

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>RETIREMENT PLAN FOR SELECT GE BUSINESSES</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>01/01/1954</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>GE CAPITAL US HOLDINGS, INC.</u> <u>901 MAIN AVE</u> <u>THE TOWERS AT MERRITT RIVER</u> <u>NORWALK, CT 06851</u>	2b Employer Identification Number (EIN) <u>47-4432326</u>
	2c Plan Sponsor's telephone number <u>224-239-0617</u>
	2d Business code (see instructions) <u>551112</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	Filed with authorized/valid electronic signature.	09/29/2023	BRYAN FALATO
	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 style="color: blue;">GE CAPITAL PLAN COMMITTEE</p> <p style="color: blue;">PO BOX 114 PRIOR LAKE, MN 55372</p>	<p>3b Administrator's EIN 47-4432326</p> <p>3c Administrator's telephone number 224-239-0617</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 10175</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) 87</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 13</p>
<p>b Retired or separated participants receiving benefits</p>	<p>6b 4144</p>
<p>c Other retired or separated participants entitled to future benefits.....</p>	<p>6c 5139</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p>	<p>6d 9296</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p>	<p>6e 723</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f 10019</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 0</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: 1A 1I 3H</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>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 checked="" 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 checked="" 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 SB (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>	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 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

▶ **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 <u>RETIREMENT PLAN FOR SELECT GE BUSINESSES</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GE CAPITAL US HOLDINGS, INC.</u>		
D Employer Identification Number (EIN) <u>47-4432326</u>		
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>763067827</u>	
b Actuarial value.....	2b	<u>719289646</u>	
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.....	<u>4521</u>	<u>317228811</u>	<u>317228811</u>
b For terminated vested participants.....	<u>5567</u>	<u>317005026</u>	<u>317005026</u>
c For active participants.....	<u>87</u>	<u>1186412</u>	<u>1186412</u>
d Total.....	<u>10175</u>	<u>635420249</u>	<u>635420249</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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..... <u>5.40 %</u>			
6 Target normal cost.....			
a Present value of current plan year accruals.....			6a <u>0</u>
b Expected plan-related expenses.....			6b <u>4662000</u>
c Total (line 6a + line 6b).....			6c <u>4662000</u>

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	<u>08/30/2023</u> Date
	<u>DAWN M. OCHOA</u> Type or print name of actuary	<u>23-07557</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>847-295-5000</u> Telephone number (including area code)
	<u>MSC #17755 PO BOX 1447 LINCOLNSHIRE, IL 60069</u> 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	8045919
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	8045919
10	Interest on line 9 using prior year's actual return of <u>9.97</u> %	0	802178
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 <u>5.58</u> %.....		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.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	8848097

Part III		Funding Percentages	
14	Funding target attainment percentage	14	111.80 %
15	Adjusted funding target attainment percentage	15	113.19 %
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	103.66 %
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 61

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	4662000
b Excess assets, if applicable, but not greater than line 31a	31b	4662000

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	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

SCHEDULE C (Form 5500) <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>RETIREMENT PLAN FOR SELECT GE BUSINESSES</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GE CAPITAL US HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>47-4432326</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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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)

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50	NONE	921532	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)

STATE STREET RETIREE SERVICES

04-3581074

(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?
19 50	NONE	53853	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)

PRINCIPAL FINANCIAL GROUP, INC

42-1520346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 50	NONE	53237	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	25000	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)

WELLS FARGO

41-6257133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	17207	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)

IVINS, PHILLIPS & BARKER CHTD

52-1229560

(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?
29 50	NONE	14521	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"/>

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="font-size: small; text-align: center;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small; text-align: center;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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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>RETIREMENT PLAN FOR SELECT GE BUSINESSES</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GE CAPITAL US HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>47-4432326</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>GENERAL ELECTRIC PENSION TRUST</u>		
b Name of sponsor of entity listed in (a): <u>GENERAL ELECTRIC COMPANY</u>		
c EIN-PN <u>14-0689340-001</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>564471094</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 **01/01/2022** and ending **12/31/2022**

A Name of plan RETIREMENT PLAN FOR SELECT GE BUSINESSES	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 GE CAPITAL US HOLDINGS, INC.	D Employer Identification Number (EIN) 47-4432326	

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
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)	763120977	564471094
(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	763120977	564471094
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	53150	180100
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	53150	180100
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	763067827	564290994

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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(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)		-155616238
(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		-155616238
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	37199993	
(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)		37199993
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)	1014906	
(2) Contract administrator fees.....	2i(2)	20207	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4925489	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5960602
j Total expenses. Add all expense amounts in column (b) and enter total	2j		43160595
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-198776833
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			
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 466136.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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>RETIREMENT PLAN FOR SELECT GE BUSINESSES</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GE CAPITAL US HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>47-4432326</u>	

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

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

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

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-1466678

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	30
---	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: 16.0 % Investment-Grade Debt: 52.0 % High-Yield Debt: 4.0 % Real Estate: 7.0 % Other: 21.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify):

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 _____

EIN: 47-4432326
Plan #: 002

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Financial Statements

December 31, 2022 and 2021

(With Independent Auditor's Report Thereon)

RETIREMENT PLAN FOR SELECT GE BUSINESSES

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December 31, 2022 and 2021

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Note: Certain 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 Retirement Plan for Select GE Businesses

Opinion

We have audited the financial statements of the Retirement Plan for Select GE Businesses (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 of accumulated plan benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for plan benefits and changes in accumulated plan benefits 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 accumulated plan benefits 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 accumulated plan benefits 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.

Emphasis-of-Matter

As discussed in Note 3 to the financial statements, the financial statements include private equity and real estate investments valued at approximately \$155 million and \$162 million (27% and 21% of net assets available for plan benefits, respectively) as of December 31, 2022 and 2021, respectively, whose fair values have been estimated by management in the absence of readily determinable fair values. Management's estimates are based on information provided by the fund managers or general partners. 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 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 18, 2023

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Statements of Net Assets Available for Plan Benefits

December 31, 2022 and 2021

(in thousands)

	<u>2022</u>	<u>2021</u>
Assets:		
Investments at fair value (notes 3 and 4)		
Plan interest in GE Pension Trust	\$ 564,471	\$ 763,120
Liabilities:		
Accrued expenses	<u>180</u>	<u>53</u>
Net assets available for plan benefits	<u>\$ 564,291</u>	<u>\$ 763,067</u>

See accompanying notes to financial statements.

RETIREMENT PLAN FOR SELECT GE BUSINESSES
Statement of Changes in Net Assets Available for Plan Benefits
Year Ended December 31, 2022
(in thousands)

Additions (reductions) to net assets attributed to:

Investment income and expenses allocated from GE Pension Trust (note 3):

Interest and dividends	\$ 11,738
Net depreciation in fair value of investments	(163,820)
Investment management fees and other expenses (note 7)	<u>(3,534)</u>
Total reductions	<u>(155,616)</u>

Deductions from plan assets attributed to:

Benefit payments	37,200
Administrative expenses (note 7)	<u>5,960</u>
Total deductions	<u>43,160</u>

Net decrease	(198,776)
--------------	-----------

Net assets available for plan benefits at:

Beginning of year	<u>763,067</u>
End of year	<u><u>\$ 564,291</u></u>

See accompanying notes to financial statements.

