

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: GE VERNOVA PUERTO RICO SAVINGS PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 03/01/2000
2a Plan sponsor's name (employer, if for a single-employer plan): GE INDUSTRIAL OF PR, LLC
2b Employer Identification Number (EIN): 66-0685559
2c Plan Sponsor's telephone number: 787-379-5632
2d Business code (see instructions): 541990

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> 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:		<b>4b</b> EIN 66-0685559	
<b>a</b> Sponsor's name GE INDUSTRIAL OF PR, LLC		<b>4d</b> PN 002	
<b>c</b> Plan Name GE PUERTO RICO SAVINGS PLAN			
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	413	
<b>6</b> 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).			
<b>a(1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	111	
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	103	
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	14	
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	278	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	395	
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	1	
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	396	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	389	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	390	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	7	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>		

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2T 3C 3H

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

<b>9a</b> Plan funding arrangement (check all that apply)		<b>9b</b> Plan benefit arrangement (check all that apply)	
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor	

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

<b>a Pension Schedules</b>		<b>b General Schedules</b>	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(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)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>GE VERNOVA PUERTO RICO SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GE INDUSTRIAL OF PR, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>66-0685559</b>	

**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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**BENEFIT PLANS ADMIN SERVICES, INC.**

**16-1503696**

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

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<b>COLUMBIA THREADNEEDLE INVESTMENTS</b>	<b>245 SUMMER STREET</b>
	<b>3RD FLOOR</b>
	<b>BOSTON, MA 02110</b>

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

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<b>PRINCIPAL FUNDS DISTRIBUTOR, INC.</b>	<b>620 COOLIDGE DRIVE</b>
	<b>FOLSOM, CA 95630</b>

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

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

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**(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)

BENEFIT PLANS ADMIN SERVICES, INC

16-1503696

(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 27 28 37 60 64	N/A	86121	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>GE VERNOVA PUERTO RICO SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GE INDUSTRIAL OF PR, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>66-0685559</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS STABLE VALUE INST'L 1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>13-4166989-025</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2197160</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB US LARGE CAP GROWTH CIT P-2</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN</u>		
<b>c</b> EIN-PN <u>38-4116831-509</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4121525</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HB&amp;T BLACKROCK LARGE CAP EQUITY IND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>HAND BENEFITS &amp; TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>74-1977743-202</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HB&amp;T BLACKROCK MID CAP EQUITY INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>HAND BENEFITS &amp; TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>74-1977743-198</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HB&amp;T BLACKROCK MSCI ACWI EX-US INDE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>HAND BENEFITS &amp; TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>74-1977743-200</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HB&amp;T BLACKROCK SMALL CAP EQUITY IND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>HAND BENEFITS &amp; TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>74-1977743-201</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HB&amp;T BLACKROCK U.S. AGGREGATE BOND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>HAND BENEFITS &amp; TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>74-1977743-197</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET CORE PLUS BOND CIF R2

**b** Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY

<b>c</b> EIN-PN 95-2705767-113	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN SMALL CAP GROWTH

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

<b>c</b> EIN-PN 38-4139860-637	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58851
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>GE VERNOVA PUERTO RICO SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GE INDUSTRIAL OF PR, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>66-0685559</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	21952	27351
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	8935	0
<b>(3)</b> Other .....	<b>1b(3)</b>	628	2250
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	222927	284703
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	10606731	6377536
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	7409358	14016992
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	1183427	1639443
(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	19453958	22348275
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	19453958	22348275

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	184282	
(B) Participants.....	2a(1)(B)	416688	
(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)		600970
<b>b Earnings on investments:</b>			
(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)	18650	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		18650
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	283201	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	636957	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		920158
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	765726	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	388891	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		376835
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	288787	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		288787

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		1004248
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		1025915
<b>c</b> Other income .....	2c		388
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		4235951

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	1278357	
(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)		1278357
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		-23031
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	64611	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	21510	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)	187	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		86308
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		1341634

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		2894317
<b>l</b> 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** as part of Schedule H because:

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	151455
<b>b</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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>GE VERNOVA PUERTO RICO SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>GE INDUSTRIAL OF PR, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>66-0685559</u>	

<b>Part I</b>	<b>Distributions</b>
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**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
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**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): 66-0795542

**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	
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

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

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

EIN: 66-0685559  
Plan #: 002

GE VERNOVA PUERTO RICO SAVINGS PLAN

(Formerly GE Puerto Rico Savings Plan )

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

GE VERNOVA PUERTO RICO SAVINGS PLAN

December 31, 2024 and 2023

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Note: All other 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.



