Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SABRE GLBL INC. LEGACY PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SABRE GLBL INC.

3150 SABRE DRIVE, MD-8103
SOUTHLAKE, TX 76092

2b Employer Identification Number (EIN)
75-2109502

2c Plan Sponsor's telephone number
682-605-4342

2d Business code (see instructions)
561500

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	SUSIE FOTHERINGHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	3261
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	**6a(1)**	165
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	124
b	Retired or separated participants receiving benefits	**6b**	1700
c	Other retired or separated participants entitled to future benefits	**6c**	1178
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3002
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	133
f	Total. Add lines **6d** and **6e**.	**6f**	3135
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
SABRE GLBL INC. LEGACY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SABRE GLBL INC.

D Employer Identification Number (EIN)
75-2109502

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	222222630
b Actuarial value	**2b**	219803313

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1805	188978402	188978402
b For terminated vested participants	1372	77634469	77634469
c For active participants	123	7952940	7958353
d Total	3300	274565811	274571224

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	3130000
c Target normal cost	**6c**	3130000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/14/2026
Date

MERRICK JOHNSON
Type or print name of actuary

26-08683
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

214-530-4200
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.94 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		6654535
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.99 %		332061
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		6986596
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.05 %
15	Adjusted funding target attainment percentage	15	80.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/08/2025	2110000	0			
07/08/2025	2110000	0			
10/14/2025	2110000	0			
01/13/2026	2110000	0			
09/08/2026	1360000	0			
			Totals ► 18(b)	9800000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9407284

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	3130000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	54767911	6248768
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	9378768

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	9378768
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	9407284
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	28516
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SABRE GLBL INC. LEGACY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SABRE GLBL INC.

D Employer Identification Number (EIN)
75-2109502

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).. . . . . [X] Yes [ ] No

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

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

UBS REALTY INVESTORS LLC

06-1452020

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

FIDELITY INSTITUTIONAL ASSET MGMT
9 CAPITOL STREET
CONCORD, NH 03301

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

JP MORGAN CHASE BANK, N.A.

13-6038770

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

BLACKROCK INSTITUTIONAL TRUST CO.

45-1743707

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

BENEFIT TRUST COMPANY

81-6903542

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

RELIANCE TRUST COMPANY

35-7085469

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

STATE STREET GLOBAL ADVISORS

04-0025081

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

TOWERS WATSON INVESTMENT SERVICES

82-6695738

(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

(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)

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 28 50	ACTUARY	374502	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENT INST. OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 28 38 50 51 99	TRUSTEE	273064	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LANE GORMAN TRUBITT, PLLC

2626 HOWELL, 7TH FLOOR
DALLAS, TX 75204

75-1044330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	PLAN AUDITOR	26800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BLACKROCK

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MANAGER	17704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SABRE GLBL INC. LEGACY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SABRE GLBL INC.

D Employer Identification Number (EIN)
75-2109502

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: WTW GROUP TRUST LONG CREDIT FD

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6695738-004	C	11878330

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUP TRUST DIVERSIFIED EQUITY

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6695738-002	C	97226750

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUP TRUST DIVERSIFIED CREDIT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6695738-001	C	40483497

a Name of MTIA, CCT, PSA, or 103-12 IE: SS LONG US GOVERNMENT BOND INDEX NL

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-142	C	9755148

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST INTERMEDIATE US GVMT BOND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-144	C	8878522

a Name of MTIA, CCT, PSA, or 103-12 IE: TREAS US 10 YR KEY RATE A

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-4226866-001	C	6052413

a Name of MTIA, CCT, PSA, or 103-12 IE: TREAS US 20 YR KEY RATE A

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-3856189-001	C	2899919

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

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

c EIN-PN 45-3856099-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5943583

a Name of MTIA, CCT, PSA, or 103-12 IE: TREAS US 25 YR KEY RATE A

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

c EIN-PN 45-3856224-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3055445

a Name of MTIA, CCT, PSA, or 103-12 IE: IR&M INTERMEDIATE CORP COLLECTIVE

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

c EIN-PN 37-6567224-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3057059

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUP TRUST REAL ASSETS FD

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

c EIN-PN 82-6695738-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29456424

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TREASURY NON-LEND FUND

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

c EIN-PN 47-4104495-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3041445

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SABRE GLBL INC. LEGACY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SABRE GLBL INC.