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Statements of Accumulated Plan Benefits

December 31, 2022 and 2021

(in thousands)

	<u>2022</u>	<u>2021</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 288,129	\$ 297,827
Other participants	<u>265,739</u>	<u>314,652</u>
Total vested benefits	553,868	612,479
Non-vested benefits	<u>4</u>	<u>9</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 553,872</u>	<u>\$ 612,488</u>

See accompanying notes to financial statements.

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2022

(in thousands)

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 612,488</u>
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	35,650
Benefit payments	(37,200)
Changes in actuarial assumptions (note 2(e))	(61,614)
Experience losses, net	<u>4,548</u>
Net decrease	<u>(58,616)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 553,872</u></u>

See accompanying notes to financial statements.

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

(1) Description of the Plan

The Retirement Plan for Select GE Businesses (the "Plan") is a frozen defined benefit pension plan sponsored by GE HealthCare Technologies Inc. (the "Company"). The Company is part of GE HealthCare ("GEHC"), which was spun out of General Electric Company ("GE") effective January 3, 2023. Prior to January 1, 2023, the Plan was sponsored by GE Capital US Holding, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Prior to January 3, 2023, Participants continued to earn vesting service for as long as they worked for GE. Effective January 3, 2023, Participants continue to earn vesting service for as long as they work for GEHC. In addition, the Plan provides for 100% vesting with respect to participants who were employees at the time of certain dispositions, including the August 31, 2015 sale of Gelco Corporation, d.b.a. GE Capital Fleet Services.

Due to mergers in 2001 and 2002, two other frozen plans are part of this Plan: the Kidder, Peabody Group Inc. Retirement Plan for Salaried and Commissioned Employees and the Heller Financial, Inc. Retirement Plan. The Stewart & Stevenson Pension Plan had previously been merged into the Kidder, Peabody Group Inc. Retirement Plan for Salaried and Commissioned Employees. Thus, the Plan includes four different sets of benefit provisions.

The main provisions of the Plan include the following: Benefits are determined using a formula that includes length of service and certain compensation. Participants become fully vested in their benefits after they have completed seven years of credited service or are part of a disposition that triggers 100% vesting. Participants are entitled to pension benefits (paid monthly) beginning at normal retirement age (65). The Plan permits early retirement beginning at age 55 if a participant has at least 7 years of vesting service. The Plan also provides for a disability pension to participants who meet certain criteria.

This description of the Plan is provided for general information purposes only. The complete terms of the Plan, including the terms of Kidder, Peabody, Stewart & Stevenson, and Heller Financial sections of the Plan, are provided in the Retirement Plan for Select GE Businesses Plan document. Information concerning the Plan, including benefits and vesting provisions, is also included in the Summary Plan Description and other material distributed to participants.

The Plan invests its funds in the GE Pension 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 primary 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

All Plan investment assets are held in the Trust. The Trust's investments are reported at fair value. See notes 3 and 4 for additional information.

Investment transactions are recorded by the Trust on a trade date basis. Interest income 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. Short-term investments generally maturing within 60 days or

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

less at the time of purchase are valued on the basis of amortized cost, which approximates fair value. Non-publicly traded investments are principally investments in real estate, alternative investment funds and private equity securities. The fair value estimates for these non-publicly traded investments involve subjective judgments and the actual selling price of these investments can only be determined by negotiations between independent third parties in a sales transaction.

Off-balance-sheet financial instruments and commitments are valued at current market prices and rates, and are included in due from brokers and due to brokers, as applicable, on the statements of net assets of the Trust. The net realized and unrealized gains or losses are included in net depreciation in fair value of investments in the statement of changes in net assets of the Trust. Forwards contracts are valued at the settlement price established each day by the board of trade or exchange on which they principally trade. Forward foreign currency contracts are valued at the closing market price.

Investment income and related expenses, including interest and dividend income, net realized gains (losses) on sale and unrealized appreciation (depreciation) in fair value of investments, are allocated by the Trust to the Plan based upon the Plan's percentage of Trust net assets at the beginning of each month.

(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.

GEHC 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. In addition, GEHC performs reviews through assessment of the inputs in the determination of valuation for a representative sample of direct investments in private equity securities and real estate investments to assess reasonableness of the valuations.

The following section describes the valuation methodologies used to measure Trust 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 securities primarily include publicly traded equity securities.

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

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

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 the portfolio of corporate fixed income, and government, mortgage and asset-backed securities. In infrequent circumstances, pricing vendors may provide valuations that are based on significant unobservable inputs, and in those circumstances the investment securities are classified in Level 3.

Private equity security valuations are reviewed at the end of each reporting period utilizing available market data to determine whether or not any fair value adjustments are necessary. The market data includes recent transactions in the same or similar instruments, completed or pending third-party transactions in the underlying investment or comparable issuers. Unobservable inputs include company specific fundamentals and other third-party transactions in that security.

Real estate investments are valued using discounted cash flow techniques on estimated future cash flows generated by the property, market analysis and sales comparison information. Cash flow estimates are based on current market estimates that reflect current and projected lease profiles and available industry information about expected trends in rental, occupancy, and capitalization rates.

Closing prices for derivatives, which are traded either on exchanges or liquid over-the-counter markets, are included in Level 1.

Trust securities that are valued using techniques other than market quotations, particularly securities that are recorded at fair value, 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.

GEHC may use non-binding broker quotes as its primary basis for valuation when there is limited, or no, relevant market activity for a specific instrument or for other instruments that share similar characteristics. GEHC has not adjusted the prices obtained from the brokers. Investment securities priced using non-binding broker quotes are included in Level 3. As is the case with the primary pricing vendor, third-party brokers do not provide access to their proprietary valuation models, inputs and assumptions.

Investments in private equity, real estate and collective 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.

(d) 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 and liabilities and changes therein, the actuarial present value of accumulated plan benefits and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(e) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are required under the Plan's provisions to the service employees have rendered. Accumulated plan benefits

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries.

Benefits payable as a result of retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated plan benefits is determined by independent actuaries 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, termination of employment, and retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements are presented using the end of the year benefit information data. The statements of accumulated plan benefits are measured as of January 1, 2023 and 2022, respectively. The more significant actuarial assumptions used in the valuations were: (a) for 2023 and 2022, expected mortality rates of participants are determined using the amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 with customization; (b) average assumed retirement age of approximately age ranging from 55 to 70; and (c) interest discount rate of 7.00% and 6.00%, respectively.

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, 2023 and January 1, 2022 valuations been performed as of December 31, there would be no material differences.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue indefinitely. If the Plan was expected to be completely terminated, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. 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.