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## INDEPENDENT AUDITOR'S REPORT

The Plan Administrator of GE Vernova Puerto Rico Savings Plan

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

We have performed audits of the financial statements of GE Vernova Puerto Rico Savings Plan (formerly GE Puerto Rico Savings Plan) (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information

prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures

include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Other Matter — Supplemental Schedules Required by ERISA**

The supplemental schedule of delinquent participant contributions for the year ended December 31, 2024 and supplemental schedule of assets (held at end of year) as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Deloitte + Touche LLP*

July 31, 2025

GE VERNOVA PUERTO RICO SAVINGS PLAN  
 Statements of Net Assets Available for Plan Benefits  
 December 31, 2024 and 2023

	2024	2023
Assets:		
Participant-directed investments at fair value (notes 3 and 4)	\$ 22,033,971	\$ 19,199,516
Notes receivable from participants	284,703	222,927
Accrued dividends and interest	2,250	628
Employer contribution receivable	27,351	21,952
Employee contribution receivable	—	8,935
	\$ 22,348,275	\$ 19,453,958
Net assets available for plan benefits		

See accompanying notes to financial statements.

GE VERNOVA PUERTO RICO SAVINGS PLAN  
Statement of Changes in Net Assets Available for Plan Benefits  
Year Ended December 31, 2024

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 2,633,668
Interest and dividend income	982,361
	3,616,029
Interest on notes receivable from participants	18,650
Contributions:	
Employee	416,688
Employer	184,282
	600,970
Total additions	4,235,649
Deductions from net assets attributed to:	
Benefits paid to participants	1,255,326
Expenses	86,006
Total deductions	1,341,332
Net increase	2,894,317
Net assets available for plan benefits at:	
Beginning of year	19,453,958
End of year	\$ 22,348,275

See accompanying notes to financial statements.

# GE VERNOVA PUERTO RICO SAVINGS PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### (1) Description of the Plan

The GE Vernova Puerto Rico Savings Plan (formerly the GE Puerto Rico Savings Plan), (the "Plan") is a defined contribution plan covering substantially all employees in Puerto Rico of GE Industrial of PR LLC (known now as GE Vernova Industrial of PR LLC), (the "Company") and other adopting employers (the "Employers"), formerly subsidiaries of General Electric Company ("GE"). Effective January 1, 2023, the Plan was restated and the Plan sponsor was changed to GE Industrial of PR LLC, as part of the spin-off of GE HealthCare by GE.

On April 2, 2024, GE, which now operates as GE Aerospace, completed the previously announced spin-off of GE Vernova Inc ("GEV"). The Company became an affiliate of GEV at the spin-off. As a result, the Plan sponsor's name was changed effective April 1, 2025, to GE Vernova Industrial of PR LLC ("Plan Sponsor"). The Plan is subject to applicable provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and the Puerto Rico Internal Revenue Code of 2011, as amended (the "PR Code").

The GE HealthCare Stock was established on January 3, 2023 as a closed investment under the Plan in connection with the spin-off of GE HealthCare by GE. The GE HealthCare Stock was liquidated on January 8, 2024, and the Plan no longer holds investments in GE HealthCare Stock.

GEV Stock was established as an investment in April 2024 as a result of the spin-off of GEV. As pursuant to a Plan amendment dated February 27, 2025, Newport Trust Company was appointed as the independent fiduciary and investment manager for the GE Stock and the GEV Stock. Participants who were invested in GE Stock at the time of the spin-off of GEV, received shares of GEV Stock. GEV Stock is closed to new investments and has been since inception. The GE Stock was liquidated on April 4, 2025, and the Plan no longer holds investments in GE Stock.

Benefit Plan Administration Services ("BPAS") Trust Company of Puerto Rico, is the Plan's custodian and trustee (the "Trustee"). BPAS is also the recordkeeper for the Plan.

