

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>GE PUERTO RICO LONG TERM DISABILITY INSURANCE PLAN</u>	1b Three-digit plan number (PN) ▶ <u>503</u>
	1c Effective date of plan <u>03/01/1981</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GEA CARIBBEAN EXPORT, LLC</u> <u>383 F.D. ROOSEVELT AVENUE</u> <u>EL MUNDO SUITE 205</u> <u>SAN JUAN, PR 00918-2153</u>	2b Employer Identification Number (EIN) <u>66-0549331</u>
	2c Plan Sponsor's telephone number <u>518-385-1879</u>
	2d Business code (see instructions) <u>335310</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>09/27/2023</u>	<u>MELISSA CORNELL</u>
	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

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

Form 5500 (2022)
v. 220413

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>GEA CARIBBEAN EXPORT, LLC</p> <p>383 F.D. ROOSEVELT AVENUE SUITE 205 SAN JUAN, PR 00918</p>	<p>3b Administrator's EIN 66-0549331</p> <p>3c Administrator's telephone number 518-385-1879</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 145</p>
<p>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).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 27</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 28</p>
<p>b Retired or separated participants receiving benefits</p>	<p>6b 98</p>
<p>c Other retired or separated participants entitled to future benefits.....</p>	<p>6c 0</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p>	<p>6d 126</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p>	<p>6e</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f</p>
<p>g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</p>	<p>6g</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>
<p>8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:</p>	
<p>b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:</p> <p>4H</p>	
<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
<p>10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)</p>	
<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> 0 A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>GE PUERTO RICO LONG TERM DISABILITY INSURANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>503</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GEA CARIBBEAN EXPORT, LLC</u>	D Employer Identification Number (EIN) <u>66-0549331</u>	

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)

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	NONE	26320	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE D
(Form 5500)**

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>GE PUERTO RICO LONG TERM DISABILITY INSURANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>503</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GEA CARIBBEAN EXPORT, LLC</u>	D Employer Identification Number (EIN) <u>66-0549331</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GE INSURANCE PLAN TRUST</u>		
b Name of sponsor of entity listed in (a): <u>GENERAL ELECTRIC COMPANY</u>		
c EIN-PN <u>14-0689340-501</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62992</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A Name of plan <u>GE PUERTO RICO LONG TERM DISABILITY INSURANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>503</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GEA CARIBBEAN EXPORT, LLC</u>	D Employer Identification Number (EIN) <u>66-0549331</u>

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

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)	17000
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts.....	1c(9)	
(10) Value of interest in pooled separate accounts.....	1c(10)	
(11) Value of interest in master trust investment accounts.....	1c(11)	62992
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	76901	79992
Liabilities			
g Benefit claims payable.....	1g	11376	6885
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	11376	6885
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	65525	73107

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)	178105	
(B) Participants.....	2a(1)(B)	3889	
(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)		181994
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1417
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		183411
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	149509	
(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)		149509
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)	26320	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		26320
j Total expenses. Add all expense amounts in column (b) and enter total	2j		175829
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		7582
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
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		50000000
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		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

EIN: 66-0549331
Plan #: 503

GE PUERTO RICO LONG TERM DISABILITY PLAN

Financial Statements

December 31, 2022 and 2021

(With Independent Auditor's Report Thereon)

GE PUERTO RICO LONG TERM DISABILITY PLAN

Financial Statements

December 31, 2022 and 2021

Table of Contents

	<u>Page Number(s)</u>
Independent Auditor's Report	3 - 4
Statements of Net Assets Available for Plan Benefits as of December 31, 2022 and 2021	5
Statement of Changes in Net Assets Available for Plan Benefits for the Year Ended December 31, 2022	6
Statements of Benefit Obligations as of December 31, 2022 and 2021	7
Statement of Changes in Benefit Obligations for the Year Ended December 31, 2022	8
Notes to Financial Statements	9 - 16

Note: Supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

The Plan Administrator of GE Puerto Rico Long Term Disability Plan

Opinion

We have audited the financial statements of GE Puerto Rico Long Term Disability Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits and benefit obligations as of December 31, 2022 and 2021, and the related statements of changes in net assets available for plan benefits and changes in benefit obligations for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits and benefit obligations of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for plan benefits and changes in its benefit obligations for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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.