(f) Benefit Payments

Benefit payments to participants are recorded when paid.

(3) Summary of Trust Financial Information

- (a) The Plan's net assets are invested solely in the Trust which has been established to receive employer and employee contributions, invest or reinvest such sums, and pay benefits in accordance with specific provisions for participating plans. Each participating retirement plan has an undivided interest in the Trust.
- (b) The value of the Plan's interest in the Trust is based on the beginning of year value of the Plan's interest in the Trust, plus actual contributions, allocated investment income, less actual distributions and allocated administrative expenses. The Plan's net assets and investments in the Trust rounded to 1.2% of the Trust net assets as of December 31, 2022 and 2021. The net assets and changes in net assets of the Trust follow.

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

Net Assets:	December 31,			
	2022		2021	
	Plan's Interest	Trust	Plan's Interest	Trust
	(in thousands)			
Assets:				
Investments (note 4):				
Global equity (a)	\$ 90,342	\$ 7,466,272	\$ 216,380	\$17,925,863
Debt securities (a)	312,241	25,804,918	382,504	31,687,908
Private equities and other investments (a)	115,991	9,585,974	113,037	9,364,842
Real estate (a)	39,002	3,223,328	49,013	4,060,475
Total investments	<u>557,576</u>	<u>46,080,492</u>	<u>760,934</u>	<u>63,039,088</u>
Cash	<u>4,858</u>	<u>401,520</u>	<u>1,874</u>	<u>155,260</u>
Receivables:				
Due from brokers	472	39,016	5,301	439,175
Income receivable	2,407	198,931	1,886	156,262
Other receivables	66	5,445	385	31,864
Total receivables	<u>2,945</u>	<u>243,392</u>	<u>7,572</u>	<u>627,301</u>
Total assets	<u>565,379</u>	<u>46,725,404</u>	<u>770,380</u>	<u>63,821,649</u>
Liabilities:				
Due to brokers	801	66,163	6,307	522,532
Accounts payable and accrued expenses	107	4,220	953	66,281
Total liabilities	<u>908</u>	<u>70,383</u>	<u>7,260</u>	<u>588,813</u>
Net assets	<u>\$ 564,471</u>	<u>\$46,655,021</u>	<u>\$ 763,120</u>	<u>\$63,232,836</u>

(a) Includes direct investments and investment funds. See Note 5 for amounts per type of investment.

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

Changes in Net Assets:	Year Ended December 31, 2022
	<u>Trust</u>
	(in thousands)
Investment income and expenses:	
Interest and dividend income	\$ 969,435
Net depreciation in fair value of investments	(13,537,162)
Investment management fees and other expenses	(292,403)
Transfers in related to:	
Employee contributions	14,220
Employer contributions	100
Transfers out related to:	
Affiliate plans	(2,970)
Benefit payments	(3,520,765)
Administrative expenses	<u>(208,270)</u>
Net decrease	(16,577,815)
Net assets of the Trust at:	
Beginning of year	<u>63,232,836</u>
End of year	<u>\$ 46,655,021</u>

(c) Risks and Uncertainties

The Trust invests in global equity, debt securities, private equities, real estate, partnerships, and certain other assets. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the fair value of investment securities, such as a pandemic or international conflict. Due to the level of risks associated with certain investments, it is reasonable to expect that changes in the fair value of investments will occur (including in the near term) and that such changes could materially affect the Trust's investments.

GEHC has incorporated de-risking objectives and liability hedging programs as part of its long-term investment strategy. GEHC utilizes a combination of long dated corporate bonds, treasuries, strips and derivatives to implement its investment strategies as well as for hedging asset and liability risks.

The Trust has a broadly diversified portfolio of investments in equities, fixed income, private equities and real estate; these investments are both U.S. and non-U.S. in nature. As of December 31, 2022 and 2021, no sector concentration of assets exceeded 15% of total Trust assets. As of December 31, 2022, there were no individual investments which represented 10% of the fair value of the Trust total investments.

General Electric Company securities represented 0.7% and 0.6% of Trust net assets at December 31, 2022 and 2021, respectively. During the year ended December 31, 2022, the Plan did not purchase or sell shares of GE Stock. For shares held, the Trust recorded dividend income of \$1.2 million for the year ended December 31, 2022.

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

(d) Financial Instruments with Off-Balance-Sheet Risk

In the normal course of business, the Trust enters into transactions in various financial instruments with off-balance-sheet risk. These financial instruments involve varying degrees and types of risks, including interest rate, credit and market risks, which may be in excess of the amounts recognized in the net assets of the Trust.

Credit risk represents the potential loss to the Trust due to possible nonperformance by obligors and counterparties of the terms of their contracts. Counterparty credit risk (the risk that counterparties will default and not make payments to the Trust according to the terms of the applicable agreements) are managed on an individual counterparty basis. There are provisions in the Trust's master agreements that require counterparties to post collateral (typically cash or U.S. Treasury Securities) from time to time depending on stated conditions, for example when the Trust's receivable due from that counterparty, measured at fair value, exceeds a specified limit.

Where there are agreements to net derivative exposures with a counterparty, exposures with that counterparty are netted and applied to the value of collateral posted to the Trust to determine the net exposure. These net exposures are actively monitored against defined limits and appropriate actions are taken in response, including requiring additional collateral. Market risk represents the potential loss to the Trust due to the decrease in the fair value of an off-balance-sheet financial instrument caused primarily by changes in interest rates or foreign exchange rates, or a combination thereof.

Forward contracts and futures represent agreements to purchase or sell securities, money market instruments or foreign currencies at a future date and at a specified price. Short sells represent commitments to purchase securities at a future date. Options give the holder the right, but not the obligation, to purchase or sell securities at a future date and at a specified price. Both credit and market risks exist with respect to forward contracts. Market risk exists with respect to futures, short sells and options. These positions are recorded at fair value, and the unrealized gain or loss is included in due to brokers and due from brokers in the Trust's statements of net assets. Financial futures are marked to market and settled with the broker on a daily basis. With futures contracts, there is minimal counterparty credit risk to the Trust since futures contracts are exchange traded and the exchange's clearinghouse, as counterparty to all traded futures, guarantees the futures against default. The Trust does not anticipate that losses, if any, as a result of credit or market risk would materially affect the net asset position of the Trust. The Trust, to a limited extent, enters into transactions involving other financial instruments and commitments as an integral part of the overall management of the investment portfolio. The Trust has elected to offset the fair value amounts recognized for receivables and payables for derivative positions executed with the same counterparty under the same master netting agreement. The majority of the Trust's derivative contracts have master netting agreements in place.

The notional amounts and fair values, by primary risk exposure, are presented as gross assets and liabilities and gains (losses) as of December 31, 2022 follow.