The description of the Plan is provided for general information purposes only. The complete terms of the Plan are provided in the GE Vernova Puerto Rico Savings Plan document. Information concerning the Plan, including benefits and vesting provisions is included in the Summary Plan Description ("SPD") and other material distributed to participants.

### Participant Contributions and Investment Options

Participants may invest their accounts in various investment options including registered investment companies, collective trust funds and a stable value fund.

Participants may elect to make pretax salary deferrals and/or post-tax contributions from their plan-eligible compensation, subject to limitations imposed by law. Post-tax contributions are limited to 10% of plan-eligible compensation. Participants may also contribute amounts as "rollover" provisions representing distributions from other Puerto Rico qualified defined benefit or defined contribution plans of a former employer.

Section 1081.01 of the PR Code limits the amount of pre-tax contributions that can be made each year. The limit for participants was \$15,000 in 2024. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. These additional contributions are ineligible for employer matching contributions.

# GE VERNOVA PUERTO RICO SAVINGS PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### Employer Contributions

The Plan generally provides for employer matching contributions in an amount equal to 50% of participant contributions for eligible employees of up to the first 6% of their eligible compensation.

The Plan also incorporates a feature to provide Company Retirement Contributions ("CRC") for certain eligible employees under the Plan.

### Vesting

Participants are immediately fully vested in their employee contributions, employer matching contributions and the investment earnings on those amounts. A 3-year cliff vesting schedule applies to CRC contributions, under which participants must generally complete three years of service to become fully vested in their CRC and related earnings.

### Participant Accounts

Each participant's account is credited with the participant's contributions and allocation of (a) employer matching contributions, (b) CRC, (c) investment results, and (d) charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the value of the participant's vested account.

### Notes Receivable from Participants

The Plan permits participants, under certain circumstances, to borrow a minimum of \$1,000 from their participant accounts. Subject to certain limits, a participant may not borrow more than the lesser of \$50,000 minus the highest outstanding balance of loans from any plan sponsored by the Employers, GEV or any of its affiliates during the past 12 months or 50% of their vested account balance.

The term of any loan is 5 years from the effective date of the loan unless the loan is used to acquire a principal residence for which longer terms are permitted. The interest rate applicable to participant notes receivable is equal to the highest prime rate as published in the Wall Street Journal on the last business day of the calendar month prior to the time of the loan issuance. Loans are repaid with interest in equal payments over the term of the loan by personal check or other methods as may be required. Participants may repay the principal amount with written notice and without penalty.

In the event of a loan default, the amount of the outstanding balance will be reported in the year of the default as a distribution from the plan and ordinary income to the participant.

### Payment of Benefits

Participants' withdrawals are permitted under the Plan subject to certain restrictions. Participants are allowed in-service withdrawals, withdrawals at age 59½, and withdrawals for financial hardship. In the case of a hardship, a participant may elect to withdraw, in a single sum, the employee contribution portion of their account balance. A participant who makes a hardship withdrawal will be suspended from making contributions to the Plan for 12 months after the hardship distribution, unless the participant reaches age 59½.

On termination of employment due to death, disability, or retirement, a participant or his/her beneficiaries, as applicable, may elect to receive either a lump-sum amount equal to the value of the participant's account or in the form of an annuity over a certain period to be selected by the participant. Such period cannot exceed the life expectancy of the participant. However, if the amount in the participant's account is \$5,000 or less and the participant does not make a withdrawal election, the participant or his/her beneficiaries, as applicable, will receive that amount in one lump-sum payment.

# GE VERNOVA PUERTO RICO SAVINGS PLAN

## Notes to Financial Statements

December 31, 2024 and 2023

### Plan Termination and Amendment

Although the Company has not expressed any intent to do so, it has the right under the Plan, to the extent permitted by law, to discontinue its contributions and to terminate the Plan in accordance with the provisions of ERISA. If the Plan is terminated, each participant will be 100% vested in their account according to the Plan's provisions. The Company also has the right under the Plan, to the extent permitted by law, to amend or replace the Plan for any reason. As part of the spin-off of GE HealthCare by GE, the Plan was amended effective January 1, 2023, to change the Plan's sponsor from GEA Caribbean Export, LLC to GE Industrial of PR LLC, and to remove GE HealthCare Puerto Rico Corp. and GEA Caribbean Export, LLC, as participating employers under the Plan. Effective September 1, 2024, the Plan was amended to change the Plan's name to GE Vernova Puerto Rico Savings Plan. Subsequently, the Plan was amended on February 27, 2025, to appoint Newport Trust Company, LLC as independent fiduciary and investment manager for the GE Stock and GEV Stock. Thereafter, the Plan was amended effective on April 1, 2025, to change the Plan sponsor's name from GE Industrial of PR LLC to GE Vernova Industrial of PR LLC.