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

Deloitte + Touche LLP

September 20, 2023

GE PUERTO RICO LONG TERM DISABILITY PLAN
 Statements of Net Assets Available for Plan Benefits
 December 31, 2022 and 2021
 (in thousands)

	2022	2021
Assets:		
Investments at fair value		
Plan interest in GE Insurance Plan Trust (notes 4 and 5)	\$ 63	\$ 62
Due from employer	17	15
Net assets available for plan benefits	\$ 80	\$ 77

See accompanying notes to financial statements.

GE PUERTO RICO LONG TERM DISABILITY PLAN
 Statement of Changes in Net Assets Available for Plan Benefits
 Year Ended December 31, 2022
 (in thousands)

Additions to net assets attributed to:	
Investment income and expenses allocated from GE Insurance Plan Trust investments (note 4):	
Interest and dividends	\$ 1
Contributions:	
Employer	178
Participant	4
Total additions	183
Deductions from net assets attributed to:	
Benefits paid	154
Administrative expenses	26
Total deductions	180
Net increase	3
Net assets available for plan benefits at:	
Beginning of year	77
End of year	\$ 80

See accompanying notes to financial statements.

GE PUERTO RICO LONG TERM DISABILITY PLAN

Statements of Benefit Obligations

December 31, 2022 and 2021

(in thousands)

	<u>2022</u>	<u>2021</u>
Amounts currently payable:		
Claims payable and claims incurred but not reported	\$ 7	\$ 11
Postemployment benefit obligations, net of amounts currently payable:		
Disability benefits for inactive participants	<u>634</u>	<u>884</u>
Total benefit obligations at end of year	<u>\$ 641</u>	<u>\$ 895</u>

See accompanying notes to financial statements.

GE PUERTO RICO LONG TERM DISABILITY PLAN

Statement of Changes in Benefit Obligations

Year Ended December 31, 2022

(in thousands)

Amounts currently payable:	
Balance at beginning of year	\$ 11
Claims approved for payment, including claims incurred but not reported	150
Claims paid	(154)
Balance at end of year	<u>7</u>
Postemployment benefit obligations, net of amounts currently payable:	
Balance at beginning of year	884
Increase (decrease) during the year attributable to:	
Net benefit cost	(154)
Changes in actuarial assumptions and net experience (gains) (note 2 (d))	(96)
Balance at end of year	<u>634</u>
Total benefit obligations at end of year	<u>\$ 641</u>

See accompanying notes to financial statements.

GE PUERTO RICO LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2022 and 2021

(1) Description of the Plan

The GE Puerto Rico Long Term Disability Plan (the "Plan") is a health and welfare plan sponsored by GEA Caribbean Export, LLC, (the "Company") an affiliate of General Electric Company ("GE"). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA), and the underlying insurance policy is subject to Connecticut law.

The Plan is available to eligible employees of the Company and other adopting employers (the "Employers") located in Puerto Rico as defined by the Plan document. Benefit payments are provided for totally disabled employees who have been absent from work for at least 180 days of continuous disability. Coverage provided can last up to a maximum age of 65, provided other requirements as described in the Plan documents are satisfied.

The above description of the Plan is provided for general information purposes only. The complete terms of the Plan are provided in the Plan documents.

The Employers contribute appropriate amounts necessary to provide benefits under the Plan. Participants are required to make contributions as determined by the Employers, in accordance with the provisions of the Plan.

The Employers have the right to discontinue their contributions at any time. The Company has the right to modify or terminate the Plan in accordance with Plan provisions and applicable legal requirements. In the event of termination, the Plan's assets are first applied to benefits payable under the Plan.

The Plan invests its funds in the GE Insurance Plan Trust (the "Trust"). GE personnel are Trustees of the Trust, and State Street Global Advisors Trust Company and SSGA Funds Management, Inc., affiliates of State Street Corporation, act as investment advisors, providing investment advisory, investment management and related services to the Trust. State Street Bank & Trust Company is the custodian for Trust assets.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

(b) Investments

Plan investment assets are held in the Trust. The Trust's investments are reported at fair value. See notes 4 and 5 for additional information.

Investment transactions are recorded by the Trust on a trade date basis. Interest income is earned from settlement date and is recognized on an accrual basis. Dividend income is recorded on the ex-dividend date.