(in thousands)	Notional Amounts Long	Notional Amounts Short	Fair Value Asset	Fair Value Liability	Fair Value Net	Gain/(Loss) Recognized in Income
Swaptions	\$ 10,465	\$ (24,965)	—	\$ (48,390)	\$ (62,890)	—

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

The following is a summary of the Trust's exposure to derivative assets and liabilities with certain counterparties, summarized by investment manager, available for offset and net collateral under MNAs at December 31, 2022. The net amounts of derivative assets and liabilities shown below are included in the Trust's investments.

Derivative Assets and Liabilities as of December 31, 2022

(in thousands)		Gross Amount of Assets and Liabilities	Amount Eligible to Offset	Collateral Received	Net Amount
	Counterparty				
<u>Assets</u>					
Derivatives	Counterparty A	\$ 1,956	\$ —	\$ 1,956	\$ —
	Counterparty B	1,400	1,400	—	—
	Counterparty C	6	6	—	—
Assets Total		<u>\$ 3,362</u>	<u>\$ 1,406</u>	<u>\$ 1,956</u>	<u>\$ —</u>
<u>Liabilities</u>					
Derivatives	Counterparty B	\$ 8,128	\$ 1,400	\$ —	\$ 6,728
	Counterparty C	18,562	6	18,556	—
	Counterparty D	37,607	—	37,607	—
Derivatives Subtotal		<u>64,297</u>	<u>1,406</u>	<u>56,163</u>	<u>6,728</u>
Forwards	Counterparty D	\$ 563	\$ —	\$ —	\$ 563
Forwards Subtotal		<u>563</u>	<u>—</u>	<u>—</u>	<u>563</u>
Liabilities Total		<u>\$ 64,860</u>	<u>\$ 1,406</u>	<u>\$ 56,163</u>	<u>\$ 7,291</u>

The notional amounts and fair values, by primary risk exposure, are presented as gross assets and liabilities and gains (losses) as of December 31, 2021 follow.

(in thousands)	Notional Amounts Long	Notional Amounts Short	Fair Value Asset	Fair Value Liability	Fair Value Net	Gain/(Loss) Recognized in Income
Swaptions	\$ 28,395	\$ (29,155)	\$ 6,461	\$ (23,253)	\$ (17,551)	\$ 74,664

The following is a summary of the Trust's exposure to derivative assets and liabilities with certain counterparties, summarized by investment manager, available for offset and net collateral under MNAs at December 31, 2021. The net amounts of derivative assets and liabilities shown below are included in the Trust's investments.

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

Derivative Assets and Liabilities as of December 31, 2021

(in thousands)	Counterparty	Gross Amount of Assets and Liabilities	Amount Eligible to Offset	Collateral Received	Net Amount
<u>Assets</u>					
Derivatives	Counterparty A	\$ 731	\$ —	\$ 731	\$ —
	Counterparty B	2,597	1,895	(209)	911
	Counterparty C	1,814	1,814	—	—
Assets Total		<u>\$ 5,142</u>	<u>\$ 3,709</u>	<u>\$ 522</u>	<u>\$ 911</u>
<u>Liabilities</u>					
Derivatives	Counterparty A	7,344	—	7,344	—
	Counterparty B	1,895	1,895	—	—
	Counterparty C	13,454	1,814	11,324	316
Liabilities Total		<u>\$ 22,693</u>	<u>\$ 3,709</u>	<u>\$ 18,668</u>	<u>\$ 316</u>

(4) 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>				
Global equity	\$ 4,060,909	\$ —	\$ —	\$ 4,060,909
Debt securities				
Fixed income and cash investment funds	2,861,248	2,125,302	—	4,986,550
U.S. corporate (a)	111,193	9,032,917	—	9,144,110
Non-U.S. corporate	—	1,384,459	—	1,384,459
Residential mortgage-backed	—	32,526	—	32,526
U.S. government and federal agency	—	5,977,731	—	5,977,731
Other debt securities (b)	—	683,796	421	684,217
Private equities and other investments	—	—	796,355	796,355
Real estate	—	—	1,540,439	1,540,439
	<u>\$ 7,033,350</u>	<u>\$ 19,236,731</u>	<u>\$ 2,337,215</u>	28,607,296
<u>Investments measured at NAV (c):</u>				
Global equity				3,405,364
Private equities and other investments				8,789,618
Debt securities				3,595,325
Real estate				1,682,889
Total investments, at fair value				<u>\$ 46,080,492</u>

(a) Primarily represented investment grade bonds of U.S. issuers from diverse industries.

(b) Primarily represented investments in state and municipal debt, non-U.S. government bonds and commercial mortgage-backed securities. Included in the amount are derivatives - options and swaps.

(c) Certain investments that are measured at fair value using the NAV 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 of the Trust in note 3.

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

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>				
Global equity	\$ 8,061,518	\$ —	\$ —	\$ 8,061,518
Debt securities				
Fixed income and cash investment funds	4,767,663	3,177,145	—	7,944,808
U.S. corporate (a)	—	10,700,989	—	10,700,989
Non-U.S. corporate	—	1,478,555	—	1,478,555
Residential mortgage-backed	—	92,068	90	92,158
U.S. government and federal agency	—	5,492,818	—	5,492,818
Other debt securities (b)	—	517,206	421	517,627
Private equities and other investments	—	—	1,411,277	1,411,277
Real estate	—	—	2,601,232	2,601,232
	<u>\$ 12,829,181</u>	<u>\$ 21,458,781</u>	<u>\$ 4,013,020</u>	38,300,982
<u>Investments measured at NAV (c):</u>				
Global equity				9,864,345
Private equities and other investments				7,953,565
Debt securities				5,460,953
Real estate				1,459,243
Total investments, at fair value				<u>\$ 63,039,088</u>

- (a) Primarily represented investment grade bonds of U.S. issuers from diverse industries.
- (b) Primarily represented investments in state and municipal debt, non-U.S. government bonds and commercial mortgage-backed securities.
- (c) Certain investments that are measured at fair value using the NAV 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 of the Trust in note 3.

Investments in private equity, real estate and collective trust funds held by the Trust, are generally valued using the NAV per share as a practical expedient for fair value provided certain criteria are met. The NAV of the funds 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.

Global Equity Funds

A subset of the funds in this asset class are structured as common collective trusts. Redemption periods are generally daily with a notice requirement less than 15 days. The remaining funds have monthly or annual redemption periods with notice requirements of less than 30 days. As of December 31, 2022, the global equity funds have unfunded commitments of \$150 million and no unfunded commitments as of December 31, 2021.

Debt Securities Funds

A subset of this asset class are structured as common collective trusts. Redemption periods are generally daily with notice requirement less than 5 days. The remaining funds have daily or monthly redemption periods with notice requirements of less than 15 days. As of December 31, 2022 and 2021, there were no unfunded commitments.

Private Equities Funds and Other Investments

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

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

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. The redemption period for these funds is generally quarterly and requires a 90-day notice. As of December 31, 2022 and 2021, private equity funds had unfunded commitments of \$2,572 million and \$1,978 million, respectively.

