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
AMADEUS NORTH AMERICA, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1985

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)
AMADEUS NORTH AMERICA, INC.

3470 NW 82ND AVENUE
SUITE 1000
MIAMI, FL 33122

2b Employer Identification Number (EIN) 76-0544614

2c Plan Sponsor's telephone number 305-499-6074

2d Business code (see instructions) 519100

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	MR. ROBERT ORTIZ
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	641
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)**	112
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	99
b	Retired or separated participants receiving benefits	**6b**	283
c	Other retired or separated participants entitled to future benefits	**6c**	199
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	581
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	51
f	Total. Add lines **6d** and **6e**.	**6f**	632
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 3J

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) [X]	Insurance	**(1)** [X]	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)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
AMADEUS NORTH AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AMADEUS NORTH AMERICA, INC.

D Employer Identification Number (EIN)
76-0544614

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	556230-E1	632	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	175217

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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
AMADEUS NORTH AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMADEUS NORTH AMERICA, INC.

D Employer Identification Number (EIN)
76-0544614

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**	65840256
b Actuarial value	**2b**	65681186

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	271	34191916	34191916
b For terminated vested participants	259	16093084	16093084
c For active participants	112	13216635	13216635
d Total	642	63501635	63501635

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	155000
c Target normal cost	**6c**	155000

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

MICHAEL FERZOLA
Type or print name of actuary

26-07648
Most recent enrollment number

MERCER
Firm name

813-207-6333
Telephone number (including area code)

3031 NORTH ROCKY POINT DRIVE WEST
SUITE 700
TAMPA, FL 33607
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 3.58 %	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)		0
	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 5.10 %		0
	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		0
	d Portion of (c) to be added to prefunding balance		
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	103.43 %
15	Adjusted funding target attainment percentage	15	103.43 %
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	108.43 %
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
			Totals ► 18(b)	0	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	0

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	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**	155000
b Excess assets, if applicable, but not greater than line 31a	**31b**	155000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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
AMADEUS NORTH AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AMADEUS NORTH AMERICA, INC.

D Employer Identification Number (EIN)
76-0544614

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

(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?
18 50 52 28	NONE	199690	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SUN LIFE INVESTMENT MANAGEMENT US I

68-0635051

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	95200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BCG PENSION RISK CONSULTANTS INS

88-1100312

(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	NONE	54359	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)

CAPFINANCIAL PARTNERS LLC DBA CAPTR

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	48808	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
AMADEUS NORTH AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMADEUS NORTH AMERICA, INC.

D Employer Identification Number (EIN)
76-0544614

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: PRUDENTIAL SHORT TERM

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE 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)
06-1050034-041	P	175217

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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
AMADEUS NORTH AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AMADEUS NORTH AMERICA, INC.

D Employer Identification Number (EIN)
76-0544614

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)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	470022	740780
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	217618	380075
(2) U.S. Government securities	1c(2)	12423795	30060064
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	14308073	10393380
(B) All other	1c(3)(B)	27407499	24702432
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	1108863	0
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	800377	175217
(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)	9106484	0
(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	65842731	66451948
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	1540	1775
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	935	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2475	1775
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	65840256	66450173

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
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)	253008	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		253008
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		23025
(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)		4201069
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4477102
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3401182	
(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)		3401182
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)	198367	
(2) Contract administrator fees	2i(2)	199690	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	67946	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		466003
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3867185
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		609917
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: FORVIS MAZARS,LLP **(2)** EIN: 44-0160260

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		5000000
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? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 585218.

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
AMADEUS NORTH AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AMADEUS NORTH AMERICA, INC.

D Employer Identification Number (EIN)
76-0544614

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): 22-1211670

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 | 0

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Amadeus North America, Inc. Pension Plan

EIN 76-0544614 PN 002

Independent Auditor's Report, Financial Statements, and Supplemental Schedules

December 31, 2025 (in Liquidation) and 2024 (Ongoing)

Amadeus North America, Inc. Pension Plan
Contents
December 31, 2025 (in Liquidation) and 2024 (Ongoing)

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Independent Auditor's Report

Administrative Committee
Amadeus North America, Inc. Pension Plan
Miami, Florida

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

We have performed audits of the financial statements of the Amadeus North America, Inc. 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 (In Liquidation) and 2024 (Ongoing), and the related statement of changes in net assets available for benefits for the year ended December 31, 2025 (in Liquidation), 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 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 certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, 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 fairly presented, 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.

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, on April 8, 2025, the Board of Directors of Amadeus North America, Inc., the Plan's sponsor, voted to terminate the Plan effective June 30, 2025, and management determined that liquidation was imminent. Accordingly, the Plan changed its basis of accounting from the going concern basis to the liquidation basis. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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).

Forvis Mazars, LLP

Greensboro, North Carolina
October 15, 2026

Federal Employer Identification Number: 44-0160260

Amadeus North America, Inc. Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 (in Liquidation) and 2024 (Ongoing)

	2025 (in Liquidation)	2024 (Ongoing)
ASSETS		
Investments at Fair Value	$ 65,711,168	$ 65,372,709
Receivables		
Interest receivable	740,780	470,022
Total Assets	66,451,948	65,842,731
LIABILITIES		
Other liabilities	(1,775)	(2,475)
Net Assets Available for Benefits	$ 66,450,173	$ 65,840,256

Amadeus North America, Inc. Pension Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025 (in Liquidation)

Additions		
Investment Income		
Net appreciation in fair value of investments	$	1,221,684
Interest and dividend income		3,255,418
Total Additions		4,477,102
Deductions		
Benefit payments		3,401,182
Administrative expenses		466,003
Total Deductions		3,867,185
Net Change		609,917
Net Assets Available for Benefits, Beginning of Year		65,840,256
Net Assets Available for Benefits, End of Year	$	66,450,173

Note 1. Description of Plan

The following description of the Amadeus North America, Inc. Pension Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan was a defined benefit pension plan available to employees of Amadeus North America, Inc. (the "Company") who completed one year of service, were age 21 or older, and were hired on or before November 30, 2008. The Plan was closed to new hires employed on or after December 1, 2008. Effective June 15, 2020, the Company amended the Plan to freeze all future benefit accruals. The Administrative Committee, which was appointed by the Company's Board of Directors, controlled and managed the operation and administration of the Plan. Empower Annuity Insurance Company ("Empower"), served as the custodian of the Plan (the "custodian"). The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Termination

In April 2025, the Board of Directors of the Company resolved to terminate the Plan, effective June 30, 2025, and management determined liquidation was imminent. A termination certification was filed with the Pension Benefit Guaranty Corporation ("PBGC") on July 21, 2026, and the Plan expects all assets to be liquidated in 2026.

Pension Benefits

Participants were entitled to receive monthly benefits at the age of 65 and on or after their fifth anniversary of Plan participation. Benefits were based on years of service and average annual compensation. The Plan also had death and disability benefit provisions.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The 2025 financial statements of the Plan have been prepared on the going concern basis of accounting for the period January 1, 2025 through June 30, 2025 ("ongoing period"), and on the liquidation basis of accounting for the period July 1, 2025 through December 31, 2025 ("liquidation period") in accordance with accounting principles generally accepted in the United States of America ("GAAP").

The 2024 financial statements of the Plan have been prepared on the going concern basis of accounting, in accordance with GAAP.

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates and assumptions.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the custodian. See Note 6 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's administrative expenses are paid by the Plan or the Company, as provided by the plan document. Certain administrative functions are performed by employees of the Company. No such employees receive compensation from the Plan.

Subsequent Events

The Plan has evaluated subsequent events through October 15, 2026, the date the financial statements were available to be issued. See Note 11.