Securities for which exchange quotations are readily available are valued at the last sale price, or if no sales occurred on that day, at the quoted bid price. Non-publicly traded investments are principally investments in private equity funds.

The Plan has a divided interest in the Trust. Non-cash investments and related gains and losses are allocated entirely to another specific plan in the Trust while cash and cash investment funds and related interest income are allocated to all plans participating in the Trust.

GE PUERTO RICO LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2022 and 2021

(c) Fair Value Measurements

For financial assets and liabilities, fair value is the price the Trust would receive to sell an asset or pay to transfer a liability in an orderly transaction with a market participant at the measurement date. In the absence of active markets for the identical assets or liabilities, such measurements involve developing assumptions based on market observable data and, in the absence of such data, internal information that is consistent with what market participants would use in a hypothetical transaction that occurs at the measurement date.

Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect management's market assumptions. Preference is given to observable inputs. These two types of inputs create the following fair value hierarchy:

Level 1 - Quoted prices for identical investments in active markets.

Level 2 - Quoted prices for similar investments in active markets; quoted prices for identical or similar investments in markets that are not active; and model-derived valuations whose significant value drivers are observable.

Level 3 - Significant inputs to the valuation model are unobservable.

GE maintains policies and procedures to value investments using the best and most relevant data available. Independent pricing vendors are used to assist in valuing certain investments.

The following section describes the valuation methodologies used to measure investments at fair value.

When available, quoted market prices are used to determine fair value of investment securities, and they are included in Level 1. Level 1 investments primarily include fixed income and cash investment funds.

When quoted market prices are unobservable, pricing information is obtained from independent pricing vendors. The pricing vendors use various pricing models for each asset class that are consistent with what other market participants would use. The inputs and assumptions to the model of the pricing vendors are derived from market observable sources including: benchmark yields, reported trades, broker/dealer quotes, issuer spreads, benchmark securities, bids, offers, and other market-related data. Since many fixed income securities do not trade on a daily basis, the methodology of the pricing vendors use available information as applicable such as benchmark curves, benchmarking of like securities, sector groupings, and matrix pricing. The pricing vendors consider available market observable inputs in determining the evaluation for a security. Thus, certain securities may not be priced using quoted prices, but rather determined from market observable information. These investments are included in Level 2 and primarily comprise of residential mortgage-backed debt securities.

Trust securities that are valued using techniques other than market quotations, particularly securities that are "fair valued," are subject to valuation risk. The inputs or methodology used for valuing securities are not an indication of the risk associated with investing in those securities.

Investments in private equity and debt security funds held by the Trust, are generally valued using the net asset value ("NAV") per share as a practical expedient for fair value provided certain criteria are met. The NAVs are determined based on the fair values of the underlying investments in the funds. Investments that are measured at fair value using the NAV as a practical expedient are not classified in the fair value hierarchy.

GE PUERTO RICO LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2022 and 2021

(d) Post Employment Benefit Obligations

Plan obligations for future disability payments to members considered permanently disabled at December 31, 2022 and 2021 were estimated in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statements of benefit obligations.

The actuarial present value of benefit obligations is reported based on certain assumptions, such as the discount rate and various employee demographics, including age and salary. 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.

The following are the more significant assumptions used in the valuations.

- Discount rate - 4.84% and 1.93% as of December 31, 2022 and 2021, respectively.
- Average annual salary increase - 2.5% for both December 31, 2022 and 2021.

The effect of plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted. There were no amendments effective January 1, 2023 or January 1, 2022 recognized in the actuarial present value of accumulated plan benefits as of December 31, 2022 and 2021, respectively. Had the January 1 valuations been performed as of December 31, there would be no material differences.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

(e) Benefits Paid

Benefits are recorded when paid.

(f) Management Estimates and Assumptions

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported, claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(3) Benefit Obligations

The Plan's excess of benefit obligations over net assets at December 31, 2022 and 2021 relates primarily to funding obligations for postemployment benefits. It is expected that these obligations will be funded primarily through future employer contributions.

GE PUERTO RICO LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2022 and 2021

(4) Summary of Trust Financial Information

The Plan's net assets are invested solely in the Trust which has been established to receive GE and participant contributions, invest or reinvest such sums, enter into contracts with insurance companies with respect to benefits, and pay benefits and administrative fees in accordance with specific provisions for participating plans.