Real Estate Funds

This asset class consists primarily of closed-end real estate funds with redemption terms that are typically 10 or more years. As of December 31, 2022 and 2021, real estate funds had unfunded commitments of \$860 million and \$1,080 million, respectively.

The changes in Level 3 investments measured on a recurring basis for the year ended December 31, 2022 follow.

(in thousands)	January 1, 2022	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2022
Debt securities funds							
Residential							
mortgage-backed	\$ 90	\$ —	\$ —	\$ —	\$ (90)	\$ —	\$ —
Other debt securities	421	—	—	—	—	—	421
Private equities funds and other investments	1,411,277	5,801	(400,231)	106,917	(204,941)	(122,468)	796,355
Real estate funds	<u>2,601,232</u>	<u>373,951</u>	<u>(416,751)</u>	<u>55,649</u>	<u>(1,073,642)</u>	<u>—</u>	<u>1,540,439</u>
	<u>\$ 4,013,020</u>	<u>\$ 379,752</u>	<u>\$ (816,982)</u>	<u>\$ 162,566</u>	<u>\$ (1,278,673)</u>	<u>\$ (122,468)</u>	<u>\$ 2,337,215</u>

(a) Transfers in and out of Level 3 are considered to occur at the beginning of the period.

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

The changes in Level 3 investments measured on a recurring basis for the year ended December 31, 2021 follow.

(in thousands)	January 1, 2021	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2021
Debt securities funds							
Residential							
mortgage-backed	\$ 81	\$ —	\$ 9	\$ —	\$ —	\$ —	\$ 90
Other debt securities	421	—	—	—	—	—	421
Real estate funds	2,356,950	(106,175)	733,120	158,888	(648,120)	106,569	2,601,232
	<u>\$ 2,819,523</u>	<u>\$ (267,912)</u>	<u>\$ 767,041</u>	<u>\$ 291,692</u>	<u>\$ (888,152)</u>	<u>\$ 1,290,828</u>	<u>\$ 4,013,020</u>

(a) Transfers in and out of Level 3 are considered to occur at the beginning of the period.

Information related to the significant unobservable inputs used in the valuation of Level 3 investments as of December 31, 2022 follows.

Investment	Fair Value December 31, 2022 (in thousands)	Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
Private equity	\$ 144,262	Combination (Market & Income approach)	Revenue EBITDA	N/A N/A	1.75X - 10.75X 12X - 15X
Real estate	1,256,145	Discounted cash flow	Capitalization rate Discount rate	5.71% 6.94%	4.75%-7.75% 6.25%-10.00%
Other (a)	936,808	Other	Other	N/A	N/A
Total	<u>\$ 2,337,215</u>				

(a) Fair value measurements classified as Other are assets from the above investment types (primarily private equity co-investments) that were individually insignificant and utilize a number of different unobservable inputs as described in the above table.

(b) Discount rates are determined based on inputs that market participants would use when pricing investments, including credit and liquidity risk. An increase in the discount rate would result in a decrease in the fair value.

(c) Capitalization rates represent the rate of return on net operating income which is considered acceptable for an investor and is used to determine a real estate investment capitalized value. An increase in the capitalization rate would result in a decrease in the fair value.

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

Information related to the significant unobservable inputs used in the valuation of Level 3 investments as of December 31, 2021 follows.

Investment	Fair Value December 31, 2021 (in thousands)	Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
Private equity	\$ 34,166	Market comparables	EBITDA multiple	13.4X	11.8X - 15X
	23,792		Book value multiple	.6X	.5X-.7X
	36,439		Revenue	12.1X	.7X - 13.4X
Real estate	2,300,890	Discounted cash flow	Capitalization rate	5.36%	4.25%-7.25%
			Discount rate	6.51%	5.50%-9.50%
Other (a)	1,617,733	Other	Other	N/A	N/A
Total	<u>\$ 4,013,020</u>				

- (a) Fair value measurements classified as Other are assets from the above investment types that were individually insignificant and utilize a number of different unobservable inputs.
- (b) Discount rates are determined based on inputs that market participants would use when pricing investments, including credit and liquidity risk. An increase in the discount rate would result in a decrease in the fair value.
- (c) Capitalization rates represent the rate of return on net operating income which is considered acceptable for an investor and is used to determine a real estate investment capitalized value. An increase in the capitalization rate would result in a decrease in the fair value.

(5) 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 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 managers. 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.

(6) Tax Status

The Internal Revenue Service ("IRS") has notified the Company by a letter dated October 19, 2017, that the Plan is qualified under the appropriate sections of the Internal Revenue Code ("IRC") and that the related trust is tax-exempt. In December 2016, the IRS began publishing a Required Amendments List for individually designed plans which specifies changes in qualification requirements. The list is published annually, and requires plans to be amended for each item on the list, as applicable, to retain its tax-exempt status. The Plan has monitored the published IRS list annually, and the Plan has been amended for each item on the IRS list, as applicable, to retain its tax exempt status. Management believes that the Plan and related trust are currently designed, have been amended, and are being operated in compliance in all material respects with the applicable requirements of the IRC, and that the letter remains valid. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan satisfies the non-discrimination requirements of IRC sections 401(a)(4) and 410(b). To the extent the Trust recognizes any "unrelated business taxable income" as defined in Sections 512 through 514 of the IRC, the Trust is required to pay tax on any such income. For the year ended December 31, 2022, the Trust recorded a current income tax expense of \$6.1 million. As of December 31, 2022 and December 31, 2021, the Trust recorded no deferred tax liabilities.

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

(7) Expenses

Pursuant to the Plan document, the Plan incurs certain administrative expenses and the Plan's proportionate share of other Trust expenses. Administrative expenses consist primarily of premiums paid to the Pension Benefit Guaranty Corporation ("PBGC"), direct recordkeeping and transaction processing costs. The Plan's proportionate share of the other Trust expenses is primarily associated with investment management fees.

Expenses for the Plan follow.

	Year Ended December 31, 2022
	(in thousands)
Administrative expenses	\$ 5,960
Investment management fees and other expenses	3,534
Total expenses	<u>\$ 9,494</u>

(8) Funding

It is the Company's policy to contribute amounts sufficient to meet minimum funding requirements as set forth in employee benefit and tax laws plus such additional amounts as the Company may determine to be appropriate. The Company did not contribute in 2022 for the 2022 plan year. In addition, the Company has no formal commitment to contribute in 2023 for the 2022 plan year.

(9) Plan Termination

Although the Company has not expressed any intent to do so, it has the right to terminate the Plan in accordance with the Plan provisions and the provisions set forth in ERISA.

In the event of complete Plan termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide benefits in a prescribed order starting with benefits attributable to employee contributions, as applicable to plans participating in the Trust.

Additionally, certain benefits under the Plan are insured by the PBGC, a U.S. government agency, if the Plan so terminates. Generally, the PBGC guarantees most vested normal 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.

Whether all participants will receive their benefits should the Plan so terminate at some future time 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 level of benefits guaranteed by the PBGC. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2023, that ceiling, which is adjusted periodically, is \$6,750 per month.