D Employer Identification Number (EIN)
75-2109502

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	22097	13642
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7528976	2113228
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	4851908	4757076
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	199872003	221728535
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	212274984	228612481
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	88913	68540
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	88913	68540
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	212186071	228543941

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)	16430000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	5801	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		16435801
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	417357	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		417357
(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)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		29812251
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		46665409
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26927756	
(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)		26927756
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)	273064	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	26800	
(5) Investment advisory and investment management fees	2i(5)	23883	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	354127	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2701909	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3379783
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		30307539
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		16357870
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: LANE GORMAN TRUBITT **(2)** EIN: 75-1044330

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 618190.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SABRE GLBL INC. LEGACY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SABRE GLBL INC.

D Employer Identification Number (EIN)
75-2109502

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): 04-3434357

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** 74

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 37.6 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 16.0 %
High-Yield Debt: 11.5 % Real Assets: 2.7 % Cash or Cash Equivalents: 11.2 % Other: 21.0 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	SABRE GLBL INC. LEGACY PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	75-2109502	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59				1		
60 to 64						
65 to 69						
70 & Up						

Name of Plan	SABRE GLBL INC. LEGACY PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	75-2109502	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	2					
60 to 64	1					
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54	4			4		
55 to 59	23			16		
60 to 64	10			28		
65 to 69	4			6		
70 & Up						

Name of Plan	SABRE GLBL INC. LEGACY PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	75-2109502	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	2					
60 to 64	9			6		
65 to 69	3			4		
70 & Up						

Structured Attachment	Schedule SB, line 26b	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Expected Benefit Payments**	This Form is Open to Public Inspection

Name of Plan	SABRE GLBL INC. LEGACY PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	75-2109502	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	24232	3036128	19178594	22238954
2026	93954	2220891	18679878	20994723
2027	179762	3014718	18149185	21343665
2028	283966	3931986	17590243	21806195
2029	388506	4777779	17023817	22190102
2030	468653	5407232	16438314	22314199
2031	562485	5927571	15826241	22316297
2032	649803	6331661	15187436	22168900
2033	712095	6567023	14522952	21802070
2034	755610	6694044	13831309	21280963
2035	780231	6723361	13107775	20611367
2036	791026	6679367	12360264	19830657
2037	790299	6586616	11600738	18977653
2038	784203	6461622	10828675	18074500
2039	772681	6321138	10048029	17141848
2040	757670	6165326	9267087	16190083
2041	737455	5994344	8491632	15223431
2042	712935	5808597	7727112	14248644
2043	686269	5607573	6979859	13273701
2044	657471	5390976	6256110	12304557
2045	626682	5158773	5561739	11347194
2046	593962	4912449	4902132	10408543
2047	559416	4651280	4282098	9492794
2048	523212	4374915	3705589	8603716
2049	485597	4085915	3175595	7747107

Name of Plan	SABRE GLBL INC. LEGACY PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	75-2109502	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	446896	3786101	2694028	6927025
2051	407513	3477920	2261719	6147152
2052	367926	3164501	1878434	5410861
2053	328673	2849604	1542915	4721192
2054	290321	2537492	1253023	4080836
2055	253428	2232731	1005873	3492032
2056	218504	1939874	798024	2956402
2057	185984	1663149	625658	2474791
2058	156200	1406197	484742	2047139
2059	129375	1171863	371203	1672441
2060	105625	962049	281065	1348739
2061	84961	777679	210569	1073209
2062	67302	618727	156260	842289
2063	52484	484306	115048	651838
2064	40276	372831	84238	497345
2065	30404	282188	61538	374130
2066	22567	209937	45042	277546
2067	16461	153491	33201	203153
2068	11794	110277	24786	146857
2069	8295	77862	18843	105000
2070	5723	54040	14649	74412
2071	3871	36890	11668	52429
2072	2566	24792	9511	36869
2073	1666	16430	7907	26003
2074	1058	10763	6673	18494