Note 3. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make annual cash contributions in amounts not less than the minimum funding requirement of ERISA, as determined by the Plan's independent actuary, nor more than that permitted by the Internal Revenue Code ("IRC"). The Company's contributions for 2025 met or exceeded the minimum funding requirement of ERISA.

Note 4. Plan Termination

As the Plan undergoes the process of termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

(A) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

(B) Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations discussed below.

(C) All other vested benefits (that is, vested benefits not insured by the PBGC).

(D) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC as the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement 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, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits as the Plan terminates will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Note 5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service rendered by employees as of the valuation date. 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. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying 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 Plan has elected an end of year benefit information date.

The significant actuarial assumptions used in the valuation as of December 31, 2025 and 2024, were:

Actuarial cost method	Unit credit actuarial cost method
Assumed return on investment	5.25% for the ongoing period in 2025 and 5.25% in 2024
Mortality rate	The Pri-2012 Mortality Tables for Annuities and Non-Annuities, projected fully generationally using Scale MP-2021.
Normal retirement age	65 in 2025 and 2024

These actuarial assumptions as of June 30, 2025 and December 31, 2024 were based on the presumption that the Plan would continue. Certain actuarial assumptions were no longer applicable for the liquidation period, and the Plan's actuary assumed a 3.25% discount rate for the Plan's remaining obligations.

The actuarial present value of accumulated plan benefits was as follows as of December 31:

	2025 (Liquidation Period)	2025 (Ongoing Period)	2024 (Ongoing)
Vested benefits			
Participants currently receiving payments	$ 14,856,785	$ 13,882,802	$ 13,527,700
Other participants	49,667,221	50,831,264	51,189,200
Total actuarial present value of accumulated plan benefits	$ 64,524,006	$ 64,714,066	$ 64,716,900

There were no nonvested benefits as of December 31, 2025 and 2024.

Changes in the actuarial present value of accumulated plan benefits follow:

	July 1, 2025 - Dec. 31, 2025 (Liquidation Period)	Jan. 1, 2025 - June 30, 2025 (Ongoing Period)
Actuarial present value of accumulated plan benefits at beginning of period	$ 64,714,066	$ 64,716,900
Increase (decrease) during the period attributable to		
Increase for interest due to decrease in discount period	1,672,431	1,673,156
Benefits paid	(1,718,459)	(1,675,990)
Other changes	(144,032)	-
Actuarial present value of accumulated plan benefits at end of period	$ 64,524,006	$ 64,714,066

Note 6. Fair Value Measurements

Fair value as defined under GAAP is an exit price, representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

Level 1 Observable inputs such as quoted prices in active markets.

Level 2 Inputs other than quoted prices in active markets that are either directly or indirectly observable.

Level 3 Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities in their placement within the fair value hierarchy levels.

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

Mutual Funds
Valued at the quoted net asset value ("NAV") of shares held by the Plan at year end.

Pooled Separate Account
The Plan invests in a pooled separate account for which quoted market prices are not available in active markets for identical instruments. The Plan utilizes the NAV per share, as determined by the custodian, as the estimated fair value. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices of securities with similar characteristics. The pooled separate account is not required to be classified within a level on the fair value hierarchy.

U.S. Government Securities and Corporate Bonds
The Plan utilizes a third-party pricing service to determine the fair value of each of these investment securities. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information, such as quotes from less-active markets and/or quoted prices of securities with similar characteristics.

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

	2025			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 380,075	$ 380,075	$ -	$ -
U.S. government securities	30,060,064	-	30,060,064	-
Corporate bonds	35,095,812	-	35,095,812	-
Total assets in the fair value hierarchy	65,535,951	$ 380,075	$ 65,155,876	$ -
Investment measured at NAV [(A)]	175,217			
Investments at fair value	$ 65,711,168			

	2024			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 9,324,102	$ 9,324,102	$ -	$ -
U.S. government securities	12,423,795	-	12,423,795	-
Corporate bonds	42,824,435	-	42,824,435	-
Total assets in the fair value hierarchy	64,572,332	$ 9,324,102	$ 55,248,230	$ -
Investment measured at NAV (A)	800,377			
Investments at fair value	$ 65,372,709			

(A) In accordance with Topic 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value at December 31, 2025	Fair Value at December 31, 2024	Unfunded Commitments	Other Redemption Restrictions	Redemption Notice Period
Prudential investments short-term	$ 175,217	$ 800,377	None	Daily	N/A

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

Note 7. Unaudited Information Certified by the Custodian

The accompanying financial statements include the following unaudited information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, which was obtained from data prepared and certified to be complete and accurate by the Plan's custodian:

	2025	2024
Investments, at fair value	$ 65,711,168	$ 65,372,709
Interest receivable	$ 740,780	$ 470,022
Net appreciation in fair value of investments	$ 1,221,684	
Interest and dividend income	$ 3,255,418	

Note 8. Tax Status

The Plan has not obtained a determination letter from the Internal Revenue Service (the "IRS") stating that the Plan was in compliance with the applicable requirements of the IRC. The Plan is relying on IRS approval of the Volume Submitter Plan that it is utilizing. The IRS has determined and informed the Volume Submitter Sponsor by a letter dated December 4, 2020, that the Volume Submitter plan document was designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

GAAP requires 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. 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.

Plan contributions are made and the actuarial present value of accumulated plan benefits are 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 10. Exempt Party-in-Interest Transactions

Certain Plan investments are managed by Empower, the custodian as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan to Empower for investment management services amounted to $199,690 for 2025.

Note 11. Subsequent Events

On June 2, 2026, the Plan submitted a post-distribution certification for standard termination, Form 501, certifying that Plan assets in the amount of $66,933,870 had been distributed to participants or beneficiaries, or used to purchase annuity contracts held by Fidelity and Guaranty Life Insurance Company for participants or beneficiaries that were not able to be located.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39											
40–44			1	1							2
45–49				6	2	4					12
50–54				6	6	4	1				17
55–59				3	5	3	7	3	1		22
60–64			1	3	11	9	9	5	1		39
65–69			1		3	3	3	2	4	3	19
70 & up						1					1
Total			3	19	27	24	20	10	6	3	112
											$12,769

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average annual accrued benefit. Average annual accrued benefit is not shown for cells with fewer than 20 participants. Because the plan was frozen as of June 15, 2020, no pay information is shown.

Schedule SB, Part V — Statement of Actuarial Assumption/Methods

Actuarial assumptions for January 1, 2025 funding valuation

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
	Stabilized	**Nonstabilized**	**PBGC (standard method)**
• First 5 years	5.07%	5.07%	4.65%
• Next 15 years	5.31%	5.33%	5.28%
• Over 20 years	5.50%	5.36%	5.63%
Mortality sponsor elections			
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2025 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with IRS-modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.		
• Disabled participants	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits		
Other economic assumptions			
• Salary increases	Not applicable		
• Social Security wage base increases	Not applicable		
• Inflation	Not applicable		
• Expected investment return	5.39% for 2023, 5.16% for 2024 and 5.17% for 2025		
• Expenses	$155,000 added to current year normal cost		

Rationale for economic assumptions

- Discount rate – Prescribed by the IRS. The stabilized rates above reflect the interest rate corridor set forth in the American Rescue Plan Act (ARPA) of 2021, as elected by the plan sponsor.
- Expenses – Based on the average of the plan-related expenses (excluding PBGC premium) for the prior two years expected to be paid between January 1, 2025 and the plan termination date of June 30, 2025. PBGC premium is paid after the plan termination date and not included.
- Expected investment return – This assumption is based on the median simulated investment return using capital market assumptions published by Mercer Investment Consulting in the Capital Markets Outlook (CMO) for the plan's target asset mix, net of an adjustment for investment expenses assumed to be paid from plan assets.