RETIREMENT PLAN FOR SELECT GE BUSINESSES

Notes to Financial Statements

December 31, 2022 and 2021

(10) Subsequent Events

Subsequent events were evaluated through September 18, 2023, the date the financial statements are available to be issued. Except as disclosed below, no events occurred that require additional disclosure or adjustments to the Plan's financial statements.

On January 3, 2023, GE Company completed the separation of its HealthCare business, into a separate, independent publicly traded company.

Also, effective January 1, 2023, the net assets of the plans invested in the Trust were allocated among three separate master trusts to align with the anticipated business separations - GE Aerospace Pension Master Trust, GE Energy Pension Master Trust and GE HealthCare Pension Master Trust. Assets of all three master trusts are invested in the Trust. Accordingly, the Plan's net assets are held in the GE HealthCare Pension Master Trust effective January 1, 2023 which receives employer contributions and pays benefits in accordance with specific provisions.

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan For Select GE Businesses
 EIN: 47-4432326 PN: 002

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		1								
40-44		3	1	1						
45-49		6	3	4						
50-54		13	10	3	1					
55-59		9	6	5	2	1				
60-64		5	2	4	3					
65-69		3				1				
70+										

N-87

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan For Select GE Businesses
 EIN: 47-4432326 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Optional Payment Form Election Percentage	50% life annuity 25% 50% joint and survivor 25% 100% joint and survivor 100% lump sum for eligible Heller participants
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
EIN: 47-4432326 PN: 002

years older than their spouses.

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2020 Plan Year

6.75%, limited to 5.94%

2021 Plan Year

6.25%, limited to 6.11%

2022 Plan Year

6.00%, limited to 5.92%

Trust Expenses Included in Target Normal Cost

\$4,662,000. Assumes prior year's expenses rounded to the nearest \$10,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
EIN: 47-4432326 PN: 002

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	8.00%
56	8.00%
57	8.00%
58	8.00%
59	8.00%
60	20.00%
61	15.00%
62	15.00%
63	25.00%
64	25.00%
65	60.00%
66	60.00%
67	60.00%
68	60.00%
69	60.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan For Select GE Businesses
 EIN: 47-4432326 PN: 002

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	14.00%	45	2.40%
16	14.00%	46	2.36%
17	14.00%	47	2.32%
18	14.00%	48	2.28%
19	14.00%	49	2.24%
20	14.00%	50	1.10%
21	14.00%	51	1.08%
22	14.00%	52	1.06%
23	14.00%	53	1.04%
24	14.00%	54	1.02%
25	14.00%	55	10.00%
26	14.00%	56	10.00%
27	14.00%	57	10.00%
28	14.00%	58	10.00%
29	14.00%	59	10.00%
30	4.62%	60	10.00%
31	4.62%	61	10.00%
32	4.62%	62	10.00%
33	4.62%	63	10.00%
34	4.62%	64	10.00%
35	4.62%	65+	10.00%
36	4.55%		
37	4.49%		
38	4.42%		
39	4.36%		
40	3.25%		
41	3.20%		
42	3.15%		
43	3.10%		
44	3.05%		

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

Part II Basic Plan Information—enter all requested information

1a Name of plan RETIREMENT PLAN FOR SELECT GE BUSINESSES	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/1954
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) GE CAPITAL US HOLDINGS, INC. 901 MAIN AVE THE TOWERS AT MERRITT RIVER NORWALK CT 06851	2b Employer Identification Number (EIN) 47-4432326
	2c Plan Sponsor's telephone number 224-239-0617
	2d Business code (see instructions) 551112

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	<i>Bryan Falato</i>	9/29/2023	BRYAN FALATO
	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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor GE CAPITAL PLAN COMMITTEE PO BOX 114 PRIOR LAKE MN 55372	3b Administrator's EIN 47-4432326 3c Administrator's telephone number 224-239-0617
---	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	10,175
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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)	87
a(2) Total number of active participants at the end of the plan year	6a(2)	13
b Retired or separated participants receiving benefits	6b	4,144
c Other retired or separated participants entitled to future benefits	6c	5,139
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	9,296
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	723
f Total. Add lines 6d and 6e	6f	10,019
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
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 Characteristics Codes in the instructions:
 1A 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 SB (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>	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.	<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

▶ **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 RETIREMENT PLAN FOR SELECT GE BUSINESSES	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GE CAPITAL US HOLDINGS, INC.	D Employer Identification Number (EIN) 47-4432326	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2022</u>
2 Assets:			
a Market value	2a		763,067,827
b Actuarial value	2b		719,289,646
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	4,521	317,228,811	317,228,811
b For terminated vested participants	5,567	317,005,026	317,005,026
c For active participants	87	1,186,412	1,186,412
d Total	10,175	635,420,249	635,420,249
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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		5.40%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		4,662,000
c Total (line 6a + line 6b)	6c		4,662,000

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	DAWN M. OCHOA <i>dmo</i>		
	Signature of actuary	08/30/2023	Date
	DAWN M. OCHOA	2307557	Most recent enrollment number
	Aon Consulting, Inc.	847-295-5000	Telephone number (including area code)
	Firm name		
	MSC #17755 PO BOX 1447 LINCOLNSHIRE IL 60069		
	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	8,045,919
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	8,045,919
10	Interest on line 9 using prior year's actual return of <u>9.97</u> %	0	802,178
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 <u>5.58</u> %		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		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	8,848,097

Part III		Funding Percentages	
14	Funding target attainment percentage	14	111.80 %
15	Adjusted funding target attainment percentage	15	113.19 %
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	103.66 %
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 4,662,000
b Excess assets, if applicable, but not greater than line 31a				31b 4,662,000
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 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan For Select GE Businesses
 EIN: 47-4432326 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	8.00%	0.7787	3.64
59.5	8.00%	0.7164	3.41
60.5	20.00%	0.6591	7.97
61.5	15.00%	0.5273	4.86
62.5	15.00%	0.4482	4.20
63.5	25.00%	0.3809	6.05
64.5	25.00%	0.2857	4.61
65.5	60.00%	0.2143	8.42
66.5	60.00%	0.0857	3.42
67.5	60.00%	0.0343	1.39
68.5	60.00%	0.0137	0.56
69.5	60.00%	0.0055	0.23
70	100.00%	0.0022	0.15
	Weighted Average		61.40

