

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION</u></p> <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GE AVIATION SYSTEMS LLC</u></p> <p><u>ONE NEUMANN WAY</u> <u>EVENDALE, OH 45215</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p> <p>1c Effective date of plan <u>09/07/1987</u></p> <p>2b Employer Identification Number (EIN) <u>38-2733944</u></p> <p>2c Plan Sponsor's telephone number <u>617-443-3000</u></p> <p>2d Business code (see instructions) <u>336410</u></p>
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Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	RANDALL GUNN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFITS COMMITTEE FOR CERTAIN GE AFFILIATE PLANS ONE NEUMANN WAY EVENDALE, OH 45215	3b Administrator's EIN 31-1651279 3c Administrator's telephone number 866-229-1079
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	512
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	62
a(2) Total number of active participants at the end of the plan year	6a(2)	58
b Retired or separated participants receiving benefits.....	6b	292
c Other retired or separated participants entitled to future benefits	6c	66
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	416
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	69
f Total. Add lines 6d and 6e	6f	485
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 0

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GE AVIATION SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>38-2733944</u>	

E Type of plan: Single Multiple-A Multiple-B Other

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

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>26209136</u>
	b Actuarial value	2b	<u>28830049</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>375</u>	<u>22623749</u>
	b For terminated vested participants	<u>75</u>	<u>2615683</u>
	c For active participants	<u>62</u>	<u>2398492</u>
	d Total	<u>512</u>	<u>27607924</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.03 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>252738</u>
	c Target normal cost	6c	<u>252738</u>

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

SIGN HERE <u>AARON L. SENS</u> Signature of actuary <u>AON CONSULTING, INC</u> Type or print name of actuary <u>MSC #17755</u> <u>P.O. BOX 551343</u> <u>ATLANTA, GA 30355</u> Firm name Address of the firm	<u>09/18/2025</u> Date <u>23-06808</u> Most recent enrollment number <u>847-295-5000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	482392
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	168762
9	Amount remaining (line 7 minus line 8)	0	313630
10	Interest on line 9 using prior year's actual return of <u>7.52</u> %	0	23585
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.15</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	337215

Part III Funding Percentages			
14	Funding target attainment percentage	14	103.09 %
15	Adjusted funding target attainment percentage	15	104.31 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	252738
b Excess assets, if applicable, but not greater than line 31a	31b	252738

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

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

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

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

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

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

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

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

A Name of plan GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 GE AVIATION SYSTEMS LLC	D Employer Identification Number (EIN) 38-2733944	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AON CONSULTING INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50	ACTUARY	175487	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	26229	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET BANK & TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 50	TRUSTEE/CUSTODIAN	17292	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

IVINS PHILLIPS BARKER

52-1229560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	15153	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GE AVIATION SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>38-2733944</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GE AEROSPACE PENSION TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>GENERAL ELECTRIC COMPANY, OPERATING AS GE AEROSPACE</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>14-0689340-002</u>	<u>M</u>		<u>24188736</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 GE AVIATION SYSTEMS LLC	D Employer Identification Number (EIN) 38-2733944

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	26234253
(12) Value of interest in 103-12 investment entities	1c(12)	24188736
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	26234253	24188736
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	46547	54597
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	46547	54597
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	26187706	24134139

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		632554
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		632554

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2334712	
(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)		2334712
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	26229	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	17292	
(7) Actuarial fees	2i(7)	175487	
(8) Legal fees	2i(8)	15153	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	117248	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		351409
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2686121

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2053567
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 551146.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GE AVIATION SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>38-2733944</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-3581074

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		1
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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: 38-2733944
Plan #: 003

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Financial Statements

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Table of Contents

December 31, 2024 and 2023

	<u>Page Number(s)</u>
Independent Auditor's Report	3 - 5
Financial Statements:	
Statements of Net Assets Available for Plan Benefits as of December 31, 2024 and 2023	6
Statement of Changes in Net Assets Available for Plan Benefits for the Year Ended December 31, 2024	7
Statements of Accumulated Plan Benefits as of December 31, 2024 and 2023	8
Statement of Changes in Accumulated Plan Benefits for the Year Ended December 31, 2024	9
Notes to Financial Statements	10 - 22

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



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INDEPENDENT AUDITOR'S REPORT

The Plan Administrator of GE Aviation Systems Pension Plan for UAW Local 330 Union Employees of the Grand Rapids, MI Division:

Opinion

We have audited the financial statements of GE Aviation Systems Pension Plan for UAW Local 330 Union Employees of the Grand Rapids, MI Division (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits and changes in accumulated plan benefits for the year ended December 31, 2024 and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits and accumulated plan benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for plan benefits and changes in its accumulated plan benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis-of-Matter