Financial Statements and Supplemental Schedules

The Sabre GLBL Inc. Legacy Pension Plan

For the years ended December 31, 2025 and 2024

LANE GORMAN TRUBITT, LLC
Accountants & Advisors

2626 Howell Street, Ste 700
Dallas, Texas 75204

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The Sabre GLBL Inc. Legacy Pension Plan

Financial Statements
and Supplemental Schedules

December 31, 2025 and 2024

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LANE GORMAN TRUBITT, LLC
Accountants & Advisors

Independent Auditor's Report

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

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

We have performed audits of the accompanying financial statements of The Sabre GLBL Inc. Legacy Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Lane Gorman Trubitt, LLC

Dallas, Texas
October 14, 2026

The Sabre GLBL Inc. Legacy Pension Plan

Statements of Net Assets Available for Benefits

December 31,

	2025	2024
Assets		
Investments at fair value:		
Interest-bearing cash	**$ 2,113,228**	**$ 7,528,976**
Common/collective trusts	**221,728,535**	**199,872,003**
Limited partnership interest	**4,757,076**	**4,851,908**
Total investments	**228,598,839**	**212,252,887**
Receivables:		
Interest and dividend income	**13,642**	**22,097**
Total receivables	**13,642**	**22,097**
Total assets	**228,612,481**	**212,274,984**
Liabilities		
Accrued expenses	**68,540**	**88,913**
Net assets available for benefits	**$ 228,543,941**	**$ 212,186,071**

See accompanying notes.

The Sabre GLBL Inc. Legacy Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years ended December 31,

	2025	2024
Additions		
Investment income :		
Net appreciation in fair value of investments	**$ 29,812,251**	**$ 15,394,784**
Interest and dividends	**423,158**	**502,938**
Employer contributions	**16,430,000**	**12,570,000**
Total additions	**46,665,409**	**28,467,722**
Deductions		
Benefit payments	**26,927,756**	**25,764,745**
Pension Benefit Guaranty Corporation premiums	**2,701,909**	**2,649,829**
Administrative expenses	**677,874**	**659,030**
Total deductions	**30,307,539**	**29,073,604**
Net increase (decrease)	**16,357,870**	**(605,882)**
Net assets available for benefits at beginning of year	**212,186,071**	**212,791,953**
Net assets available for benefits at end of year	**$ 228,543,941**	**$ 212,186,071**

See accompanying notes.

1. Plan Description

General

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

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

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

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

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

Contributions

The Company contributes such amounts as deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to beneficiaries. The funding policy is to contribute annually to the Plan an amount at least equal to the minimum required contribution for a qualified retirement plan but not in excess of the maximum tax-deductible contribution. In 2025 and 2024, the Plan met the minimum funding requirements of ERISA.

1. Plan Description (Continued)

Distributions

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

Plan Termination

While Sabre has not expressed any intent to terminate the Plan, it is free to do so at any time by action of the BAC, subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025 and 2024, that monthly ceiling, which is adjusted periodically, was $7,432 and $7,108 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For young annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Whether a particular participant's accumulated plan benefits will be paid depends on the priority of those benefits, the level of benefits guaranteed by the PBGC, the sufficiency of the Plan's net assets and may also depend on the financial condition of the Company at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

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

Basis of Accounting

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

2. Summary of Significant Accounting Policies (Continued)

Expenses

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

Valuation of Investments

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

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

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

Net Appreciation (Depreciation) in Fair Value of Investments

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

2. Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits is determined by Willis Towers Watson (an independent actuary), and is the amount that results from the application of actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The expected return on assets assumption used in the valuations as of January 1, 2025 and 2024 was 6.40% and 6.90%, respectively, to reflect the Plan Sponsor's estimate of future experience for trust asset returns, reflecting the Plan's current asset allocation and any expected changes during the current plan year, current market conditions and the Plan Sponsor's expectation for future market conditions. The discount rate for accounting for benefit obligations used in the valuations as of January 1, 2025 and 2024 was 6.10% and 6.40%, respectively, to reflect current market conditions. There was a re-measurement on September 1, 2020 due to settlement accounting. 3.53% is used for pension costs recognized from January 1, 2020 through August 31, 2020, and 2.76% is used for pension costs from September 1, 2020 through December 31, 2020.

2. Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

Other significant actuarial assumptions used in the valuation as of January 1, 2025 and 2024, were (a) the life expectancy of participants. For 2025 and 2024, mortality assumptions are based on Pri-2012 White collar mortality tables for males and females with separate rates for Employees and Healthy Retirees projected from 2012 using a fully generational mortality improvement projection of the sex-distinct Scale MP-2021. For 2025 and 2024, disabled participants are based on Pri-2012 Disability mortality tables projected from 2012 using a fully generational mortality improvement projection of the sex-distinct Scale MP-2021 with no adjustments; (a) average retirement age of 63, (based on varying probabilities of retirement ranging from age 55 and older) for 2025 and 2024; (b) employee turnover (assumed termination rate of 6.00% is based on a statistical study of the Company's termination experience); (c) disability rates vary by age and gender (based on varying probabilities of disability ranging from age 25 to 55); (d) Plan accounting discount rate of 6.10% and 6.40%, respectively, for 2025 and 2024; and (e) annuity benefits are assumed to be paid at age 62 with 15 years of service, age 64 with 10 years of service, otherwise age 65, with lump sum payments assumed to be paid at age 65 for 2025 and 2024.

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

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

Certain financial and actuarial information (a "4010 filing") must be provided to the PBGC if the PBGC Funding Target Attainment Percentage ("PBGC FTAP") is less than 80% for any plan in the contributing sponsor's-controlled group. The 2025 PBGC FTAP is 79.91%. Since the PBGC FTAP is less than 80%, and the PBGC 4010 Funding Shortfall in the Company's controlled group (disregarding overfunded plans) is greater than $15 million as of January 1, 2025, a 4010 filing is required for 2025. The Plan is not in at-risk status, as defined in the Pension Protection Act of 2006 for the 2025 plan year, because the Plan's FTAP for the 2024 plan year was at least 80%, and/or the Plan's FTAP measured using "at-risk assumptions" was at least 70%.

Party-in-Interest Transactions

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

2. Summary of Significant Accounting Policies (Continued)

Benefit Payments

Benefit payments are recorded when paid.

3. Income Tax Status

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

4. Accumulated Plan Benefits

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

	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 186,096,511	$ 182,883,083
Other participants	81,127,710	91,555,019
	267,224,221	274,438,102
Non-vested benefits	6,806	19,895
Total actuarial present value of accumulated plan benefits	$ 267,231,027	$ 274,457,997

4. Accumulated Plan Benefits (Continued)

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

	2025	2024
Actuarial present value of accumulated plan benefits as of January 1, 2024 and 2023	$ 274,457,997	$ 272,830,447
Benefits accumulated	-	-
Actuarial (gains) losses	(1,577,347)	2,407,478
Decrease in the discount period	16,753,626	17,890,464
Benefits paid	(25,764,745)	(27,556,344)
Assumption changes (interest rate, mortality and other)	3,361,496	8,885,952
Actuarial present value of accumulated plan benefits as of January 1, 2025 and 2024	$ 267,231,027	$ 274,457,997

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

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

5. Reportable Transactions

During the years ended December 31, 2025 and 2024, there were no loans in default or uncollectible, or non-exempt transactions with parties-in-interest which would require supplemental presentation under United States Department of Labor regulations. During the year ended December 31, 2025, the Plan engaged in certain transactions that are reportable under United States Department of Labor regulations. Information regarding those transactions is presented in the Schedule of Reportable Transactions included in the supplemental information.

6. Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

6. Fair Value Measurements (Continued)

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. For the years ended December 31, 2025 and 2024, there were no significant transfers in or out of levels 1, 2 or 3.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

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

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

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

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

6. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 2,113,228	$ -	$ -	$ 2,113,228
Total in fair value hierarchy	$ 2,113,228	$ -	$ -	2,113,228
Common/collective trusts (a)				221,728,535
Limited partnership interest (a)				4,757,076
Total assets at fair value				$ 228,598,839

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

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

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

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

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

7. Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by Section 2520.103-8 of the United States Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate as of and for the years ended December 31, 2025 and 2024:

	December 31,	
	2025	2024
Investments at fair value:		
Interest-bearing cash	$ 2,113,228	$ 7,528,976
Common/collective trusts	221,728,535	199,872,003
Limited partnership interest	4,757,076	4,851,908
Total investments	228,598,839	212,252,887
Receivables:		
Interest income	13,642	22,097
	$ 228,612,481	$ 212,274,984

	Years Ended December 31,	
	2025	2024
Investment income:		
Interest and dividends	$ 423,158	$ 502,938
Net appreciation in fair value of investments	29,812,251	15,394,784
	$ 30,235,409	$ 15,897,722

8. Recent Legislation

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

9. Subsequent Events

Management has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued.