Schedule SB, Part V — Statement of Actuarial Assumption/Methods

Demographic assumptions	
• Withdrawal	See table of sample rates.
• Disability incidence	The Wyatt Company 1985 Disability Study Class 1 male and female rates.

• Retirement age

Attained age	Retirement rate
55	2.0%
56	2.0%
57	2.0%
58	2.0%
59	2.0%
60	10.0%
61	5.0%
62	15.0%
63	20.0%
64	25.0%
65	100.0%

• Benefit commencement age for		
— Future vested deferred	65	
— Current vested deferred	65	
• Spouse assumptions	**Male participants**	**Female participants**
— Percentage married	50%	40%
— Spouse age difference	3 years younger	3 years older

Form of payment	**Single life**	**100% J&S**	**50% J&S**
• Active retirements	75%	15%	10%
• Future vested deferred	75%	15%	10%
• Future disabilities	75%	15%	10%
• Future deaths	0%	0%	100%
• Current vested deferred	75%	15%	10%

Unpredictable contingent event assumptions	Not Applicable

Schedule SB, Part V — Statement of Actuarial Assumption/Methods

Table of sample rates

Attained age	Withdrawal rate
40	6%
45	6%
50	3%
55 and over	0%

Rationale for demographic assumptions

- Mortality – Prescribed by the IRS.
- Withdrawal – The withdrawal rates were developed based on the experience study undertaken by the prior actuary using data from 2011 through 2015, which considered historical experience and future expectations. We will continue to monitor plan experience and monitor these assumptions annually.
- The remaining assumptions are based on rates that have historically been used for the plan by the prior actuary and have not produced significant gains or losses. We are not aware of when the last experience study was completed for the remaining assumptions. We will continue to monitor plan experience and monitor these assumptions annually.

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan administrator provides us with data on all employees as of the valuation date on behalf of the plan sponsor and identifies those employees who have been identified as eligible for the plan by completing the plan's eligibility requirements.

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.

Schedule SB, Part V — Statement of Actuarial Assumption/Methods

- **Insurance contracts**: No plan liability is included for retirees who were part of the annuity purchase transaction with Pacific Life that took place during the 2017 plan year. The plan does not have any other insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.

- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Amadeus North America, Inc. Pension Plan
EIN 76-0544614 PN 002
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025 (in Liquidation)

(a) Identity of Party Involved	(b) Description of Investment of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - Single Transactions in Excess of Five Percent of Beginning Plan Assets						
Dreyfus Government	Cash Management	$ 23,800,000	$ -	$ 23,800,000	$ 23,800,000	$ -
Dreyfus Government	Cash Management	$ -	$ 24,053,008	$ 24,053,008	$ 24,053,008	$ -
Vanguard	Institutional Index	$ -	$ 3,382,463	$ 1,432,760	$ 3,382,463	$ 1,949,703
Treasury Bond	4.875% maturing August 15, 2045	$ 3,683,763	$ -	$ 3,683,794	$ 3,683,794	$ -
Treasury Note	4.250% maturing August 15, 2035	$ 20,289,286	$ -	$ 20,289,286	$ 20,289,286	$ -
Category (iii) - Series of Transactions in Excess of Five Percent of Beginning Plan Assets						
Dreyfus Government	Cash Management	$ 23,800,000	$ -	$ 23,800,000	$ 23,800,000	$ -
Dreyfus Government	Cash Management	$ -	$ 24,053,008	$ 24,053,008	$ 24,053,008	$ -
Prudential Investments	Short-Term	$ -	$ 3,871,846	$ 3,849,311	$ 3,871,846	$ 22,535
Vanguard	Institutional Index	$ -	$ 3,382,463	$ 1,432,760	$ 3,382,463	$ 1,949,703
Treasury Bond	4.875% maturing August 15, 2045	$ 3,683,763	$ -	$ 3,683,794	$ 3,683,794	$ -
Treasury Note	4.250% maturing August 15, 2035	$ 20,760,528	$ -	$ 20,760,528	$ 20,760,528	$ -
Treasury Note	4.250% maturing August 15, 2035	$ -	$ 46,070	$ 45,000	$ 46,070	$ 1,070

There were no category (ii) or (iv) reportable transactions during 2025.
Columns (e) and (f) are omitted as items are not applicable.

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
AMADEUS NORTH AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMADEUS NORTH AMERICA, INC.

D Employer Identification Number (EIN)
76-0544614

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**	65,840,256
b Actuarial value	**2b**	65,681,186

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	271	34,191,916	34,191,916
b For terminated vested participants	259	16,093,084	16,093,084
c For active participants	112	13,216,635	13,216,635
d Total	642	63,501,635	63,501,635

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	155,000
c Target normal cost	**6c**	155,000

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

MF

Signature of actuary

10/14/2026
Date

MICHAEL FERZOLA
Type or print name of actuary

2607648
Most recent enrollment number

MERCER
Firm name

813-207-6333
Telephone number (including area code)

3031 NORTH ROCKY POINT DRIVE WEST
SUITE 700
TAMPA FL 33607
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 3.58 %	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)		0
	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 5.10 %		0
	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		0
	d Portion of (c) to be added to prefunding balance		
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	103.43 %
15	Adjusted funding target attainment percentage	15	103.43 %
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	108.43 %
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
			Totals ► 18(b)	0	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	0

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

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**	155,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	155,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**: 0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2%	10,000	200	11,000
56	2%	9,800	196	10,976
57	2%	9,604	192	10,944
58	2%	9,412	188	10,904
59	2%	9,224	184	10,856
60	10%	9,040	904	54,240
61	5%	8,136	407	24,827
62	15%	7,729	1,159	71,858
63	20%	6,570	1,314	82,782
64	25%	5,256	1,314	84,096
65	100%	3,942	3,942	256,230
Total			10,000	628,713
Average				62.87

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: January 1, 1989 Plan year: January 1 to December 31
Most Recent amendment	Amendment Number 8: May 1, 2020
Status of the plan	The plan is closed to new hires employed on or after December 1, 2008. Benefit accruals were frozen effective June 15, 2020. The plan terminated on June 30, 2025.
Significant event that occurred during the year	The plan terminated on June 30, 2025.
Definitions	
• Covered employees	The Plan covers all employees who have attained age 21 and completed one year of eligibility service. Effective January 1, 1999, employees of Amadeus USA are covered under the plan. Effective January 1, 2007, former employees of E-Travel, Inc. are covered under the plan. Former employees of Vacation.Com and Airline Revenue Integrity, Inc. are excluded.
• Participation	Date of becoming a covered employee.
• Vesting service	One year for each 1,000-hour calendar year of employment by Amadeus North America, Inc. All actively employed participants on May 1, 2020 were credited with a year of Service for the 2020 Service Computation Period. No Service is earned for Service Computation Periods on or after January 1, 2021.
• Pension service	Same as Vesting service.
• Pensionable earnings	Compensation includes base salary (including pre-tax contributions made by the employee under a plan qualified under Section 401(a) and 401(k) or a Section 125 “cafeteria plan,” if any), overtime, shift differential, commissions and bonuses, but excluding severance pay, imputed income attributable to group term life insurance in excess of the limits under Code Section 79, and any taxable amount relating to moving expenses.
• Final average earnings	The average annual compensation earned by a participant during the five consecutive calendar years that produce the highest average out of the last ten years immediately preceding his date of termination or retirement, whichever is applicable. A year in which the employee fails to complete 1,000 hours of service shall be disregarded for purposes of determining consecutive years. If a participant has not received compensation for at least five consecutive calendar years, his final average compensation will be his average compensation earned during his employment. Due to the plan freeze, final average compensation was frozen as of June 15, 2020 (which effectively is as of December 31, 2019 since 2020 pay through June 15, 2020 would generally not be one of the five highest calendar year pays.
• Covered Compensation	The average of the taxable wage bases in effect for each calendar year during the 35-year period ending with the calendar year in which the participant reaches Social Security retirement age. Covered compensation is frozen as of June 15, 2020