### Administrative and Investment Advisory Costs

Expenses related to the administration of the Plan, including recordkeeping and trustee fees, may be paid by the Plan. However, the Company may choose to pay these expenses (see note 2(f)). For the registered investment companies, collective trust funds and the stable value fund investment advisors are reimbursed for costs incurred or receive a management fee for providing investment advisory services. These reimbursed costs and management fees are reflected in investment income on the statement of changes in net assets available for plan benefits.

The Plan has a revenue-sharing agreement whereby certain investment managers return a portion of the investments fees to BPAS to offset the Plan's administrative expenses. Any revenue-sharing payments received are applied towards the periodic platform fee at the per-fund level.

## (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 ("U.S. GAAP").

### (b) Investments

Plan investments are reported at fair value. See notes 3 and 4 for additional information.

Investment transactions are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded as earned on the accrual basis. The net appreciation (depreciation) in the fair value of investments held at year end consists of the realized gains or losses on the sales of investments and the net unrealized gains (losses) on investments. Earnings from the stable value fund are reinvested in the fund and reflected in dividends and interest.

### (c) Fair Value Measurements

For financial assets and liabilities, fair value is the price the Plan 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 and liabilities, such measurements involve developing assumptions based on market observable data and, in the absence of such data, internal information that is

GE VERNOVA PUERTO RICO SAVINGS PLAN

Notes to Financial Statements

December 31, 2024 and 2023

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 our 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 inputs are observable or whose significant value drivers are observable.

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

When available, quoted market prices are used to determine the fair value of investment securities, and they are included in Level 1. Level 1 securities include registered investment companies and common stock.

See note 4 for additional information.

(d) Notes Receivable from Participants

Loans to participants are recorded at the outstanding principal balance plus accrued interest.

(e) Payment of Benefits

Benefit payments are recorded when paid to participants.

(f) Management Estimates and Assumptions

The preparation of financial statements in conformity with U.S. GAAP requires management of the Plan to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

(3) Certification of Investment Information

The information presented in this note, the "Fair Value Measurements" note (note (4)), and the Risks and Uncertainties note (note (5)), excluding the classification and leveling of investments, and the unfunded commitments and redemption restrictions, was compiled from information that was certified as complete and accurate by the Trustee. The information presented below was not subject to auditing procedures by the Plan's Independent Auditor as

GE VERNOVA PUERTO RICO SAVINGS PLAN

Notes to Financial Statements

December 31, 2024 and 2023

permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	<u>2024</u>	<u>2023</u>
Statements of Net Assets Available for Plan Benefits		
Participant-directed investments at fair value	\$ 22,033,971	\$ 19,199,516
Notes receivable from participants	284,703	222,927
Total assets	<u>\$ 22,318,674</u>	<u>\$ 19,422,443</u>

Statement of Changes in Net Assets Available for Plan Benefits

Additions to net assets attributed to:

Net appreciation in fair value of investments	\$ 2,633,668
Interest and dividend income	982,361
Interest on notes receivable from participants	18,650

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year).

GE VERNOVA PUERTO RICO SAVINGS PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(4) Fair Value Measurements

The Plan's investments in the trust are measured at fair value on a recurring basis. The following is a description of the valuation methodologies used for assets measured at fair value.

*Registered investment companies* - Valued at the daily closing price as reported by the fund. The funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded.

*Common stock* - valued at closing price reported on the active market on which the individual securities are traded.

*Collective trust funds* - Valued at the net asset value of units of a bank collective trust. The net asset value as provided by the trustee is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to confirm that securities liquidations will be carried out in an orderly business manner.

*Stable value fund* - A collective trust fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to confirm that securities liquidations will be carried out in an orderly business manner.

The investments measured at fair value at December 31, 2024 follow.