Supplemental Schedules

The Sabre GLBL Inc. Legacy Pension Plan
Schedule H; Line 4i - Schedule of Assets (Held at End of Year)
EIN: 75-2109502
Plan 001
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	BlackRock Institutional Trust Company, N.A.	BlackRock Treasury Non-Lending Fund	$ 2,846,449	$ 3,041,445
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 10 Year Key Rate Fund - Class A	8,296,716	6,052,413
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 15 Year Key Rate Fund - Class A	10,669,872	5,943,583
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 20 Year Key Rate Fund - Class A	6,082,461	2,899,919
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 25 Year Key Rate Fund - Class A	12,610,471	3,055,445
*	Fidelity Investments	Fidelity Government Portfolio - Institutional Class	2,113,228	2,113,228
	State Street Global Advisors Trust Company	SSgA Intermediate U.S. Government/Credit Bond Index Non-Lending Series Fund	8,595,904	8,878,522
	Income Research + Management	IR+M Intermediate Corporate Collective Fund	2,750,606	3,057,059
	State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	9,591,520	9,755,148
	UBS Realty Investors	Trumbull Property Fund	5,098,996	4,757,076
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Diversified Credit Fund	40,483,497	40,483,497
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Diversified Equity Fund	49,578,529	97,226,750
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Long Credit Fund	11,723,592	11,878,330
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Real Assets Fund	29,456,424	29,456,424
			$ 199,898,265	$ 228,598,839

* - Party-in-interest.

The Sabre GLBL Inc. Legacy Pension Plan
Schedule H; Line 4j - Schedule of Reportable Transactions
EIN: 75-2109502
Plan 001
Year ended December 31, 2025

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain/(loss)
	Category (i) - Individual transactions in excess of 5% of beginning plan assets					
Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Diversified Credit Fund	$ -	$ 40,325,208	$ 28,796,143	$ 40,325,208	$ 11,529,065
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Credit Func	$ 40,325,208	$ -	$ 40,325,208	$ 40,325,208	$ -
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Real Assets Fund	$ -	$ 29,507,392	$ 27,000,000	$ 29,507,392	$ 2,507,392
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Real Assets Fund	$ 29,507,392	$ -	$ 29,507,392	$ 29,507,392	$ -
	Category (iii) - Series of transactions in excess of 5% of beginning Plan assets					
Fidelity Investments	Fidelity Government Portfolio - Institutional	$ 33,079,663	$ -	$ 33,079,663	$ 33,079,663	$ -
Fidelity Investments	Fidelity Government Portfolio - Institutional	$ -	$ 38,495,411	$ 38,495,411	$ 38,495,411	$ -
State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	$ 9,850,000	$ -	$ 9,850,000	$ 9,850,000	$ -
State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	$ -	$ 3,050,597	$ 2,943,046	$ 38,495,411	$ 107,551
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Credit Func	$ 40,483,497	$ -	$ 40,483,497	$ 40,483,497	$ -
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Credit Func	$ -	$ 40,483,497	$ 28,796,143	$ 40,483,497	$ 11,687,354
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Equity Func	$ 3,500,000	$ -	$ 3,500,000	$ 3,500,000	$ -
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Equity Func	$ -	$ 11,700,000	$ 6,613,907	$ 11,700,000	$ 5,086,093
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Real Assets Fund	$ 29,507,392	$ -	$ 27,050,968	$ 29,507,392	$ -
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Real Assets Fund	$ -	$ 29,507,392	$ 27,050,968	$ 29,507,392	$ 2,456,424
	Category (iv) - Transactions with the same party in excess 5% of beginning Plan assets					
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Credit Func	$ 40,325,208	$ -	$ 40,325,208	$ 40,325,208	$ -
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Credit Func	$ -	$ 40,325,208	$ 28,796,143	$ 40,325,208	$ 11,529,065
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Real Assets Fund	$ 29,507,392	$ -	$ 29,507,392	$ 29,507,392	$ -
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Real Assets Fund	$ -	$ 29,507,392	$ 27,000,000	$ 29,507,392	$ 2,507,392