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement	
• Eligibility	First of month coinciding with or next following the attainment of age 65 with five years of Pension Service.
• Benefit	At normal retirement, a participant is entitled to a monthly benefit as follows: (i) 1/12 of (A) plus (B) times (C) minus (D), where (A) 12½% of the participant's Final Average Compensation less than or equal to Covered Compensation (B) 25% of the participant's Final Average Compensation greater than Covered Compensation (C) A fraction, not to exceed one, the numerator of which is the participant's years of service at Normal Retirement Date and the denominator of which is 25 (D) The participant's normal retirement benefit earned under the EAL Plan or any defined benefit retirement plan sponsored by Continental Airlines or any other entity related to Texas Air Corporation, payable on an actuarially equivalent basis (ii) 1/12 of (A) plus (B) times (C), where (A) 12½% of the participant's Final Average Compensation less than or equal to Covered Compensation (B) 25% of the participant's Final Average Compensation greater than Covered Compensation (C) A fraction, not to exceed one, the numerator of which is the participant's years of service and the denominator of which is 25 For purposes of (ii), years of service shall only include service on and after August 1, 1987 or, if later, the participant's date of transfer to System One Corporation. Benefit accruals under the plan were frozen effective June 15, 2020.
Early retirement	
• Eligibility	Attainment of age 55 and completing ten years of vesting service.
• Benefit	Accrued benefit with an actuarial equivalent reduction.
Deferred vested	
• Eligibility	• Five years of vesting service.
• Benefit	• Accrued benefit payable at normal retirement age. If a participant has 10 years of vesting service at termination, the benefit can be payable as early as age 55 with an actuarial equivalent reduction.
Late retirement	
• Eligibility	Termination after Member’s normal retirement date.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Accrued benefit with actuarial increase over age 70.5.
Disability	
• Eligibility	Permanent and total disability prior to Normal Retirement Date, and five years of service.
• Benefit	Accrued benefit is payable as of Normal Retirement Date with reduced benefits payable as of an Early Retirement Date.
Pre-retirement death	
• Eligibility	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.
• Benefit	If a participant dies while in service with a vested benefit, his spouse will receive a retirement benefit the same as if the participant had (i) separated from service on the date of death, (ii) survived to their earliest retirement date under the plan, (iii) retired with a qualified joint and survivor annuity, and (iv) died on the day after retirement. The death benefit is paid for through a reduction in the accrued benefit.
Unpredictable contingent event benefits	None
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	Actuarially equivalent joint and 50% survivor annuity
• Optional forms	Life Annuity 50% Joint & Survivor Annuity 75% Joint & Survivor Annuity 100% Joint & Survivor Annuity 10 Year Certain & Life Annuity 15 Year Certain & Life Annuity Lump Sum under $5,000 only
• Actuarial Equivalence	7% interest rate and the UP-1984 unisex mortality table
Miscellaneous	
• Plan participant's contributions	None.
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2020, the limit is $285,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as amended and restated through January 1, 2012, are included in this valuation:

Schedule SB, Part V — Summary of Plan Provisions

- **Most recent plan amendments included:** The eighth amendment which was executed on May 1, 2020
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* The plan provides suspension of benefits notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond the April 1st following age 70½. No current or future retirees are currently over or expected to retire after the April 1st following age 70.5 and as a result, no late retirement increase is reflected.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals: The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.*
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, Part V — Summary of Plan Provisions

Plan provision changes since prior valuation

The plan was terminated on June 30, 2025.

Amadeus North America, Inc. Pension Plan
EIN 76-0544614 PN 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025 (in Liquidation)

(a)	Identity of Issue	Description of Investment	Cost	Current Value
*	Prudential Investments	Short-Term	$ 175,217	$ 175,217

* Party-in-interest.

Amadeus North America, Inc. Pension Plan
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025 (in Liquidation) **(Continued)**

CUSIP	Sector	Par Amount	Issuer	Coupon	Maturity	Market Price	Market Value	SLC Rating	Moody's Rating	S&P Rating	YTW	MDur	Weight (%)
CASH													
00206RNC2	Industrial	180,000	AT&T INC	4.900	2035-11-01	98.92	180,432	BBB	Baa2	BBB	5.04	7.62	0.43
00287YEA3	Industrial	125,000	ABBVIE INC	5.200	2035-03-15	103.59	131,406	A	A3	A-	4.71	7.19	0.31
00774MAW5	Finance	215,000	AERCAP IRELAND CAPITAL DAC / A	3.000	2028-10-29	97.02	209,699	BBB	Baa1	BBB+	4.13	2.66	0.50
015271AY5	Finance	395,000	ALEXANDRIA REAL ESTATE EQUITIE	2.950	2034-03-15	85.72	342,038	BBB	Baa1	BBB+	5.10	7.01	0.81
02079KAN7	Industrial	150,000	ALPHABET INC	5.300	2065-05-15	94.31	142,488	AA	Aa2	AA+	5.66	15.76	0.34
023135BT2	Industrial	530,000	AMAZON.COM INC	2.500	2050-06-03	60.04	319,239	AA	A1	AA	5.49	15.83	0.76
02361DAR1	Utility	360,000	AMEREN ILLINOIS CO	3.700	2047-12-01	76.68	277,151	A	A1	A	5.55	13.68	0.66
02665WER8	Industrial	175,000	AMERICAN HONDA FINANCE CORPORA	5.850	2030-10-04	106.25	188,410	A	A3	A-	4.38	4.10	0.45
032095BB6	Industrial	140,000	AMPHENOL CORPORATION	5.300	2055-11-15	95.88	135,283	A	A3	A-	5.58	14.49	0.32
03523TBU1	Industrial	420,000	ANHEUSER-BUSCH INBEV WORLDWIDE	5.450	2039-01-23	103.66	445,421	A	A3	A-	5.06	9.14	1.05
036752AT0	Finance	330,000	ELEVANCE HEALTH INC	4.100	2032-05-15	97.38	323,073	BBB	Baa2	A-	4.58	5.51	0.76
037833BH2	Industrial	480,000	APPLE INC	4.375	2045-05-13	89.49	432,368	AA	Aaa	AA+	5.24	12.45	1.02
04010LBE2	Finance	135,000	ARES CAPITAL CORPORATION	7.000	2027-01-15	102.49	142,720	BBB	Baa2	BBB	4.52	0.97	0.34
04316JAN9	Finance	225,000	ARTHUR J GALLAGHER & CO	5.150	2035-02-15	101.19	232,056	BBB	Baa2	BBB	4.99	7.09	0.55
046353AZ1	Industrial	160,000	ASTRAZENECA PLC	3.000	2051-05-28	67.59	108,578	A	A1	A+	5.35	15.61	0.26
053484AF8	Finance	205,000	AVALONBAY COMMUNITIES INC	5.350	2034-06-01	103.97	214,044	A	A3	A-	4.77	6.73	0.51
055451BA5	Industrial	125,000	BHP BILLITON FINANCE (USA) LTD	4.900	2033-02-28	102.08	129,694	A	A1	NR	4.56	5.90	0.31
05554FAF2	CMBS	150,000	BBCMS 2023-C22 AS AS	7.131	2033-10-13	111.53	167,774	AA	Aa3	NR	5.31	6.07	0.40
05593FAD0	CMBS	250,000	BMO 2023-C7 A5 A5	6.160	2033-09-25	107.63	269,769	AAA	Aaa	AAA	4.97	6.20	0.64
05602NAH3	CMBS	200,000	BMO 2022-C2 AS AS	4.974	2032-06-14	96.87	194,184	AA	Aa2	NR	5.55	5.48	0.46
05615DAG2	CMBS	175,000	BMO 2025-C12 AS AS	6.195	2035-05-14	107.34	188,327	AA	Aa2	NR	5.20	7.17	0.45
06051GJE0	Finance	235,000	BANK OF AMERICA CORP	2.676	2040-06-19	73.84	173,738	A	A1	A-	5.29	11.29	0.41
06051GJZ3	Finance	440,000	BANK OF AMERICA CORP	2.087	2028-06-14	95.40	420,197	A	A1	A-	4.08	2.35	0.99
07330MAC1	Finance	285,000	TRUIST BANK	4.632	2029-09-17	100.70	289,155	A	A3	A-	2.44	3.49	0.68
084664BV2	Finance	265,000	BERKSHIRE HATHAWAY FINANCE COR	4.300	2043-05-15	89.17	237,758	AA	A1	AA	5.26	11.70	0.56
09204WAF1	CLO / Other	325,000	BLACK 2021-1A A1AR A1AR	5.107	2028-04-16	99.99	328,187	AAA	Aaa	NR	5.10	2.13	0.78
09261HAD9	Finance	160,000	BLACKSTONE PRIVATE CREDIT FUND	2.625	2026-12-15	98.25	157,384	BBB	Baa2	BBB-	4.52	0.93	0.37
09659W2K9	Finance	195,000	BNP PARIBAS SA	3.052	2030-01-13	94.75	187,549	A	Baa1	A-	4.49	3.68	0.44
099724AP1	Industrial	225,000	BORGWARNER INC	4.950	2029-08-15	102.42	234,649	BBB	Baa1	BBB	4.22	3.24	0.56
100743AL7	Utility	220,000	BOSTON GAS COMPANY	3.001	2029-08-01	95.64	213,162	BBB	Baa1	BBB+	4.33	3.30	0.50
10373QBP4	Industrial	115,000	BP CAP MARKETS AMERICA	2.939	2051-06-04	63.93	73,776	A	A1	A-	5.62	15.45	0.17
10638AAA4	Non-Agency MBS	103,367	BABS 2023-RM6 A1 A1	5.250	2029-06-06	100.20	103,667	AAA	NR	NR	5.19	3.13	0.25
10638BAB0	Non-Agency MBS	215,000	BABS 2023-RM7 A2 A2	4.500	2035-01-21	97.37	209,500	AAA	NR	NR	4.86	7.39	0.50
10638GAA1	Non-Agency MBS	164,610	BABS 2025-RM11 A1 A1	4.750	2030-03-05	98.62	162,467	AAA	NR	NR	5.12	3.78	0.38