	Level 1	Level 2	Total
<u>Investments</u>			
Registered investment companies	\$ 14,016,992	\$ —	\$ 14,016,992
Common stocks	1,639,443	—	1,639,443
	<u>\$ 15,656,435</u>	<u>\$ —</u>	<u>\$ 15,656,435</u>
Collective trust funds <sup>(a)</sup>			4,180,376
Stable value fund <sup>(a)</sup>			2,197,160
Total investments at fair value			<u>\$ 22,033,971</u>

The investments measured at fair value at December 31, 2023 follow.

	Level 1	Level 2	Total
<u>Investments</u>			
Registered investment companies	\$ 7,409,358	\$ —	\$ 7,409,358
Common stock	1,183,427	—	1,183,427
	<u>\$ 8,592,785</u>	<u>\$ —</u>	<u>\$ 8,592,785</u>
Collective trust funds <sup>(a)</sup>			8,240,558
Stable value fund <sup>(a)</sup>			2,366,173
Total investments at fair value			<u>\$ 19,199,516</u>

<sup>(a)</sup> The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for plan benefits. Investments in certain funds are valued based on the year-end unit net asset value ("NAV"). The NAV is used as a practical expedient to estimate fair value. These investments are priced daily and there are no unfunded commitments associated with the funds.

GE VERNOVA PUERTO RICO SAVINGS PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(5) Risks and Uncertainties

The Plan holds a number of investments including a variety of registered investment companies, common stock, collective trust funds and a stable value fund. Certain funds invest in U.S. equities, international equities and fixed income securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur (including in the near term) and that such changes could materially affect participant account balances and amounts reported in the statements of net assets available for plan benefits.

The Plan's exposure to a concentration of credit risk is limited by the opportunity to diversify investments across multiple participant-directed fund elections.

As of December 31, 2024 and 2023, the following investments represent more than 10% of the fair value of the Plan's total investments.

	2024	2023
AB U.S. Large Cap Growth Fund	\$ 4,121,525	\$ 3,405,649
ISHARES S&T 500 Index Fund	3,429,760	—
HB&T Blackrock Large Cap Equity Index R	—	2,702,719
Goldman Sachs Stable Value Fund	**	2,366,173

\*\* Investment did not exceed more than 10% of fair value of total investments.

(6) Related Party Transactions (Parties-in-Interest)

Registered investment company, collective trust fund and stable value fund operating expenses reduce the respective fund's assets and are reflected in the fund's share/unit price and dividends. Certain Plan investments are shares of collective trust funds managed by the Trustee. These transactions qualify as exempt party-in-interest transactions.

The recordkeeper and Trustee of the Plan, which are mentioned in note 1, as well as the Company and Plan participants, are each a "party in interest" as defined by ERISA. The Plan also issues loans to participants, which are secured by the vested balances in the participants' accounts.

The Plan's investments included GEV Stock, GE Stock and GE HealthCare Stock during 2024. The Plan purchased \$274,540 and sold \$70,650 of GE Vernova Common Stock during 2024. The Plan purchased \$0 and \$0 and sold \$513,968 and \$341,066 of GE Stock, during 2024 and 2023, respectively. The Plan sold \$181,108 of GE HealthCare Stock during 2024. The Plan recorded dividend income for GEV Stock of \$415 for the year ended December 31, 2024. The Plan recorded dividend income for GE Stock of \$282,787 for the year ended December 31, 2024.

GE VERNOVA PUERTO RICO SAVINGS PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(7) Nonexempt Party-in-Interest Transactions

During 2024, 2023 and 2022, the Company failed to timely remit certain employee contributions to the Plan aggregating \$3,983, \$32,340 and \$115,132, respectively. The Company corrected the remittances as required. Accordingly, the Company believes that the Plan will retain its tax qualification status.