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

• Applicable month	September 2024
• Interest rate basis	3-Segment Rates

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.31%	N/A

2024 Assumed return for asset smoothing:	6.40%

Demographic Assumptions

Mortality

• Healthy and Disabled	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
• Lump Sum Payments	IRC §417(e)(3) mortality table for lump sums paid in the valuation year.
Termination	For all ages 40-65, the assumed termination rate is 6.0% per year.

SCHEDULE SB ATTACHMENTS

Disability

Rates varying by age and gender

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

Retirement

Rates varying by age, average age 63

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

Benefit commencement date

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

Form of payment

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

Lump-Sum Conversion Rate

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

Spouse age

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

SCHEDULE SB ATTACHMENTS

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

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.40% for the 2024 plan year (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).
Benefits Not Valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Sabre GLBL Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor through its third-party administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor, Fidelity Investments and individual investment managers. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with Sabre GLBL Inc., assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SABRE GLBL INC. LEGACY PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

SABRE GLBL INC.

3150 SABRE DRIVE, MD-8103

SOUTHLAKE TX 76092

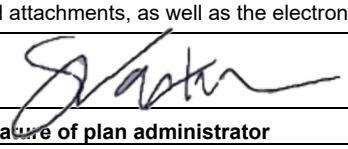
2b Employer Identification Number (EIN)
75-2109502

2c Plan Sponsor's telephone number
682-605-4342

2d Business code (see instructions)
561500

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

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

SIGN HERE		10/15/2026	Susie Fotheringham
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	3,261
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	**6a(1)**	165
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	124
b	Retired or separated participants receiving benefits	**6b**	1,700
c	Other retired or separated participants entitled to future benefits	**6c**	1,178
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3,002
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	133
f	Total. Add lines **6d** and **6e**.	**6f**	3,135
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

The Sabre GLBL Inc. Legacy Pension Plan
Schedule H; Line 4j - Schedule of Reportable Transactions
EIN: 75-2109502
Plan 001
Year ended December 31, 2025

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain/(loss)
	Category (i) - Individual transactions in excess of 5% of beginning plan assets					
Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Diversified Credit Fund	$ -	$ 40,325,208	$ 28,796,143	$ 40,325,208	$ 11,529,065
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Credit Func	$ 40,325,208	$ -	$ 40,325,208	$ 40,325,208	$ -
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Real Assets Fund	$ -	$ 29,507,392	$ 27,000,000	$ 29,507,392	$ 2,507,392
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Real Assets Fund	$ 29,507,392	$ -	$ 29,507,392	$ 29,507,392	$ -
	Category (iii) - Series of transactions in excess of 5% of beginning Plan assets					
Fidelity Investments	Fidelity Government Portfolio - Institutional	$ 33,079,663	$ -	$ 33,079,663	$ 33,079,663	$ -
Fidelity Investments	Fidelity Government Portfolio - Institutional	$ -	$ 38,495,411	$ 38,495,411	$ 38,495,411	$ -
State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	$ 9,850,000	$ -	$ 9,850,000	$ 9,850,000	$ -
State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	$ -	$ 3,050,597	$ 2,943,046	$ 38,495,411	$ 107,551
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Credit Func	$ 40,483,497	$ -	$ 40,483,497	$ 40,483,497	$ -
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Credit Func	$ -	$ 40,483,497	$ 28,796,143	$ 40,483,497	$ 11,687,354
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Equity Func	$ 3,500,000	$ -	$ 3,500,000	$ 3,500,000	$ -
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Equity Func	$ -	$ 11,700,000	$ 6,613,907	$ 11,700,000	$ 5,086,093
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Real Assets Fund	$ 29,507,392	$ -	$ 27,050,968	$ 29,507,392	$ -
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Real Assets Fund	$ -	$ 29,507,392	$ 27,050,968	$ 29,507,392	$ 2,456,424
	Category (iv) - Transactions with the same party in excess 5% of beginning Plan assets					
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Credit Func	$ 40,325,208	$ -	$ 40,325,208	$ 40,325,208	$ -
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Diversified Credit Func	$ -	$ 40,325,208	$ 28,796,143	$ 40,325,208	$ 11,529,065
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Real Assets Fund	$ 29,507,392	$ -	$ 29,507,392	$ 29,507,392	$ -
Towers Watson Investment Services, Inc	Willis Towers Watson Group Trust - Real Assets Fund	$ -	$ 29,507,392	$ 27,000,000	$ 29,507,392	$ 2,507,392