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
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CUSIP	Sector	Par Amount	Issuer	Coupon	Maturity	Market Price	Market Value	SLC Rating	Moody's Rating	S&P Rating	YTW	MDur	Weight (%)
10638KAA2	Non-Agency MBS	305,662	BABS 2025-RM12 A1 A1	4.500	2030-03-22	97.65	298,702	AAA	NR	NR	5.12	3.83	0.71
10638PAA1	Non-Agency MBS	114,864	BABS 2025-RM13 A1 A1	4.250	2030-05-14	96.78	111,243	AAA	NR	NR	5.07	3.97	0.26
12189LAP6	Industrial	280,000	BURLINGTON NORTHERN SANTA FE L	5.150	2043-09-01	97.08	276,638	A	A2	AA-	5.41	11.21	0.65
126650DN7	Industrial	265,000	CVS HEALTH CORP	1.750	2030-08-21	88.94	237,357	BBB	Baa3	BBB	4.41	4.34	0.56
133434AA8	Industrial	350,000	CAMERON LNG LLC	2.902	2031-07-15	92.47	328,343	A	A2	A	4.45	4.95	0.78
136375CP5	Industrial	140,000	CANADIAN NATIONAL RAILWAY COMP	3.650	2048-02-03	76.56	109,285	A	A2	A-	5.49	13.60	0.26
14040HCS2	Finance	210,000	CAPITAL ONE FINANCIAL CORPORAT	4.927	2027-05-10	101.23	214,057	BBB	Baa1	BBB	3.98	1.30	0.51
15189YAF3	Utility	240,000	CENTERPOINT ENERGY RESOURCES C	1.750	2030-10-01	89.24	215,233	A	A3	BBB+	4.28	4.45	0.51
171239AK2	Finance	285,000	CHUBB INA HOLDINGS INC	5.000	2034-03-15	102.41	296,057	A	A2	A	4.64	6.60	0.70
17275RAF9	Industrial	320,000	CISCO SYSTEMS INC	5.500	2040-01-15	103.98	340,859	A	A1	AA-	5.10	9.57	0.81
172967ML2	Finance	230,000	CITIGROUP INC	2.666	2030-01-29	93.66	218,013	A	A3	BBB+	4.38	3.76	0.52
20030NBH3	Industrial	220,000	COMCAST CORP	4.250	2033-01-15	97.84	219,568	A	A3	A-	4.61	5.89	0.52
20030NBU4	Industrial	450,000	COMCAST CORPORATION	3.400	2046-07-15	69.57	320,108	A	A3	A-	6.00	12.95	0.76
202795JF8	Utility	265,000	COMMONWEALTH EDISON COMPANY	3.700	2045-03-01	78.44	211,141	A	A1	A	5.54	12.55	0.50
205887CF7	Industrial	310,000	CONAGRA BRANDS INC	1.375	2027-11-01	95.09	295,483	BBB	Baa3	BBB-	4.19	1.78	0.70
20826FBE5	Industrial	180,000	CONOCOPHILLIPS	5.300	2053-05-15	93.42	169,376	A	A2	A-	5.78	13.81	0.40
209111FD0	Utility	260,000	CONSOLIDATED EDISON CO OF NEW	4.450	2044-03-15	87.36	230,546	A	A3	A-	5.56	11.72	0.55
210518DZ6	Utility	45,000	CONSUMERS ENERGY COMPANY	5.050	2035-05-15	101.92	46,155	A	A1	A	4.79	7.38	0.11
21871XAP4	Finance	495,000	COREBRIDGE FINANCIAL INC	6.875	2027-12-15	102.36	508,170	BBB	Baa3	BBB-	5.58	1.81	1.20
22003BAN6	Finance	410,000	CORPORATE OFFICE PROPERTIES LP	2.000	2029-01-15	93.39	386,678	BBB	Baa3	BBB-	4.35	2.87	0.91
23338VAL0	Utility	480,000	DTE ELECTRIC COMPANY	2.950	2050-03-01	66.07	321,843	A	Aa3	A	5.51	14.99	0.76
24422EXU8	Industrial	360,000	JOHN DEERE CAPITAL CORP	5.050	2034-06-12	103.27	372,734	A	A1	A	4.58	6.83	0.88
26207AAG8	Asset Backed	170,000	DRIVE 2024-2 D D	4.940	2028-02-11	100.70	171,565	A	A1	NR	4.59	2.00	0.41
26210HAA1	Asset Backed	159,520	DRIVE 2025-S1 R1 R1	6.040	2026-11-06	100.95	161,438	A	NR	A	4.89	0.82	0.38
26443TAA4	Utility	350,000	DUKE ENERGY INDIANA LLC	3.750	2046-05-15	78.08	274,963	A	Aa3	A	5.56	13.08	0.65
26884UAC3	Finance	20,000	EPR PROPERTIES	4.750	2026-12-15	100.28	20,098	BBB	Baa3	BBB-	4.45	0.92	0.05
27636AAB8	Industrial	380,000	EASTERN ENERGY GAS HOLDINGS LL	5.800	2035-01-15	105.81	412,224	BBB	Baa1	A-	4.99	6.87	0.98
291011BD5	Industrial	55,000	EMERSON ELECTRIC CO	5.250	2039-11-15	102.30	56,637	A	A2	A	5.02	9.76	0.13
29273VAT7	Industrial	280,000	ENERGY TRANSFER LP	6.400	2030-12-01	108.16	304,328	BBB	Baa2	BBB	4.53	4.21	0.72
29278GAF5	Utility	210,000	ENEL FINANCE INTERNATIONAL NV	3.500	2028-04-06	98.68	208,960	BBB	Baa1	BBB	4.12	2.13	0.49
29365TAQ7	Utility	280,000	ENTERGY TEXAS INC	5.250	2035-04-15	102.76	290,821	A	A3	A	4.88	7.24	0.69
29379VCK7	Industrial	225,000	ENTERPRISE PRODUCTS OPERATING	4.600	2031-01-15	101.36	233,553	A	A3	A-	4.29	4.36	0.55
30165XAG0	Asset Backed	460,000	EART 2021-2A E E	2.900	2027-04-26	99.62	464,387	AA	NR	AA	3.20	1.27	1.10
30166QAF6	Asset Backed	644,879	EART 2022-2A D D	4.560	2026-05-26	100.03	646,361	BBB	NR	AA-	4.49	0.40	1.53
30231GAZ5	Industrial	240,000	EXXON MOBIL CORP	3.095	2049-08-16	68.56	167,328	AA	Aa2	AA-	5.48	14.65	0.40

