/MID CAP GRW-A | ** | 9,276 |
| * | Bank of New York Mellon, N.A. | ABRDN PHYSICAL PLATINUM SHRS | ** | 9,174 |
| * | Bank of New York Mellon, N.A. | INVESCO DB AGRICULTURE FUND | ** | 8,979 |
| * | Bank of New York Mellon, N.A. | FEDERAL NATIONAL MORTGAGE ASSO NON-CUMULATIVE | ** | 8,569 |
| * | Bank of New York Mellon, N.A. | FEDERAL HOME LOAN MORTGAGE COR PFD 8.375% NON-CUMULATIVE | ** | 7,831 |
| * | Bank of New York Mellon, N.A. | GRANITESHARES 1.5 LONG NVDA | ** | 7,797 |
| * | Bank of New York Mellon, N.A. | DIREXION DAILY SEMI BEAR 3X | ** | 7,688 |
| * | Bank of New York Mellon, N.A. | VANGUARD SEMICONDUCTOR ETF | ** | 7,560 |
| * | Bank of New York Mellon, N.A. | FIDELITY 500 INDEX FUND | ** | 7,427 |
| * | Bank of New York Mellon, N.A. | VANGUARD DIVIDEND APPREC ETF | ** | 7,005 |
| * | Bank of New York Mellon, N.A. | DIREXION DAILY JUNIOR GOLD M | ** | 6,727 |
| * | Bank of New York Mellon, N.A. | T ROWE PR COMM & TECH-INV | ** | 6,507 |
| * | Bank of New York Mellon, N.A. | IPATH BLOOMBERG SUGAR SUBIND | ** | 5,439 |
| * | Bank of New York Mellon, N.A. | ISHARES MSCI BRAZIL SMALL-CA | ** | 5,237 |
| * | Bank of New York Mellon, N.A. | DIREXION DAILY MSFT BULL 1.5 | ** | 5,104 |
| * | Bank of New York Mellon, N.A. | HARTFORD INFLATION PLUS-A | ** | 4,853 |
| * | Bank of New York Mellon, N.A. | DIREXION DAILY AAPL BULL 1.5 | ** | 2,679 |
| * | Bank of New York Mellon, N.A. | ARK NEXT GENERATION INTERNET | ** | 2,636 |
| * | Bank of New York Mellon, N.A. | MICROSECTORS US BIG BANKS 3X | ** | 2,211 |
| * | Bank of New York Mellon, N.A. | PIMCO HIGH INCOME FUND | ** | 2,091 |
| * | Bank of New York Mellon, N.A. | GLOBAL X NASD 100 COV CALL | ** | 1,822 |
| * | Bank of New York Mellon, N.A. | SWISS HELVETIA FUND | ** | 1,498 |
| * | Bank of New York Mellon, N.A. | ARK AUTONOMOUS TECH & ROBOT | ** | 976 |
| * | Bank of New York Mellon, N.A. | ARK GENOMIC REVOLUTION ETF | ** | 657 |
| * | Bank of New York Mellon, N.A. | ARK FINTECH INNOVATION ETF | ** | 369 |
| * | Bank of New York Mellon, N.A. | PROSH ULTRAPRO SHORT S&P 500 | ** | 107 |
| * | Bank of New York Mellon, N.A. | VANGUARD FTSE EUROPE ETF | ** | 93 |
| * | Bank of New York Mellon, N.A. | GLOBAL X ART INTEL & TECH | ** | 58 |
| * | Bank of New York Mellon, N.A. | DIREXION DAILY SEMI BULL 3X | ** | 47 |

CONDUENT SAVINGS PLAN
 SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 AS OF DECEMBER 31, 2024
 EIN #32-0293031 PLAN NUMBER 333

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|-----|--|--|-------------|-------------------------|
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRASHORT QQQ | ** | 25 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRAPRO DOW30 | ** | 14 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRA MATERIALS | ** | 10 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRA S&P500 | ** | 6 |
| | Participant Loans | INTEREST RATE FROM 4.25% TO 9.5% | -0- | 12,665,640 |
| | Interest Bearing Cash | | -0- | 378,558 |
| | | | | <u>\$ 1,004,070,899</u> |