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
SABRE GLBL INC. LEGACY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SABRE GLBL INC.

D Employer Identification Number (EIN)
75-2109502

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	222,222,630
b Actuarial value	**2b**	219,803,313

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,805	188,978,402	188,978,402
b For terminated vested participants	1,372	77,634,469	77,634,469
c For active participants	123	7,952,940	7,958,353
d Total	3,300	274,565,811	274,571,224

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.31%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	3,130,000
c Target normal cost	**6c**	3,130,000

Statement by Enrolled Actuary

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

SIGN HERE

Merrick Johnson MKJ
Signature of actuary

10/14/2026
Date

MERRICK JOHNSON
Type or print name of actuary

2608683
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

214-530-4200
Telephone number (including area code)

PO Box 674401

HOUSTON TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.94 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		6,654,535
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.99 %		332,061
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		6,986,596
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.05 %
15	Adjusted funding target attainment percentage	15	80.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/08/2025	2,110,000	0			
07/08/2025	2,110,000	0			
10/14/2025	2,110,000	0			
01/13/2026	2,110,000	0			
09/08/2026	1,360,000	0			
			Totals ► 18(b)	9,800,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	9,407,284

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	3,130,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	54,767,911	6,248,768
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	9,378,768

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	9,378,768
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	9,407,284

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	28,516
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

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

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

Plan Name: Sabre GLBL, Inc. Legacy Pension Plan
EIN / PN: 75-2109502 / 001
Plan Sponsor: Sabre GLBL, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

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

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

SCHEDULE SB ATTACHMENTS

Normal retirement date (NRD)

First of month coinciding with or next following the attainment of age 65.

AA Plan

The AMS plan of American Airlines, Inc.

Monthly Pension Benefit

As of the Plan Freeze Date, the greater of (a), (b), (c) or (d)

(a) One-twelfth of the basic retirement benefit accrued April 1, 1978 under the provisions of the prior plan, plus 1.25% of pensionable pay for each subsequent calendar year through 2005 not in excess of $6,600, plus 2% of such pensionable pay in excess of $6,600.

(b) 1.667% of final average compensation multiplied by credited service.

(c) The monthly amount shown below, multiplied by credited service.

Final Average Compensation	Monthly Amount
Less than $15,000	$23.50
$15,000 and over	$24.00

(d) 2% of final average compensation multiplied by credited service (the base benefit), less 1.5% of the PIA multiplied by credited service, not greater than 33-1/3 years.

If the annual base benefit exceeds $50,000, the benefit is offset by an additional amount of 2% of PIA (up to 50%) for each $1,000 that the base benefit exceeds $50,000.

Qualified monthly preretirement spouse benefit

50% joint and survivor form of the monthly pension benefit payable as if the member had retired on the date of his death.

Earliest retirement date

Earliest date on which participant could elect to commence benefits based upon service as of date of termination or death.

SCHEDULE SB ATTACHMENTS

Actuarial Equivalence for conversion to optional forms	(a) For purposes of computing the value of a benefit payable in monthly installments, the interest assumption shall be the lesser of 5% or the rate specified in (b). The mortality assumption shall be the Unisex Pension 1984 Table weighted 88% male and 12% female. (b) For purposes of computing the value of any lump sum benefit, the interest and mortality assumptions shall be those dictated under Section 417(e)(3) of the Internal Revenue Code.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after attaining the earlier of (a) age 55 and completing fifteen years of credited service, or (b) age 62 and completing ten years of credited service.
Late retirement	Retirement at least one month after NRD.
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement spouse benefit	Death of a participant who has elected coverage under the qualified preretirement survivor annuity while eligible for normal, early, late or deferred vested retirement benefits, with a surviving spouse who has been married to the participant for at least one year at date of death.
Disability retirement	Termination due to total and permanent disability after completion of five or more years of vesting service.