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025 (in Liquidation) **(Continued)**

CUSIP	Sector	Par Amount	Issuer	Coupon	Maturity	Market Price	Market Value	SLC Rating	Moody's Rating	S&P Rating	YTW	MDur	Weight (%)
31739RAC7	Non-Agency MBS	88,608	FASST 2023-S1 A3 A3	3.000	2026-02-24	99.71	88,394	AAA	NR	NR	4.99	0.15	0.21
31740XAA5	Non-Agency MBS	141,442	FASST 2022-S6 A1 A1	3.000	2026-02-15	100.27	141,888	AAA	NR	NR	0.83	0.12	0.34
33845VAG6	Asset Backed	195,000	FCAT 2022-1 D D	3.640	2027-01-28	94.25	184,103	BB	NR	BB-	9.28	1.05	0.44
341081FD4	Utility	120,000	FLORIDA POWER & LIGHT CO	5.250	2041-02-01	99.96	122,577	AA	Aa2	A+	5.25	10.11	0.29
341081FL6	Utility	255,000	FLORIDA POWER AND LIGHT CO	4.050	2044-10-01	83.67	215,945	AA	Aa2	A+	5.45	12.25	0.51
36143L2T1	Finance	85,000	GA GLOBAL FUNDING TRUST	5.500	2029-05-15	102.44	88,242	A	A2	A	5.04	5.19	0.21
36264FAM3	Industrial	285,000	HALEON US	3.625	2032-03-24	95.29	274,373	BBB	A3	BBB+	4.50	5.44	0.65
369550BH0	Industrial	350,000	GENERAL DYNAMICS CORPORATION	4.250	2040-04-01	91.88	325,287	A	A2	A	5.06	10.28	0.77
37045XDV5	Industrial	405,000	GENERAL MOTORS FINL CO	4.300	2029-04-06	99.85	408,514	BBB	Baa2	BBB	4.35	2.99	0.97
38148YAA6	Finance	475,000	GOLDMAN SACHS GROUP INC/THE	4.017	2037-10-31	90.10	431,154	A	A2	BBB+	5.14	9.08	1.02
381948AA6	CLO / Other	250,000	GOCAP 2020-47A A1AR A1AR	5.521	2026-07-16	100.02	252,187	AAA	NR	AAA	5.49	0.53	0.60
404119CP2	Industrial	205,000	HCA INC	5.200	2028-06-01	102.52	211,052	BBB	Baa2	BBB-	4.09	2.25	0.50
437076BX9	Industrial	315,000	HOME DEPOT INC	4.500	2048-12-06	86.70	274,076	A	A2	A	5.53	13.44	0.65
44891ACH8	Industrial	325,000	HYUNDAI CAPITAL AMERICA	5.680	2028-06-26	103.24	335,797	A	A3	A-	4.29	2.30	0.79
45006HAE1	CMBS	290,000	IRV 2025-200P C C	5.730	2035-02-11	100.77	293,021	A	A3	NR	5.62	7.08	0.69
45866FAP9	Finance	290,000	INTERCONTINENTAL EXCHANGE INC	2.650	2040-09-15	74.45	218,174	A	A3	A-	5.15	11.38	0.52
46647PAJ5	Finance	485,000	JPMORGAN CHASE & CO	3.882	2037-07-24	89.95	444,490	A	A1	A	5.04	8.89	1.05
478160BU7	Industrial	265,000	JOHNSON & JOHNSON	3.550	2036-03-01	92.25	247,596	AAA	Aaa	AAA	4.51	8.25	0.59
494368BW2	Industrial	170,000	KIMBERLY-CLARK CORPORATION	3.900	2047-05-04	78.70	134,833	A	A2	A	5.63	13.24	0.32
49447BAA1	Finance	260,000	KIMCO REALTY OP LLC	6.400	2034-03-01	110.48	292,802	A	A3	A-	4.83	6.31	0.69
49456BAZ4	Industrial	270,000	KINDER MORGAN INC	5.100	2029-08-01	102.91	283,588	BBB	Baa2	BBB	4.22	3.19	0.67
50212YAL8	Finance	205,000	LPL HOLDINGS INC	5.200	2030-03-15	102.42	213,104	BBB	Baa3	BBB-	4.56	3.70	0.50
532457BT4	Industrial	165,000	ELI LILLY AND COMPANY	3.950	2049-03-15	80.67	135,031	A	Aa3	A+	5.42	13.84	0.32
55279HAQ3	Finance	315,000	MANUFACTURERS AND TRADERS TRUS	3.400	2027-08-17	98.84	315,325	A	A3	BBB+	4.14	1.55	0.75
55336VBY5	Industrial	175,000	MPLX LP	5.400	2035-04-01	100.89	178,923	BBB	Baa2	BBB	5.28	7.13	0.42
56501RAE6	Finance	410,000	MANULIFE FINANCIAL CORP	4.061	2027-02-24	99.67	414,526	A	NR	A-	4.35	1.09	0.98
571676BD6	Industrial	125,000	MARS INC	5.800	2065-05-01	100.56	126,904	A	A2	A	5.76	15.33	0.30
594918CC6	Industrial	345,000	MICROSOFT CORPORATION	2.525	2050-06-01	61.34	212,351	AAA	Aaa	AAA	5.39	15.87	0.50
594918CE2	Industrial	155,000	MICROSOFT CORPORATION	2.921	2052-03-17	65.83	103,337	AAA	Aaa	AAA	5.36	15.78	0.24
595620AL9	Utility	220,000	MIDAMERICAN ENERGY CO	4.800	2043-09-15	91.02	203,353	A	Aa2	A	5.61	11.32	0.48
6174468X0	Finance	245,000	MORGAN STANLEY	1.928	2031-04-28	87.80	215,937	A	A1	A-	4.53	4.94	0.51
620076BZ1	Industrial	195,000	MOTOROLA SOLUTIONS INC	5.400	2034-04-15	103.44	203,925	BBB	Baa2	BBB	4.89	6.59	0.48
637432PA7	Utility	300,000	NATIONAL RURAL UTILITIES COOPE	5.800	2033-01-15	107.52	330,597	A	A1	A-	4.54	5.66	0.78
64952GAT5	Finance	285,000	NEW YORK LIFE INSURANCE COMPAN	3.750	2050-05-15	74.38	213,355	AA	Aa3	AA-	5.71	14.23	0.50
655844CV8	Industrial	45,000	NORFOLK SOUTHERN CORPORATION	5.100	2035-05-01	102.32	46,425	BBB	Baa1	BBB+	4.79	7.33	0.11