(8) Tax Status

The Plan is maintained under the BPAS Master Prototype Defined Contribution Plan (the "BPAS Master Plan"). The BPAS Master Plan has received a favorable determination from the Puerto Rico Secretary of the Treasury ("PR Treasury") as to its qualified status under the PR Code pursuant to a letter dated April 2, 2014. The Plan is qualified under the PR Code and has received favorable determinations by the PR Treasury to such end, the most recent issued while maintained under the BPAS Master Plan dated June 23, 2023. Subsequently, following the change of the Plan's name effective on September 1, 2024 to GE Vernova Puerto Rico Savings Plan, and the Plan sponsor's name change to GE Vernova Industrial of PR LLC effective April 1, 2025, the Plan was submitted before the PR Treasury for re-qualification on April 11, 2025. As of the date of these financial statements, the submission is still under review by the PR Treasury; however, the Plan Administrator feels confident that such amendments should be approved favorably by the PR Treasury. Therefore, no provision for income taxes has been included in Plan's financial statements.

(9) Subsequent Events

Subsequent events are evaluated through July 31, 2025, the date the financial statements are available to be issued. No events, except as disclosed in notes (1) and (8) above, occurred that require additional disclosure or adjustments to the Plan's financial statements.

GE VERNOVA PUERTO RICO SAVINGS PLAN  
 EIN: 66-0685559 Plan #: 002  
 Schedule H, Line 4a – Schedule of Delinquent Participant Contributions  
 Year Ended December 31, 2024

Totals that Constitute Nonexempt Prohibited Transactions

Year	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2022	\$115,132	—	—	—	\$115,132
2023	\$32,340	—	—	—	\$32,340
2024	\$3,983	—	—	—	\$3,983

See accompanying Independent Auditor's Report.

GE VERNOVA PUERTO RICO SAVINGS PLAN  
EIN: 66-0685559 Plan #: 002  
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value**
*	GE Aerospace Common Stock	Common stock	\$ 1,093,335
*	GE Vernova Common Stock	Common stock	546,108
	American Century MID Cap Value Fund	Registered investment company	238,878
	American Century Heritage R6	Registered investment company	1,679,485
	American Funds AM Balanced R6	Registered investment company	1,420,077
	Blackrock Lifepath Index Retirement Fund Class K	Registered investment company	267,253
	Blackrock Lifepath Index 2030 Fund Class K	Registered investment company	251,944
	Blackrock Lifepath Index 2035 Fund Class K	Registered investment company	164,750
	Blackrock Lifepath Index 2040 Fund Class K	Registered investment company	407,657
	Blackrock Lifepath Index 2045 Fund Class K	Registered investment company	473,995
	Blackrock Lifepath Index 2050 Fund Class K	Registered investment company	135,902
	Blackrock Lifepath Index 2055 Fund Class K	Registered investment company	78,953
	Blackrock Lifepath Index 2060 Fund Class K	Registered investment company	161,799
	Blackrock Lifepath Index 2065 Fund Class K	Registered investment company	27,568
	Columbia High Yield Bond Fund	Registered investment company	93,719
	DFA Inflation Protection Securities Portfolio Institution class	Registered investment company	43,022
	DFA Real Estate Securities Portfolio Institutional Class	Registered investment company	84,591
	Dodge & Cox Income Fund	Registered investment company	1,572,430
	PGIM Global Total Return Fund - Class R6	Registered investment company	142,744
	PIMCO RAE U.S. Small Fund Institutional Class Fund	Registered investment company	74,249
	Principal Diversified International Fund	Registered investment company	1,938,583
	Vanguard Emerging Markets Stock Index Fund	Registered investment company	67,575
	Vanguard Equity Income Admiral Fund	Registered investment company	703,218
	ISHARES MSCI TTL INTL Index	Registered investment company	118,030
	ISHARES Russell 2000 SC Index	Registered investment company	209,448
	ISHARES Russell MD Cap Index	Registered investment company	149,225
	ISHARES S&P 500 Index	Registered investment company	3,429,760
	ISHARES U.S. AGGR Bond Index	Registered investment company	82,137
	AB U.S. Large Cap Growth Fund	Collective trust fund	4,121,525
	Neuberger Berman Small Cap Growth Trust	Collective trust fund	58,851
	Goldman Sachs Stable Value Fund	Stable value fund	<u>2,197,160</u>
	Total investments		22,033,971
*	Notes receivable from participants (loans with interest rates from 3.25% to 8.5% with maturities from 2 months to 19 years)		284,703
	Total Assets (Held at End of Year)		<u>\$ 22,318,674</u>

\* Party-in-interest as defined by ERISA.

\*\* (d) Cost omitted for participant-directed investments.