SCHEDULE SB ATTACHMENTS

Monthly Benefits Paid Upon the Following Events	
Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 3.0% for each year of payment before the participant attains age 62.
Late retirement	Monthly pension benefit determined as of actual retirement date.
Termination with deferred vested benefit	Monthly pension benefit determined as of termination date, payable at normal retirement date. Participant can elect to commence benefit on his earliest retirement date with the benefit reduced in the same manner as for early retirement.
Death with preretirement spouse benefits	Qualified monthly preretirement spouse benefit is payable to eligible spouse for life starting at the earliest retirement date
Disability benefit	Same as termination with deferred vested benefits.
Qualified Joint and survivor option	If a married participant retires under normal, early, disability, or deferred vested retirement provisions and does not elect to the contrary in writing, the benefit will be paid under the terms of the qualified joint and survivor option. Under this option, the participant will receive a reduce pension payable for life with payments in the amount of 50% of such reduced pension will be continued after his death to the spouse for the spouse's lifetime.

SCHEDULE SB ATTACHMENTS

Forms of payment	Preretirement spouse benefits are payable as described above. Monthly pension benefits are paid for life, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option, or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan including the lump sum option.
Maximum benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

None.

The Sabre GLBL Inc. Legacy Pension Plan
Schedule H; Line 4i - Schedule of Assets (Held at End of Year)
EIN: 75-2109502
Plan 001
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	BlackRock Institutional Trust Company, N.A.	BlackRock Treasury Non-Lending Fund	$ 2,846,449	$ 3,041,445
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 10 Year Key Rate Fund - Class A	8,296,716	6,052,413
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 15 Year Key Rate Fund - Class A	10,669,872	5,943,583
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 20 Year Key Rate Fund - Class A	6,082,461	2,899,919
	BlackRock Institutional Trust Company, N.A.	U.S. Treasury 25 Year Key Rate Fund - Class A	12,610,471	3,055,445
*	Fidelity Investments	Fidelity Government Portfolio - Institutional Class	2,113,228	2,113,228
	State Street Global Advisors Trust Company	SSgA Intermediate U.S. Government/Credit Bond Index Non-Lending Series Fund	8,595,904	8,878,522
	Income Research + Management	IR+M Intermediate Corporate Collective Fund	2,750,606	3,057,059
	State Street Global Advisors Trust Company	SSgA Long U.S. Government Bond Index Non-Lending Fund	9,591,520	9,755,148
	UBS Realty Investors	Trumbull Property Fund	5,098,996	4,757,076
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Diversified Credit Fund	40,483,497	40,483,497
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Diversified Equity Fund	49,578,529	97,226,750
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Long Credit Fund	11,723,592	11,878,330
*	Towers Watson Investment Services, Inc.	Willis Towers Watson Group Trust - Real Assets Fund	29,456,424	29,456,424
			$ 199,898,265	$ 228,598,839

* - Party-in-interest.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	12,082,257	15.00000	12,082,257	1,126,555
Shortfall	01/01/2024	(11,446,898)	14.00000	(10,664,689)	(1,041,442)
Shortfall	01/01/2023	53,260,249	13.00000	47,458,814	4,877,611
Shortfall	01/01/2022	(14,816,429)	12.00000	(12,586,376)	(1,369,208)
Shortfall	01/01/2021	(1,597,173)	11.00000	(1,284,674)	(148,923)
Shortfall	01/01/2020	(16,894,116)	10.00000	(12,737,195)	(1,586,132)
Shortfall	01/01/2019	47,484,419	9.00000	32,499,774	4,390,307
Total				54,767,911	6,248,768

Plan Name: Sabre GLBL, Inc. Legacy Pension Plan
EIN / PN: 75-2109502 / 001
Plan Sponsor: Sabre GLBL, Inc.
Valuation Date: January 1, 2025