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December 31, 2025 (in Liquidation) **(Continued)**

CUSIP	Sector	Par Amount	Issuer	Coupon	Maturity	Market Price	Market Value	SLC Rating	Moody's Rating	S&P Rating	YTW	MDur	Weight (%)
67021CAW7	Utility	170,000	NSTAR ELECTRIC CO	5.200	2035-03-01	102.25	176,774	A	A2	A-	4.89	7.13	0.42
670837AD5	Utility	205,000	OGE ENERGY CORPORATION	5.450	2029-05-15	103.65	213,908	BBB	Baa1	BBB	4.27	3.05	0.51
67103HAK3	Industrial	245,000	OREILLY AUTOMOTIVE INC	1.750	2031-03-15	87.66	216,018	BBB	Baa1	BBB	4.43	4.84	0.51
681919BD7	Industrial	235,000	OMNICOM GROUP INC	2.600	2031-08-01	90.83	215,992	BBB	Baa1	BBB+	4.47	5.04	0.51
68233JBP8	Utility	280,000	ONCOR ELECTRIC DELIVERY COMPAN	3.800	2049-06-01	75.69	212,810	A	A2	A	5.69	13.96	0.50
68389XAE5	Industrial	255,000	ORACLE CORP	6.500	2038-04-15	102.33	264,437	BBB	Baa2	BBB	6.22	8.32	0.63
68389XCY9	Industrial	100,000	ORACLE CORPORATION	4.800	2028-08-03	100.50	102,469	BBB	Baa2	BBB	4.59	2.36	0.24
694308JW8	Utility	460,000	PACIFIC GAS AND ELECTRIC COMPA	3.000	2028-06-15	97.03	446,942	BBB	Baa1	BBB	4.29	2.33	1.06
69545RAC1	Asset Backed	435,000	PAID 2025-7 B B	5.064	2028-01-08	99.97	439,017	AA	NR	NR	5.07	1.90	1.04
69549JAB7	Asset Backed	345,000	POSH 2025-2 B B	5.212	2027-05-21	100.27	348,636	AA	NR	NR	5.00	1.33	0.82
69549TAC3	Asset Backed	115,000	PAID 2025-8 B B	5.409	2028-04-11	100.33	115,761	AA	NR	NR	5.05	2.13	0.27
713448EP9	Industrial	240,000	PEPSICO INC	2.875	2049-10-15	65.96	159,769	A	A1	A+	5.44	15.09	0.38
716973AG7	Industrial	335,000	PFIZER INVESTMENT ENTERPRISES	5.300	2053-05-19	95.00	320,335	A	A2	A	5.66	13.93	0.76
718172DP1	Industrial	205,000	PHILIP MORRIS INTERNATIONAL IN	4.750	2031-11-01	102.14	211,008	A	A2	A-	4.33	5.02	0.50
72650RBR2	Industrial	85,000	PLAINS ALL AMERICAN PIPELINE L	4.700	2031-01-15	100.68	86,835	BBB	Baa2	BBB	4.55	4.38	0.21
74340XCJ8	Finance	315,000	PROLOGIS LP	5.000	2034-03-15	102.00	325,935	A	A2	A	4.70	6.60	0.77
74432QCJ2	Finance	295,000	PRUDENTIAL FINANCIAL INC	3.000	2040-03-10	77.92	232,600	A	A3	A	5.22	10.83	0.55
744448DC2	Utility	105,000	PUBLIC SERVICE COMPANY OF COLO	5.150	2035-09-15	101.52	108,755	A	A1	A	4.95	7.44	0.26
74456QAZ9	Utility	290,000	PUBLIC SVC ELEC GAS CO	3.950	2042-05-01	84.57	247,173	A	A1	A	5.38	11.37	0.58
756109CT9	Finance	130,000	REALTY INCOME CORPORATION	5.125	2035-04-15	101.86	133,825	A	A3	A-	4.87	7.27	0.32
765692AA6	CMBS	485,000	RIDE 2025-SHRE A A	5.619	2030-02-12	103.08	501,081	AAA	Aaa	NR	4.26	3.71	1.19
78413MAE8	CMBS	260,000	SFAVE 2015-5AVE A2B A2B	4.144	2035-01-03	87.65	228,661	A	NR	A+	5.92	7.34	0.54
802927AF0	Asset Backed	410,000	SDART 2023-4 C C	6.040	2027-09-07	102.62	421,839	AA	Aa1	NR	4.42	1.60	1.00
810064AA3	CMBS	100,000	SCOTT 2023-SFS A A	5.910	2028-03-10	102.56	102,903	AAA	Aaa	NR	4.68	2.05	0.24
82622RAG1	Industrial	175,000	SIEMENS FUNDING BV	5.900	2065-05-28	104.65	184,082	AA	Aa3	AA-	5.61	15.61	0.44
830867AB3	Industrial	220,000	DELTA AIR LINES INC / SKYMILES	4.750	2028-10-20	100.64	226,077	BBB	A3	NR	4.51	2.54	0.53
842400JA2	Utility	160,000	SOUTHERN CALIFORNIA EDISON COM	4.875	2027-02-01	100.66	164,312	A	A2	BBB+	4.24	1.03	0.39
844741BK3	Industrial	40,000	SOUTHWEST AIRLINES CO	5.125	2027-06-15	101.26	40,596	BBB	Baa2	BBB	4.22	1.39	0.10
857477CC5	Finance	100,000	STATE STREET CORP	5.159	2033-05-18	103.48	104,100	AA	Aa3	A	4.60	6.08	0.25
85771PAL6	Agency	220,000	STATOIL ASA	3.950	2043-05-15	84.31	186,587	AA	Aa2	AA-	5.35	11.86	0.44
87264ADF9	Industrial	235,000	T-MOBILE USA INC	5.150	2034-04-15	102.42	243,254	BBB	Baa1	BBB	4.79	6.64	0.58
87612GAR2	Industrial	45,000	TARGA RESOURCES CORP	4.350	2029-01-15	100.28	45,391	BBB	Baa2	BBB	4.25	2.80	0.11
882508BF0	Industrial	115,000	TEXAS INSTRUMENTS INC	3.875	2039-03-15	89.39	104,109	A	Aa3	A+	4.98	9.90	0.25
89157XAD3	Industrial	200,000	TOTALENERGIES CAPITAL SA	4.724	2034-09-10	100.99	204,903	AA	Aa3	A+	4.58	6.98	0.48
89352HBA6	Industrial	275,000	TRANSCANADA PIPELINES LTD	4.100	2030-04-15	98.96	274,507	BBB	Baa2	BBB+	4.37	3.86	0.65