As discussed in Note 3 to the financial statements, the financial statements include private equity and real estate investments valued at approximately \$9.5 million and \$7 million (39% and 27% of net assets available for plan benefits) as of December 31, 2024 and 2023, respectively, whose fair values have been estimated by management in the absence of readily determinable fair values. Management's estimates are based on information provided by the fund managers or general partners. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Deloitte + Touche LLP

September 11, 2025

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Statements of Net Assets Available for Plan Benefits

December 31, 2024 and 2023

(in thousands)

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value (notes 3 and 4)		
Plan interest in GE Aerospace Pension Trust	\$ 24,189	\$ 26,234
Liabilities:		
Accrued expenses	<u>55</u>	<u>46</u>
Net assets available for plan benefits	<u>\$ 24,134</u>	<u>\$ 26,188</u>

See accompanying notes to financial statements.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Statement of Changes in Net Assets Available for Plan Benefits

Year Ended December 31, 2024

(in thousands)

Additions (decreases) to net assets attributed to:

Investment income (loss) and expenses allocated from Grand Rapids Local 330 Plan Trust
from GE Aerospace Pension Trust (note 3)

Net appreciation in fair value of investments	\$ 632
Interest	4
Investment management fees and other expenses	<u>(4)</u>
Total additions	<u>632</u>

Deductions from plan assets attributed to:

Benefit payments	2,335
Administrative expenses	<u>351</u>
Total deductions	<u>2,686</u>

Net decrease	(2,054)
--------------	---------

Net assets available for plan benefits at:

Beginning of year	<u>26,188</u>
End of year	<u>\$ 24,134</u>

See accompanying notes to financial statements.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Statements of Accumulated Plan Benefits

December 31, 2024 and 2023

(in thousands)

	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 18,618	\$ 19,368
Other participants	3,714	3,981
Total vested benefits	22,332	23,349
Non-vested benefits	27	21
Total actuarial present value of accumulated plan benefits	\$ 22,359	\$ 23,370

See accompanying notes to financial statements.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

(in thousands)

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 23,370</u>
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	1,556
Benefit payments	(2,335)
Changes in actuarial assumptions (note 2(e))	(28)
Other changes	<u>(204)</u>
Net decrease	<u>(1,011)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 22,359</u></u>

See accompanying notes to financial statements.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The GE Aviation Systems Pension Plan for UAW Local 330 Union Employees of the Grand Rapids, MI Division (the "Plan") is a noncontributory defined benefit plan sponsored by GE Aviation Systems LLC. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan provides benefits to collectively bargained employees of UAW Local 330 Union Employees of the Grand Rapids, MI division hired before November 30, 2014. The Plan was closed to new participants effective November 30, 2014. Benefits are determined based on length of service and a multiplier that is subject to collective bargaining. Participants are vested upon the earlier of five years of service, or the participant's normal retirement date.

Participants are entitled to pension benefits beginning at normal retirement age (65). The Plan permits early retirement beginning at age 60 if a participant has 10 years of vesting service, or as early as age 58 with 30 years of vesting service (if certain criteria are met). If a participant becomes disabled and meets the criteria, the Plan provides for a disability retirement benefit.

Effective January 31, 2020, the Plan was frozen. All active participants or participants on an approved leave of absence on January 31, 2020 became 100% vested in the Plan.

This description of the Plan is provided for general information purposes only. The complete terms of the Plan are provided in the GE Aviation Systems Pension Plan for UAW Local 330 Union Employees of the Grand Rapids, MI Division Plan document. Information concerning the Plan, including benefits and vesting provisions, is also included in the Summary Plan Description and other material distributed to participants.

The Plan's assets are held in the Grand Rapids Local 330 Plan Trust. Effective January 1, 2023, the assets of the Plan in the Grand Rapids Local 330 Plan Trust, along with other plans which invested in the GE Pension Trust ("GEPT"), were allocated among three separate master trusts – the GE Aerospace Pension Trust (the "Trust"), formerly, the GE Aviation Pension Master Trust, GE Energy Pension Master Trust and GE HealthCare Pension Master Trust. With the establishment of the Trust, the Grand Rapids Local 330 Plan Trust has an interest in the Trust and the Trust has an interest in the GEPT.