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
EIN: 47-4432326 PN: 002

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	83,790	14,539,544	30,984,925	45,608,259
2023	90,321	15,588,390	30,255,240	45,933,950
2024	65,036	17,226,669	29,491,594	46,783,299
2025	64,133	19,646,964	28,626,413	48,337,510
2026	56,896	20,903,952	27,735,817	48,696,665
2027	49,865	22,652,494	26,816,159	49,518,517
2028	52,653	23,229,479	25,889,768	49,171,901
2029	59,387	23,971,912	24,944,777	48,976,075
2030	62,113	24,049,632	23,954,556	48,066,302
2031	63,400	23,491,710	22,851,492	46,406,602
2032	63,347	22,941,680	21,740,747	44,745,774
2033	67,820	22,071,751	20,669,279	42,808,850
2034	72,071	21,850,367	19,550,184	41,472,623
2035	73,376	22,003,572	18,407,251	40,484,198
2036	75,575	22,101,994	17,269,023	39,446,592
2037	74,246	21,932,145	16,132,505	38,138,896
2038	76,938	21,727,098	14,996,034	36,800,070
2039	78,801	21,467,132	13,856,518	35,402,450
2040	82,374	21,122,960	12,721,083	33,926,417
2041	82,930	20,733,998	11,597,548	32,414,477
2042	88,539	20,197,099	10,494,223	30,779,860
2043	90,001	19,617,860	9,419,635	29,127,496
2044	90,808	18,953,558	8,382,397	27,426,762
2045	90,794	18,234,103	7,391,068	25,715,965
2046	89,027	17,451,672	6,453,823	23,994,523
2047	87,230	16,603,547	5,578,118	22,268,896
2048	85,441	15,700,805	4,770,273	20,556,519
2049	83,280	14,756,530	4,035,018	18,874,828
2050	80,930	13,783,155	3,375,157	17,239,242
2051	78,331	12,789,887	2,791,440	15,659,658
2052	75,516	11,786,938	2,282,598	14,145,052
2053	72,472	10,785,227	1,845,522	12,703,221
2054	69,212	9,795,812	1,475,617	11,340,641
2055	65,755	8,829,520	1,167,173	10,062,448
2056	62,128	7,896,475	913,706	8,872,309
2057	58,362	7,005,679	708,343	7,772,384
2058	54,495	6,164,802	544,209	6,763,506
2059	50,567	5,379,960	414,721	5,845,248
2060	46,615	4,655,567	313,800	5,015,982
2061	42,680	3,994,334	236,028	4,273,042
2062	38,798	3,397,386	176,712	3,612,896
2063	35,000	2,864,357	131,890	3,031,247
2064	31,317	2,393,543	98,301	2,523,161
2065	27,778	1,982,144	73,319	2,083,241

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan For Select GE Businesses
 EIN: 47-4432326 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2066	24,407	1,626,487	54,863	1,705,756
2067	21,226	1,322,252	41,304	1,384,781
2068	18,255	1,064,748	31,387	1,114,390
2069	15,512	849,108	24,157	888,778
2070	13,013	670,449	18,898	702,360
2071	10,767	524,014	15,077	549,858

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
EIN: 47-4432326 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1977. Merged into the Kidder, Peabody Retirement Plan for Salaried and Commissioned Employees on December 31, 2001.
Participants	All nonunion employees of GE Capital Fleet Services and certain affiliated companies who are not active participants of another qualified pension plan sponsored by the company, following the completion of one year of service and the attainment of age 21.
Normal Retirement Eligibility	Age 65.
Monthly Benefit	<p>One-twelfth of the following: 1.00% of final average earnings plus 0.60% of average earnings in excess of the annual breakpoint, times credited service up to 30 years.</p> <p>The benefit shall not be less than \$4.00 a month for each year of credited service (maximum 30).</p> <p>The accrued benefit under the plan's benefit formula for GE Capital Fleet Services is calculated taking into account service and compensation through December 31, 2010. The "breakpoint" also is frozen as of December 31, 2010.</p> <p>There are no future accruals and the accrued benefits are frozen for all groups as of December 31, 2011.</p>
Commencement	At termination of employment.
Postponed Retirement Eligibility	After attaining age 65.
Monthly Benefit	The greater of the amount determined as for normal retirement based on final average earnings, monthly breakpoint, and credited service at the time of termination of employment, or the actuarial equivalent of the normal retirement benefit as if retired at age 65.
Commencement	At termination of employment.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
EIN: 47-4432326 PN: 002

Fleet Participants

Early Retirement

Eligibility Age 55.

Monthly Benefit The amount determined as for normal retirement based on final average earnings, monthly breakpoint, and credited service at the time of termination of employment, reduced by 0.555% for each of the first 60 months and 0.278% for each of the next 60 months by which commencement precedes age 65.

Commencement Between termination of employment and age 65.

Deferred Vested Retirement

Eligibility Before attaining eligibility for early or normal retirement.

Monthly Benefit The amount determined as for early retirement.

Commencement Between age 55 and age 65 (reduced the same as for early retirement).

Preretirement Death Benefit

Married Participants

Eligibility After being married for at least one year and before receiving any benefits under the plan.

Monthly Benefit 50% of the amount that would have been payable if the employee had terminated employment on the date of death (if not already terminated), survived to earliest retirement age (if not already eligible for retirement), and then begun to receive a 50% joint and survivor annuity.

Commencement At the later of the date of death or the date the employee would have first been eligible for early retirement.

Unmarried Participants

Eligibility Age 55.

Benefit A lump sum equal to the actuarial equivalent of 40% of the accrued benefit.

Commencement At the date of death.

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Retirement Plan For Select GE Businesses
 EIN: 47-4432326 PN: 002

Disability Benefit	
Eligibility	After total disability.
Benefit	Normal retirement benefit using annual earnings equal to the pay rate for the year preceding the year in which total disability occurs and service projected to normal retirement date.
Commencement	Age 65.
Automatic Form of Annuity	
Unmarried Employees	Life annuity.
Married Employees	50% joint and survivor annuity.
Optional Form of Annuity	5-year certain and life annuity; 10-year certain and life annuity; 75% joint and survivor annuity; 100% joint and survivor annuity.
Definitions	
Actuarial Equivalent	A benefit of equivalent value based on the “Applicable Mortality Table” as defined by the Internal Revenue Service under Code section 417(e)(3) as in effect on the first day of the Plan Year, and the “Applicable Interest Rate”. The “Applicable Interest Rate” shall mean the interest rate promulgated by the Internal Revenue Service under Code section 417(e)(3) for the second calendar month preceding the first day of the Plan Year in which a distribution occurs.
Annual Earnings	Calendar year earnings including salary, section 401(k) and section 125 deferrals, bonuses, overtime, and commissions, as defined in the plan document.
Final Average Earnings	The average of the highest five consecutive calendar years of annual earnings during the 10-year period ending on the earlier of the participant’s termination date or retirement date excluding the last partial year of earnings.
Monthly Breakpoint	\$1,400 multiplied by the ratio of (a) the Social Security maximum taxable wage base in the year the benefit is determined to (b) \$48,000.
Credited Service	After January 1, 1992, a plan year with 1,000 hours.
Plan Year	Calendar year.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
EIN: 47-4432326 PN: 002