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CUSIP	Sector	Par Amount	Issuer	Coupon	Maturity	Market Price	Market Value	SLC Rating	Moody's Rating	S&P Rating	YTW	MDur	Weight (%)
89417EAN9	Finance	165,000	TRAVELERS COMPANIES INC	4.050	2048-03-07	81.33	136,306	A	A2	A	5.52	13.36	0.32
90276GAX0	CMBS	225,000	UBSCM 2017-C3 B B	4.092	2027-08-16	97.00	218,665	AA	NR	NR	6.03	1.56	0.52
911312BN5	Industrial	325,000	UNITED PARCEL SERVICE INC	3.750	2047-11-15	77.52	253,502	A	A2	A	5.53	13.61	0.60
912810UG1	Treasury	110,000	TREASURY BOND	4.625	2055-02-15	96.77	108,350	AA	Aa1	AA+	4.83	15.41	0.26
912810UK2	Treasury	385,000	TREASURY BOND	4.750	2055-05-15	98.70	382,331	AA	Aa1	AA+	4.83	15.57	0.90
912810UL0	Treasury	60,000	TREASURY BOND	5.000	2045-05-15	103.05	62,209	AA	Aa1	AA+	4.76	12.37	0.15
912810UM8	Treasury	130,000	TREASURY BOND	4.750	2055-08-15	98.75	130,691	AA	Aa1	AA+	4.83	15.44	0.31
91282CNC1	Treasury	50,000	TREASURY NOTE	4.250	2035-05-15	101.05	50,793	AA	Aa1	AA+	4.11	7.64	0.12
91282CNT4	Treasury	415,000	TREASURY NOTE	4.250	2035-08-15	100.92	425,440	AA	Aa1	AA+	4.13	7.72	1.01
91282CPJ4	Treasury	110,000	TREASURY NOTE	4.000	2035-11-15	98.78	109,218	AA	Aa1	AA+	4.15	8.04	0.26
91282CPN5	Treasury	420,000	TREASURY NOTE	3.500	2030-11-30	99.09	417,446	AA	Aa1	AA+	3.70	4.46	0.99
912834A65	Treasury	750,000	TREASURY STRIP (INT)	0.000	2051-11-15	27.11	203,319	AA	Aa1	AA+	5.10	25.23	0.48
912834D47	Treasury	745,000	TREASURY STRIP (INT)	0.000	2052-08-15	26.10	194,440	AA	Aa1	AA+	5.11	25.96	0.46
912834G93	Treasury	505,000	TREASURY STRIP	0.000	2053-05-15	25.22	127,362	AA	Aa1	AA+	5.10	26.69	0.30
912834KB3	Treasury	550,000	TREASURY STRIP (INT)	0.000	2045-05-15	37.77	207,718	AA	Aa1	AA+	5.09	18.89	0.49
912834MZ8	Treasury	610,000	TREASURY STRIP (INT)	0.000	2043-11-15	40.98	249,974	AA	Aa1	AA+	5.05	17.44	0.59
912834NP9	Treasury	720,000	TREASURY STRIP (INT)	0.000	2044-05-15	39.83	286,798	AA	Aa1	AA+	5.07	17.92	0.68
912834PB8	Treasury	1,050,000	TREASURY STRIP (INT)	0.000	2044-11-15	38.73	406,620	AA	Aa1	AA+	5.09	18.41	0.96
912834PM4	Treasury	615,000	TREASURY STRIP (INT)	0.000	2045-08-15	37.20	228,750	AA	Aa1	AA+	5.06	19.14	0.54
912834PT9	Treasury	585,000	TREASURY STRIP (INT)	0.000	2045-11-15	36.71	214,751	AA	Aa1	AA+	5.10	19.38	0.51
912834QV3	Treasury	1,900,000	TREASURY STRIP (INT)	0.000	2046-11-15	34.90	663,031	AA	Aa1	AA+	5.10	20.36	1.57
912834SZ2	Treasury	1,325,000	TREASURY STRIP	0.000	2047-11-15	33.16	439,391	AA	Aa1	AA+	5.11	21.34	1.04
912834TV0	Treasury	410,000	TREASURY STRIP (INT)	0.000	2048-08-15	31.92	130,858	AA	Aa1	AA+	5.10	22.06	0.31
912834UB2	Treasury	800,000	TREASURY STRIP (INT)	0.000	2048-11-15	31.54	252,350	AA	Aa1	AA+	5.11	22.31	0.60
912834VE5	Treasury	1,000,000	TREASURY STRIP (INT)	0.000	2049-11-15	29.93	299,275	AA	Aa1	AA+	5.12	23.29	0.71
912834WJ3	Treasury	875,000	TREASURY STRIP (INT)	0.000	2050-11-15	28.40	248,521	AA	Aa1	AA+	5.12	24.26	0.59
912834XW3	Treasury	1,180,000	US TREASURY STRIPS	0.000	2054-08-15	24.25	286,200	AA	Aa1	AA+	5.01	27.92	0.68
912834YC6	Treasury	1,450,000	TREASURY STRIPS	0.000	2054-11-15	24.07	349,072	AA	Aa1	AA+	4.99	28.18	0.83
91324PBE1	Finance	70,000	UNITEDHEALTH GROUP INC	6.625	2037-11-15	112.93	79,647	A	A2	A+	5.15	8.35	0.19
91324PCQ3	Finance	350,000	UNITEDHEALTH GROUP INCORPORATE	4.625	2035-07-15	98.75	353,073	A	A2	A+	4.79	7.46	0.84
92277GBB2	Finance	160,000	VENTAS REALTY LP	5.100	2032-07-15	102.89	169,346	BBB	Baa1	BBB+	4.58	5.38	0.40
92343VCQ5	Industrial	335,000	VERIZON COMMUNICATIONS INC	4.400	2034-11-01	96.66	326,274	A	Baa1	BBB+	4.87	7.16	0.77
925650AH6	Industrial	210,000	VICI PROPERTIES LP	5.125	2031-11-15	101.36	214,221	BBB	Baa3	BBB-	4.86	5.00	0.51
927804GM0	Utility	205,000	VIRGINIA ELECTRIC AND POWER CO	5.300	2033-08-15	103.92	217,135	A	A3	BBB+	4.68	6.13	0.51
931142EC3	Industrial	150,000	WALMART INC	4.050	2048-06-29	83.58	125,427	AA	A1	AA	5.31	13.81	0.30

Amadeus North America, Inc. Pension Plan
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December 31, 2025 (in Liquidation) **(Continued)**

CUSIP	Sector	Par Amount	Issuer	Coupon	Maturity	Market Price	Market Value	SLC Rating	Moody's Rating	S&P Rating	YTW	MDur	Weight (%)
931142EZ2	Industrial	215,000	WALMART INC	4.500	2052-09-09	88.36	192,978	AA	A1	AA	5.32	14.45	0.46
95000FAY2	CMBS	210,000	WFCM 2016-C35 B B	3.438	2026-07-16	98.33	206,820	AA	NR	NR	6.58	0.53	0.49
95040QAM6	Finance	110,000	WELLTOWER OP LLC	2.800	2031-06-01	92.78	102,313	A	A3	A-	4.31	4.93	0.24
96041KAG9	Asset Backed	230,000	WLAKE 2025-2A D D	5.080	2029-07-13	100.47	231,609	BBB	NR	BBB	4.93	3.22	0.55
969457CR9	Industrial	45,000	WILLIAMS COMPANIES INC	4.625	2030-06-30	101.14	45,513	BBB	Baa2	BBB+	4.34	4.03	0.11
98919WAN3	Asset Backed	120,000	ZAYO 2025-3A A2 A2	5.570	2032-10-19	100.18	120,421	A	A3	NR	5.54	5.64	0.28
TOTAL		54,232,954		3.905		88.22	41,966,339	NR	A1	A+	4.88	8.47	99.29
912810UN6	Treasury	3,570,000	TREASURY BOND	4.875	2045-08-15	101.36	3,683,794	AA	Aa1	AA+	4.77	12.37	15.25
91282CNT4	Treasury	19,890,000	TREASURY NOTE	4.250	2035-08-15	100.92	19,885,818	AA	Aa1	AA+	4.13	7.72	84.42
TOTAL		23,460,000		4.346		100.99	23,569,612	NR	Aa1	AA+	4.23	8.43	99.67

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

The expense component of normal cost decreased from $303,000 to $155,000 to reflect expectations for the current plan year as a result of the plan termination on June 30, 2025.