The Plan's net assets and investments in the Trust represented less than 1% of Trust net assets as of December 31, 2022 and 2021. The net assets and changes in net assets of the Trust follow.

Net Assets:	December 31,			
	2022		2021	
	Plan's Interest	Trust	Plan's Interest	Trust
	(in thousands)			
Assets:				
Investments:				
Debt securities (a)	—	1,686	—	28,066
Private equities and other investments (a)	—	8,075	—	13,483
Total investments	—	9,761	—	41,549
Investment receivables:				
Income receivable	—	38	—	16
Total investment receivables	—	38	—	16
Other assets:				
Cash (b)	63	12,914	62	13,037
Other receivable	—	300	—	504
Total other assets	63	13,214	62	13,541
Total assets	63	23,013	62	55,106
Liabilities:				
Accrued expenses	—	21	—	259
Total liabilities	—	21	—	259
Net assets	<u>\$ 63</u>	<u>\$ 22,992</u>	<u>\$ 62</u>	<u>\$ 54,847</u>

(a) Includes direct investments and investment funds. See note 5 for details.

(b) As of December 31, 2022 and 2021, the cash balance in the Trust represents liquid funds available to pay benefits. Approximately \$4.9 million and \$3.6 million for 2022 and 2021, respectively, of the cash balance recorded is held in a cash investment fund which is valued at level 1. The remaining cash balance represents non-interest bearing cash.

GE PUERTO RICO LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2022 and 2021

	Year Ended December 31, 2022
	Trust
	(in thousands)
Changes in net assets:	
Investment income and expenses:	
Interest, dividend and other income	\$ 689
Net appreciation in fair value of investments	887
Investment management fees and other expenses	(1,321)
Transfers in:	
Employer contributions	843,707
Participant contributions	324,701
Transfers out:	
Benefits paid	(1,014,816)
Insurance premiums paid	(157,420)
Administrative expenses	(28,282)
Net decrease	(31,855)
Net assets of the Trust at:	
Beginning of year	54,847
End of year	<u>\$ 22,992</u>

(c) Risk and Uncertainties

The Trust invests in debt securities, private equity funds, and certain other assets. Market risks include global events which could impact the value of the investment securities, such as a pandemic or international conflict. Due to level of risks associated with certain investments, it is reasonable to expect that changes in the value of investments will occur (including in the near term) and that such changes could materially affect the Trust investments.

As of December 31, 2022 and 2021, the Trust has three investments individually greater than 10% which include cash equivalents and fixed income funds.

(5) Fair Value Measurements

The Trust's investments measured at fair value on a recurring basis at December 31, 2022 follow.

	Level 1	Level 2	Level 3	Total
	(in thousands)			
<u>Investments:</u>				
Debt securities				
Fixed income and cash investment funds	\$ 1,686	\$ —	\$ —	\$ 1,686
	<u>\$ 1,686</u>	<u>\$ —</u>	<u>\$ —</u>	1,686
<u>Investments measured at net asset value:</u> ^(a)				
Private equities and other investments				8,075
Total investments, at fair value				<u>\$ 9,761</u>

^(a) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient are not classified in the level hierarchy. The fair value amounts presented in this table are intended to permit

GE PUERTO RICO LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2022 and 2021

reconciliation of the fair value hierarchy to the amounts presented as total investments in the statement of net assets available for plan benefits.

The Trust's investments measured at fair value on a recurring basis at December 31, 2021 follow.

	Level 1	Level 2	Level 3	Total
	(in thousands)			
<u>Investments:</u>				
Debt securities				
Fixed income and cash investment funds	\$ 13,746	\$ —	\$ —	\$ 13,746
Residential mortgage-backed	—	20	—	20
	<u>\$ 13,746</u>	<u>\$ 20</u>	<u>\$ —</u>	13,766
<u>Investments measured at net asset value:</u> ^(a)				
Debt securities				14,300
Private equity and other investments				13,483
Total investments, at fair value				<u>\$ 41,549</u>

(a) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient are not classified in the level hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented as total investments in the statement of net assets available for plan benefits.

Investments measured at NAV

Investments in debt security funds and private equities, are valued based on NAV as a practical expedient for fair value provided certain criteria are met. The NAVs are determined based on the fair values of the underlying investments in the funds. Investments that are measured at fair value using the NAV as a practical expedient are not classified in the fair value hierarchy, and are described further below.