Former Kidder Participants

Effective Date	January 1, 1954. Merged with GE Fleet Services' Retirement Plan for Selected GE Capital Companies on December 31, 2001.
Participants	Former employees of Kidder, Peabody Inc.
Normal Retirement Eligibility	Age 65 and five years of vesting service.
Monthly Benefit	Greater of final average formula benefit or prior plan accrued benefit. The prior plan accrued benefit is only applicable to members on or before December 31, 1979. Accrued benefits were frozen as of December 31, 1995.
Postponed Retirement Eligibility	After normal retirement. Formerly required annual company approval after age 70.
Monthly Benefit	Accrued benefit to date of postponed retirement.
Early Retirement Eligibility	For retirements between January 1 and July 1, 1988, attainment of age 55 and five years of vesting service; after June 30, 1988, age 55 and 10 years.
Monthly Benefit	Accrued benefit to date of early retirement. Benefit is reduced for each year which pension commencement precedes age 65. The reduction factor is 10% for each of the first three years and 5% for each of the next seven years.
Deferred Vested Retirement Eligibility	For terminations on or after January 1, 1989 and before October 1, 1994, five years of vesting service. For terminations on or after October 1, 1994, all members are 100% vested.
Monthly Benefit	Accrued benefit to date of termination of employment. Benefit for early commencement, if eligible, reduced the same as for early retirement.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
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Preretirement Death Benefit

Married Participants
Eligibility

Attainment of vested status (active or terminated).

Monthly Benefit

50% of the accrued pension benefit to date of death reduced as if employee survived to earliest retirement age (if not already eligible for retirement), and then began to receive a 50% joint and survivor annuity.

Automatic Form of Annuity

Unmarried Employees

Life annuity.

Married Employees

50% joint and survivor annuity.

Optional Form of Annuity

100% joint and survivor annuity.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
EIN: 47-4432326 PN: 002

Former Heller Participants

Effective Date	Established December 15, 1941. Merged into the Retirement Plan for Select GE Businesses on December 31, 2002.
Participants	Former employees of Heller Financial, Inc. who were participants prior to May 31, 2002.
Normal Retirement Eligibility	Age 65.
Monthly Benefit	Greater of final average benefit or benefit accrued under pre-1989 plan with updates. Accrued benefit frozen as of May 31, 2002.
Commencement	At termination of employment.
Postponed Retirement Eligibility	After attaining age 65.
Monthly Benefit	The greater of the amount determined as for normal retirement based on average earnings, monthly breakpoint, and credited service at the time of termination of employment, or the actuarial equivalent of the normal retirement benefit as if retired at age 65.
Commencement	At termination of employment.
Early Retirement Eligibility	After attaining age 55 and completing 15 years of vesting service.
Monthly Benefit	The amount determined as for normal retirement at the time of termination of employment, reduced by 1/15th for each of the first five years and by 1/30th for each of the next five years that payments begin early. If the participant retires after age 60 with 15 years of vesting service, the amount of his pension shall be reduced by only 3% for each year that payments begin early.
Commencement	Between termination of employment and age 65.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
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Deferred Vested Retirement

Eligibility

After completing five years of vesting service but before attaining eligibility for early or normal retirement.

Monthly Benefit

The amount determined as for normal retirement. With 15 years of vesting service, participants may begin payments on the first of any month following age 55 equal to the amount payable if retired early.

Commencement

Between age 55 and age 65 (reduced the same as for early retirement) if 15 years of vesting service, else age 65.

Preretirement Death Benefit

Eligibility

After being married for at least one year, after becoming vested, and before receiving any benefits under the plan. If there is no eligible spouse, the benefit will be paid to the participant's children, if any.

Monthly Benefit

If the participant dies after attaining age 50 or completing 20 years of vesting service, an unreduced benefit of 50% of the accrued benefit at the time of death is payable immediately. If eligible spouse is more than five years younger than the participant, the benefit payable is reduced to the actuarial equivalent of the benefit payable to a spouse exactly five years younger.

If the participant dies before age 50 and completion of 20 years of vesting service, the benefit equals 50% of the accrued benefit payable at the earliest age the participant could have commenced a pension, reduced for early retirement and for the 50% joint and survivor option.

Commencement

If age 50 and five years of service or 20 years of vesting service, the date of death. Otherwise, the later of the date of death or the date the employee would have first been eligible for retirement.

Automatic Form of Annuity

For unmarried employees: Life annuity.

For married employees: The actuarial equivalent 50% joint and survivor annuity.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
EIN: 47-4432326 PN: 002

Optional Form of Annuity

10-year certain and life annuity; 75% joint and survivor annuity; 100% joint and survivor annuity, 5-year certain annuity, 10-year certain annuity, 15-year certain annuity.

Participants hired prior to January 1, 1993 and eligible for normal or early retirement (including deferred vested participants who have reached early retirement age) or a disability pension may elect a lump sum option.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
EIN: 47-4432326 PN: 002

Former Stewart and Stevenson Participants

Participants	Former Stewart and Stevenson employees as listed in the appendix to the Retirement Plan for Select GE Businesses.
Normal Retirement Eligibility	Age 65 and five years of participation.
Monthly Benefit	Accrued benefit listed in the appendix to the Retirement Plan for Select GE Businesses.
Commencement	At termination of employment.
Postponed Retirement Eligibility	After normal retirement.
Monthly Benefit	Accrued benefit listed in the appendix to the Retirement Plan for Select GE Businesses.
Early Retirement Eligibility	After attaining 10 years of vesting service and Rule of 70.
Monthly Benefit	Accrued benefit listed in the appendix to the Retirement Plan for Select GE Businesses reduced by 1/180 for the first 60 months before age 65 and 1/360 for the next 60 months. Benefit is actuarially reduced for each additional month thereafter.
Deferred Vested Retirement Eligibility	After completing five years of vesting service.
Monthly Benefit	Accrued benefit listed in the appendix to the Retirement Plan for Select GE Businesses. If eligible, benefit at early commencement reduced the same as for early retirement.
Preretirement Death Benefit Married Participants Eligibility	Attainment of vested status.
Monthly Benefit	50% of the amount that would have been payable if the employee survived to earliest retirement age (if not already eligible for retirement), and then began to receive a 50% joint and survivor annuity.
Commencement	At the later of the date of death or the date the employee would have first been eligible for early retirement.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
EIN: 47-4432326 PN: 002

Automatic Form of Annuity

Unmarried Employees

Life annuity.

Married Employees

50% joint and survivor annuity.

Large Amount Lump Sums

If present value of participant's accrued benefit is not in excess of \$10,000, such benefit is paid as a lump sum.

Optional Form of Annuity

5-year certain and life annuity; 10-year certain and life annuity; 66⅔% joint and survivor annuity; 75% joint and survivor annuity; 100% joint and survivor annuity.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump sum payments from the 2021 plan year IRC section 417(e)(3) mortality table to the 2022 plan year IRC section 417(e)(3) mortality table.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Retirement Plan For Select GE Businesses
EIN: 47-4432326 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected return on assets from 6.25% to 6.00%.

This change was made to better reflect the anticipated plan experience and did not reduce the funding shortfall; as such, approval of the Commissioner is not required.