See accompanying Independent Auditor's Report.

**Schedule H, Line 4a**  
**Schedule of Delinquent Participant Contributions**

Name of Plan:

▶ GE Vernova Puerto Rico Savings Plan

Employer Identification No.: ▶ 66-0685559

Plan year (beginning/ending): ▶ 1/1/2024-12/31/2024

Plan number: ▶

002

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: <input type="checkbox"/>				
151,455	-	-	-	151,455

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► GE Vernova Puerto Rico Savings Plan

Employer Identification Number: ► 66-0685559

For plan year (beginning/ending): ► 1/1/2024-12/31/2024 Plan number: ► 2.00

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AB US Large Cap Growth CIT (W Series) Class P-2	Common Collective Trust		4,121,525
	American Century Heritage Fund R6 Class	Mutual Fund		1,679,485
	American Century Mid Cap Value Fund A Class	Mutual Fund		238,878
	American Funds American Balanced Fund Class A	Mutual Fund		1,420,077
	BlackRock LifePath Index 2025 Fund Class K Shares	Mutual Fund		-
	BlackRock LifePath Index 2030 Fund Class K Shares	Mutual Fund		251,944
	BlackRock LifePath Index 2035 Fund Class K Shares	Mutual Fund		164,750
	BlackRock LifePath Index 2040 Fund Class K Shares	Mutual Fund		407,657
	BlackRock LifePath Index 2045 Fund Class K Shares	Mutual Fund		473,995
	BlackRock LifePath Index 2050 Fund Class K Shares	Mutual Fund		135,902
	BlackRock LifePath Index 2055 Fund Class K Shares	Mutual Fund		78,953
	BlackRock LifePath Index 2060 Fund Class K Shares	Mutual Fund		161,799
	BlackRock LifePath Index 2065 Fund Class K Shares	Mutual Fund		27,568
	BlackRock LifePath Index Retirement Fund Class K Shares	Mutual Fund		267,253
	Columbia High Yield Bond Fund Advisor Class	Mutual Fund		-
	Columbia High Yield Bond Fund Institutional Class	Mutual Fund		93,719
	DFA Inflation-Protected Securities Portfolio Institutional Class	Mutual Fund		43,022
	DFA Real Estate Securities Portfolio Institutional Class	Mutual Fund		84,591
	Dodge & Cox Income Fund Class X	Mutual Fund		1,572,430
	GE HealthCare Technologies Inc.	Employer Stock		-
	GE Vernova Inc.	Employer Stock		546,108
	General Electric Company	Employer Stock		1,093,335
	Goldman Sachs Stable Value Collective Trust - Institutional Class	Common Collective Trust		2,197,160
	HB&T BlackRock Large Cap Equity Index R	Common Collective Trust		-
	HB&T BlackRock Mid Cap Equity Index R	Common Collective Trust		-
	HB&T BlackRock MSCI ACWI ex-US Index R	Common Collective Trust		-
	HB&T BlackRock Small Cap Equity Index R	Common Collective Trust		-
	HB&T BlackRock U.S. Aggregate Bond Index R	Common Collective Trust		-
	iShares MSCI Total International Index Fund Class K	Mutual Fund		118,030
	iShares Russell 2000 Small-Cap Index Fund Class K	Mutual Fund		209,448
	iShares Russell Mid-Cap Index Fund Class K	Mutual Fund		149,225
	iShares S&P 500 Index Fund Class K	Mutual Fund		3,429,760
	iShares U.S. Aggregate Bond Index Fund Class K	Mutual Fund		82,137
	MyPlanLoan Traditional Loans	Employee Loans		284,703
	Neuberger Berman Small Cap Growth (WTNA) Trust Founders Class	Common Collective Trust		58,851
	PGIM Global Total Return Fund Class R6	Mutual Fund		142,744
	PIMCO RAE US Small Fund Institutional Class	Mutual Fund		74,249
	Principal Diversified International Fund Institutional Class	Mutual Fund		1,938,583
	Vanguard Emerging Markets Stock Index Fund Admiral Shares	Mutual Fund		67,575
	Vanguard Equity-Income Fund Admiral Shares	Mutual Fund		703,218
	Western Asset Core Plus Bond CIF R2	Common Collective Trust		-