Debt Securities Funds

Redemption periods are generally daily with notice requirement less than 5 days. As of December 31, 2022 and 2021, there are minimum unfunded commitments that are not material and the Plan does not expect there to be significant funding related to those in the future.

Private Equities Funds and Other Investment Funds

This asset class consists primarily of closed-end private equity funds, which invest across various fund types, including venture capital, buyouts, growth and debt strategies. The term of each fund is typically 10 or more years and the fund's investors do not have an option to redeem their interest in the fund. The assets in this class have been diversified across vintage years, industry sectors and geographic regions. Also included are investments in fund of funds which invest across a diversified array of strategies. Generally, redemptions are not available or allowable for these funds. As of December 31, 2022 and 2021, there are certain unfunded commitments for these funds. There has not been significant funding (administrative expenses only) relating to those commitments during the years ended December 31, 2022 and 2021. The Plan does not expect there to be significant funding related to those in the future.

(6) Tax Status

Pursuant to a letter issued by Internal Revenue Service ("IRS") on June 24, 1987, the Trust utilized in conjunction with the Plan is intended to be a tax exempt Voluntary Employee Benefit Association (VEBA) under Internal Revenue Code section 501(c)(9). However, to the extent the Trust recognizes any "unrelated business taxable income" as

GE PUERTO RICO LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2022 and 2021

defined in Section 512 of the Code, the Trust is required to pay tax on any such income. The Trust incurred no significant unrelated business income tax for the tax year 2022.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. For the year ended December 31, 2022, the Plan has not recognized a tax liability (or asset) related to uncertain tax positions. As of December 31, 2022 and 2021, the Trust has recognized an income tax receivable of \$0.3 million and \$0.5 million, respectively. The Plan administrator has concluded that as of December 31, 2022 and 2021, there are no uncertain tax positions taken or expected to be taken.

(7) Expenses

Pursuant to the Plan document, the Plan incurs certain administrative expenses. Administrative expenses consist primarily of direct recordkeeping and claims processing costs and are reflected in 'Administrative expenses' in the Statement of Changes in Net Assets Available for Plan Benefits.

(8) Exempt Parties-in-Interest Transactions

As described in Note 7, the Plan paid certain expenses related to Plan operations and investment activity to various service providers who are parties in interest under ERISA. The Master Trust utilizes various investment managers to manage its net assets. These net assets may be invested into funds or separate accounts managed by the investment manager. Therefore, these transactions qualify as exempt party-in-interest transactions. In Plan management's opinion, fees paid during the year ended December 31, 2022, for services rendered by parties-in-interest were based upon customary and reasonable rates for such services.

(9) Reconciliation of Financial Statements to Form 5500

Amounts currently payable to or for participants are recorded on the Form 5500 for benefits claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date.

A reconciliation of net assets available for plan benefits per the financial statements to the annual report filed on Form 5500, Schedule H as required by the Department of Labor follows.

	December 31,	
	2022	2021
	(in thousands)	
Net assets available for plan benefits per the financial statements	\$ 80	\$ 77
Benefit obligations currently payable at the end of the year	(7)	(11)
Net assets available for benefits per Form 5500	<u>\$ 73</u>	<u>\$ 66</u>

A reconciliation of benefits paid to participants per the financial statements to the annual report filed on Form 5500, Schedule H as required by the Department of Labor follows.

	Year Ended December 31, 2022
	(in thousands)
Benefits paid per financial statements	\$ 154
Add: Amounts currently payable at the end of the year	7
Less: Amounts currently payable at the beginning of the year	(11)
Total benefit payments per Form 5500	<u>\$ 150</u>

GE PUERTO RICO LONG TERM DISABILITY PLAN

Notes to Financial Statements

December 31, 2022 and 2021

(10) Subsequent Events

Subsequent events were evaluated through September 20, 2023, the date the financial statements are available to be issued.

GE intends to form three companies focused on aviation, healthcare, and energy. Effective January 1, 2023, GE allocated the Plan's liability to GE Energy which will be part of GE Vernova. In connection with the separation of GE, effective as of January 1, 2023, the Company ceased to sponsor the Plan and the sponsorship of the Plan was transferred to GE Industrial of PR LLC.