* Denotes a party-in-interest

** Not required for participant directed investments

CONDUENT SAVINGS PLAN
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
EIN #32-0293031 PLAN NUMBER 333

| (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 |
|-----|--|--|-------------|----------------------|
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TARGET RETIREMENT 2030 TR | ** | \$ 131,585,530 |
| * | Bank of New York Mellon, N.A. | MELLON STOCK UNIT | ** | 117,485,561 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TRGT RETIREMENT 2035 TR INSTL | ** | 132,367,822 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TRGT RETIREMENT 2025 TR INSTL | ** | 96,948,120 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TARGET RETIREMENT 2040 TR | ** | 97,836,830 |
| * | Bank of New York Mellon, N.A. | WELLS FARGO BK STABLE VALUE FD D | ** | 81,397,341 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TRGT RETIREMENT 2045 TR INSTL | ** | 62,901,718 |
| * | Bank of New York Mellon, N.A. | VANGUARD DIVIDEND GROWTH-INV | ** | 45,500,549 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TARGET RETIREMENT 2020 TR INST | ** | 39,251,132 |
| * | Bank of New York Mellon, N.A. | XBS EB DAILY LIQ MKT COMP UNIT | ** | 38,755,254 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO RETIREMENT 2050 TR INSTL | ** | 32,081,243 |
| * | Bank of New York Mellon, N.A. | AMERICAN BALANCED FUND-R6 | ** | 15,874,064 |
| * | Bank of New York Mellon, N.A. | BLACKROCK ADV S/C CORE-K | ** | 14,658,921 |
| * | Bank of New York Mellon, N.A. | MELLON AGG BOND UNIT | ** | 10,859,495 |
| * | Bank of New York Mellon, N.A. | XBS EB DAILY LIQ ACWI UNIT | ** | 10,858,844 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO RETIREMENT 2055 TR I | ** | 12,538,909 |
| * | Bank of New York Mellon, N.A. | TOTAL ** CORPORATE STOCKS - COMMON | ** | 9,207,099 |
| * | Bank of New York Mellon, N.A. | XBS DODGE & COX INCOME UNIT | ** | 8,591,159 |
| * | Bank of New York Mellon, N.A. | DODGE & COX INTL STCK-X | ** | 7,822,052 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TARGET RETIREMENT INCOME TR | ** | 8,337,410 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TRGT RETIREMENT 2060 TR INSTL | ** | 4,716,499 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO TARGET RETIREMENT 2065 TR I | ** | 3,292,360 |
| * | Bank of New York Mellon, N.A. | EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01 | ** | 2,654,493 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCI/TARGET RETIREMENT 2 | ** | 954,216 |
| * | Bank of New York Mellon, N.A. | DREYFUS 100% US TREASURY MM | ** | 858,519 |
| * | Bank of New York Mellon, N.A. | VANGUARD GROWTH ETF | ** | 647,541 |
| * | Bank of New York Mellon, N.A. | BITWISE BITCON ETF | ** | 550,813 |
| * | Bank of New York Mellon, N.A. | VANGUARD FIDUCIARY TR CO UNIT | ** | 400,580 |
| * | Bank of New York Mellon, N.A. | INVESCO QQQ TRUST SERIES 1 | ** | 397,890 |
| * | Bank of New York Mellon, N.A. | SPROTT PHYSICAL GOLD TRUST | ** | 187,604 |
| * | Bank of New York Mellon, N.A. | KRANESHARES CSI CHINA INTERN | ** | 127,185 |
| * | Bank of New York Mellon, N.A. | VANECK GOLD MINERS ETF | ** | 115,091 |
| * | Bank of New York Mellon, N.A. | VANGUARD 500 INDEX-ADM | ** | 95,746 |
| * | Bank of New York Mellon, N.A. | VANECK JUNIOR GOLD MINERS | ** | 90,379 |
| * | Bank of New York Mellon, N.A. | SCHWAB FNDM US LRG COMP INDX | ** | 83,151 |
| * | Bank of New York Mellon, N.A. | VANGUARD S&P 500 ETF | ** | 82,958 |
| * | Bank of New York Mellon, N.A. | INVESCO CHINA TECHNOLOGY ETF | ** | 79,227 |
| * | Bank of New York Mellon, N.A. | SPROTT PHYSICAL SILVER TRUST | ** | 66,440 |
| * | Bank of New York Mellon, N.A. | GLOBAL X SILVER MINERS ETF | ** | 52,675 |
| * | Bank of New York Mellon, N.A. | SPROTT PHYSICAL GOLD AND SIL | ** | 47,520 |
| * | Bank of New York Mellon, N.A. | VANGUARD TOTAL STOCK MKT ETF | ** | 43,088 |
| * | Bank of New York Mellon, N.A. | T ROWE PRICE VALUE FUND-INV | ** | 31,097 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRA VIX ST FUTUR | ** | 31,080 |
| * | Bank of New York Mellon, N.A. | ARK INNOVATION ETF | ** | 28,615 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRAPRO SHORT QQQ | ** | 28,026 |
| * | Bank of New York Mellon, N.A. | FEDERAL NATIONAL MORTGAGE ASSO NON-CUMULATIVE | ** | 26,535 |
| * | Bank of New York Mellon, N.A. | FEDERAL HOME LOAN MORTGAGE COR PFD 8.375% NON-CUMULATIVE | ** | 26,158 |
| * | Bank of New York Mellon, N.A. | VANGUARD SEMICONDUCTOR ETF | ** | 24,366 |
| * | Bank of New York Mellon, N.A. | WILLIAM BLAIR SM CAP GRW-N | ** | 23,041 |