General Electric Company's, operating as GE Aerospace ("GE"), personnel are trustees of GEPT and perform services on behalf of GE Investment Management Corp., which acts as an investment advisor, providing investment advisory, investment management and related services to GEPT. State Street Bank & Trust Company is the primary custodian for GEPT assets.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Investments

Investments are reported at fair value. Investment transactions are recorded on a trade date basis. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date. GEPT allocates to the Trust the investments by its percentage ownership in the GEPT. Investment income and related expenses, including interest and dividend income, net realized gains (losses) on sales and unrealized appreciation (depreciation) in fair value of investments, are allocated from GEPT to the Trust based upon percent ownership. The Trust then allocates to the Plan based upon the Plan's percentage of Trust net assets at the beginning of each month. See notes 3 and 4 for additional information.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2024 and 2023

Securities for which exchange quotations are readily available are valued at the last sale price, or if no sales occurred on that day, at the quoted bid price. Short-term investments generally maturing within 60 days or less at the time of purchase are valued on the basis of amortized cost, which approximates fair value. Non-publicly traded investments are principally investments in real estate, alternative investment funds and private equity securities. The fair value estimates for these non-publicly traded investments involve judgments and the actual selling price of these investments can only be determined by negotiations between independent third parties in a sales transaction.

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

(c) Fair Value Measurements

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

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

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

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

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

GE maintains policies and procedures to value investments using the best and most relevant data available. Independent pricing vendors are used to assist in valuing certain investments. In addition, GE performs reviews through assessment of the inputs in the determination of valuation for a representative sample of direct investments in private equity securities and real estate investments to assess reasonableness of the valuations.

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

When available, quoted market prices are used to determine fair value of investment securities, and they are included in Level 1. Level 1 securities primarily include publicly traded equity securities.

When quoted market prices are unobservable, pricing information is obtained from independent pricing vendors. The pricing vendors use various pricing models for each asset class that are consistent with what other market participants would use. The inputs and assumptions to the model of the pricing vendors are derived from market observable sources including: benchmark yields, reported trades, broker/dealer quotes, issuer spreads, benchmark securities, bids, offers, and other market-related data. Since many corporate debt securities do not trade on a daily basis, the methodology of the pricing vendors use available

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2024 and 2023

information as applicable such as benchmark curves, benchmarking of like securities, sector groupings, and matrix pricing. The pricing vendors consider available market observable inputs in determining the valuation for a security. Thus, certain securities may not be priced using quoted prices, but rather determined from market observable information. These investments are included in Level 2 and primarily comprise the portfolio of corporate debt securities, and government, mortgage and asset-backed securities. In infrequent circumstances, pricing vendors may provide valuations that are based on significant unobservable inputs, and in those circumstances the investment securities are classified in Level 3.

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

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

Closing prices for derivatives, which are traded either on exchanges are included in Level 1 or liquid over-the-counter markets are included in Level 2. The variation margin on these futures is valued using exchange prices established daily by the exchange on which the contracts are traded. The fair value of these futures contracts is determined by the unrealized profit or loss at the current bid or offer market quoted price of the contract..

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

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

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

(d) Management Estimates and Assumptions

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the actuarial present value of accumulated plan benefits and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(e) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions based on the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2024 and 2023

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

The actuarial present value of accumulated plan benefits is determined by independent actuaries and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, termination of employment, and retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements are presented using the end of the year benefit information data. The statements of accumulated plan benefits are measured as of January 1, 2025 and 2024, respectively. The more significant actuarial assumptions used in the valuations were: (a) expected mortality rates of participants are determined using the Pri-2012 healthy annuitant and contingent tables for males and females adjusted by wage class based on the Company's experience, and the tables are projected generationally by the MP-2021 improvement scales with customization; (b) retirement age ranging from 55 to 70; and (c) interest discount rate of 7.00%.

The effect of plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted. Had the January 1 valuations been performed as of December 31, there would be no material differences.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue indefinitely. If the Plan was expected to be completely terminated, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

(f) Benefit Payments

Benefit payments to participants are recorded when paid.

(3) Summary of Master Trust Financial Information

- (a) As discussed in Footnote 1, the Plan's interest in the net assets of the Trust are established to receive employer and employee contributions, invest or reinvest such sums, and pay benefits in accordance with specific provisions for participating plans. Each participating retirement plan has an undivided interest in the Trust. The Trust has a participating interest in the GEPT. The Trust's net assets in investments are approximately 78% and 45% of the GEPT's net assets as of December 31, 2024 and 2023, respectively.
- (b) The value of the Plan's interest in the Trust is based on the beginning of year value of the Plan's interest in the Trust, plus actual contributions, allocated investment income, less actual distributions and allocated administrative expenses. The Plan's interest in the Trust rounded to less than 1% of the Trust net assets as of December 31, 2024 and 2023. As required, the Plan's interest in the Trust for each respective Plan Year is included below.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2024 and 2023