CONDUENT SAVINGS PLAN
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
EIN #32-0293031 PLAN NUMBER 333

| (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 |
|-----|--|--|-------------|----------------------|
| * | Bank of New York Mellon, N.A. | ISHARES CORE S&P MIDCAP ETF | ** | 21,540 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRA BLOOMBERG NA | ** | 21,108 |
| * | Bank of New York Mellon, N.A. | INVESCO S&P 500 EQUAL WEIGHT | ** | 19,127 |
| * | Bank of New York Mellon, N.A. | SPROTT JR URANIUM MINERS ETF | ** | 17,216 |
| * | Bank of New York Mellon, N.A. | DRX DLY S&P BIOTECH BULL 3X | ** | 17,077 |
| * | Bank of New York Mellon, N.A. | T ROWE PRICE VALUE FUND-INV | ** | 16,598 |
| * | Bank of New York Mellon, N.A. | MFS TECHNOLOGY FUND-A | ** | 16,035 |
| * | Bank of New York Mellon, N.A. | TOTAL ** CORPORATE STOCKS - PREFERRED | ** | 15,534 |
| * | Bank of New York Mellon, N.A. | INVESCO DB COMMODITY INDEX T | ** | 15,217 |
| * | Bank of New York Mellon, N.A. | T ROWE PR LATIN AMERICA-INV | ** | 14,864 |
| * | Bank of New York Mellon, N.A. | ISHARES SILVER TRUST | ** | 13,687 |
| * | Bank of New York Mellon, N.A. | GUINNESS ATK GLBL ENRGY | ** | 12,320 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRAPRO SHORT QQQ | ** | 11,705 |
| * | Bank of New York Mellon, N.A. | GRANITESHARES GOLD TRUST | ** | 11,105 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRAPRO S&P 500 | ** | 10,762 |
| * | Bank of New York Mellon, N.A. | WASATCH SMALL CAP GROW-INV | ** | 10,714 |
| * | Bank of New York Mellon, N.A. | ISHARES SEMICONDUCTOR ETF | ** | 10,581 |
| * | Bank of New York Mellon, N.A. | SPROTT PHYSICAL PLATINUM AND | ** | 9,615 |
| * | Bank of New York Mellon, N.A. | PROSHARES TR I | ** | 9,478 |
| * | Bank of New York Mellon, N.A. | FRANKLIN SM/MID CAP GRW-A | ** | 9,276 |
| * | Bank of New York Mellon, N.A. | ABRDN PHYSICAL PLATINUM SHRS | ** | 9,174 |
| * | Bank of New York Mellon, N.A. | INVESCO DB AGRICULTURE FUND | ** | 8,979 |
| * | Bank of New York Mellon, N.A. | FEDERAL NATIONAL MORTGAGE ASSO NON-CUMULATIVE | ** | 8,569 |
| * | Bank of New York Mellon, N.A. | FEDERAL HOME LOAN MORTGAGE COR PFD 8.375% NON-CUMULATIVE | ** | 7,831 |
| * | Bank of New York Mellon, N.A. | GRANITESHARES 1.5 LONG NVDA | ** | 7,797 |
| * | Bank of New York Mellon, N.A. | DIREXION DAILY SEMI BEAR 3X | ** | 7,688 |
| * | Bank of New York Mellon, N.A. | VANGUARD SEMICONDUCTOR ETF | ** | 7,560 |
| * | Bank of New York Mellon, N.A. | FIDELITY 500 INDEX FUND | ** | 7,427 |
| * | Bank of New York Mellon, N.A. | VANGUARD DIVIDEND APPREC ETF | ** | 7,005 |
| * | Bank of New York Mellon, N.A. | DIREXION DAILY JUNIOR GOLD M | ** | 6,727 |
| * | Bank of New York Mellon, N.A. | T ROWE PR COMM & TECH-INV | ** | 6,507 |
| * | Bank of New York Mellon, N.A. | IPATH BLOOMBERG SUGAR SUBIND | ** | 5,439 |
| * | Bank of New York Mellon, N.A. | ISHARES MSCI BRAZIL SMALL-CA | ** | 5,237 |
| * | Bank of New York Mellon, N.A. | DIREXION DAILY MSFT BULL 1.5 | ** | 5,104 |
| * | Bank of New York Mellon, N.A. | HARTFORD INFLATION PLUS-A | ** | 4,853 |
| * | Bank of New York Mellon, N.A. | DIREXION DAILY AAPL BULL 1.5 | ** | 2,679 |
| * | Bank of New York Mellon, N.A. | ARK NEXT GENERATION INTERNET | ** | 2,636 |
| * | Bank of New York Mellon, N.A. | MICROSECTORS US BIG BANKS 3X | ** | 2,211 |
| * | Bank of New York Mellon, N.A. | PIMCO HIGH INCOME FUND | ** | 2,091 |
| * | Bank of New York Mellon, N.A. | GLOBAL X NASD 100 COV CALL | ** | 1,822 |
| * | Bank of New York Mellon, N.A. | SWISS HELVETIA FUND | ** | 1,498 |
| * | Bank of New York Mellon, N.A. | ARK AUTONOMOUS TECH & ROBOT | ** | 976 |
| * | Bank of New York Mellon, N.A. | ARK GENOMIC REVOLUTION ETF | ** | 657 |
| * | Bank of New York Mellon, N.A. | ARK FINTECH INNOVATION ETF | ** | 369 |
| * | Bank of New York Mellon, N.A. | PROSH ULTRAPRO SHORT S&P 500 | ** | 107 |
| * | Bank of New York Mellon, N.A. | VANGUARD FTSE EUROPE ETF | ** | 93 |
| * | Bank of New York Mellon, N.A. | GLOBAL X ART INTEL & TECH | ** | 58 |
| * | Bank of New York Mellon, N.A. | DIREXION DAILY SEMI BULL 3X | ** | 47 |

CONDUENT SAVINGS PLAN
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
EIN #32-0293031 PLAN NUMBER 333

| (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 |
|-----|--|--|-------------|-------------------------|
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRASHORT QQQ | ** | 25 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRAPRO DOW30 | ** | 14 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRA MATERIALS | ** | 10 |
| * | Bank of New York Mellon, N.A. | PROSHARES ULTRA S&P500 | ** | 6 |
| | Participant Loans | INTEREST RATE FROM 4.25% TO 9.5% | -0- | 12,665,640 |
| | Interest Bearing Cash | | -0- | 378,558 |
| | | | | <u>\$ 1,004,070,899</u> |

* Denotes a party-in-interest

** Not required for participant directed investments

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [x] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [x] D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program... [] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: CONDUENT SAVINGS PLAN
1b Three-digit plan number (PN): 333
1c Effective date of plan: 01/01/1989
2a Plan sponsor's name: CONDUENT BUSINESS SERVICES, LLC
2b Employer Identification Number (EIN): 32-0293031
2c Plan Sponsor's telephone number: (844) 663-2638
2d Business code: 541512

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Binjan Patel, 10/28/2025, Binjan Patel. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

| | | |
|--|--|--------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 34,249 |
| 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) | 23,430 |
| | 6a(2) | 20,831 |
| | 6b | 1 |
| | 6c | 10,663 |
| | 6d | 31,495 |
| | 6e | 135 |
| | 6f | 31,630 |
| | 6g(1) | 20,617 |
| | 6g(2) | 19,434 |
| h | 457 | |
| 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 2T 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 _____