Net Assets:	December 31,			
	2024		2023	
	Plan's Interest	Trust	Plan's Interest	Trust
	(in thousands)			
Assets:				
Investments (note 4):				
Global equity (a)	\$ 3,631	\$ 2,874,348	\$ 4,538	\$ 3,550,500
Debt securities (a)	11,101	8,787,898	14,414	11,280,007
Private equities and other investments (a)	7,902	6,255,450	5,502	4,306,147
Real estate (a)	1,601	1,267,156	1,624	1,270,955
Total investments	<u>24,235</u>	<u>19,184,852</u>	<u>26,078</u>	<u>20,407,609</u>
Cash	47	36,846	146	114,463
Receivables:				
Due from brokers	514	407,596	353	276,051
Income receivable	123	94,459	136	104,909
Other receivables	—	—	—	—
Total receivables	<u>637</u>	<u>502,055</u>	<u>489</u>	<u>380,960</u>
Total assets	<u>24,919</u>	<u>19,723,753</u>	<u>26,713</u>	<u>20,903,032</u>
Liabilities:				
Due to brokers	724	573,438	473	370,742
Accounts payable and accrued expenses	6	4,591	6	4,885
Total liabilities	<u>730</u>	<u>578,029</u>	<u>479</u>	<u>375,627</u>
Net assets	<u>\$ 24,189</u>	<u>\$ 19,145,724</u>	<u>\$ 26,234</u>	<u>\$ 20,527,405</u>

(a) Includes direct investments and investment funds. See Note 4 for amounts per type of investment.

The following are investment earnings for the Trust for the year ended December 31, 2024.

Investment income:	(in thousands)
Net appreciation in fair value of investments	\$ 545,476
Interest	1,840

(c) Risks and Uncertainties

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

GEPT has incorporated de-risking objectives and liability hedging programs as part of its long-term investment strategy. The Plan utilizes a combination of long dated corporate bonds, treasuries, strips, other

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2024 and 2023

securities and derivatives to implement its investment strategies as well as for hedging asset and liability risks.

Certain assets have been pledged as collateral in the GEPT hedging portfolios and there are liens on certain real estate assets. Such collateral and liens are expected in the normal course of investing.

As of December 31, 2024 and 2023 there were no individual investments which represented 10% of the fair value of GEPT total investments.

General Electric Company securities represented 0.7% and 0.4% of Trust net assets at December 31, 2024 and 2023, respectively. Purchase and sale transactions related to General Electric Company securities occurred throughout the Plan year. For shares held, the Trust recorded dividend income of \$1.0 million for the year ended December 31, 2024.

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

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

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

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

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

The Trust notional amounts and fair values, by primary risk exposure, are presented as gross assets and liabilities and gains (losses) as of December 31, 2024.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2024 and 2023

(in thousands)	Notional Amounts Long	Notional Amounts Short	Fair Value Asset	Fair Value Liability	Fair Value Net	Gain/(Loss) Recognized in Income
Swaptions	\$ 71,376	\$ (23,080)	—	\$ (46,337)	\$ 1,959	\$ 5,940

The following is a summary of the Trust's exposure to derivative assets and liabilities with certain counterparties, summarized by investment manager, available for offset and net collateral under Master Netting Agreement ("MNAs") at December 31, 2024. The net amounts of derivative assets and liabilities shown below are included in the Trust's investments.

Derivative Assets and Liabilities as of December 31, 2024

(in thousands)	Counterparty	Gross Amount of Assets and Liabilities	Amount Eligible to Offset	Collateral Received	Net Amount
<u>Assets</u>					
Derivatives	Counterparty A	\$ 3,186	\$ 132	\$ 3,054	—
	Counterparty B	23	8	(8)	23
	Counterparty C	2,334	—	2,334	—
	Counterparty D	26	—	—	26
	Counterparty E	6,075	—	—	6,075
Derivatives Subtotal		11,644	140	5,380	6,124
Forwards	Counterparty F	992	—	—	992
	Counterparty G	104	—	73	31
	Counterparty H	36	—	—	36
	Counterparty I	3	—	—	3
	Counterparty J	636	—	—	636
	Counterparty K	228	—	143	85
	Counterparty L	274	—	84	190
	Counterparty M	274	—	274	—
	Counterparty N	8	—	—	8
	Counterparty O	31	9	—	22
	Counterparty P	709	391	318	—
	Counterparty Q	117	39	—	78
	Forwards Subtotal		3,412	439	892
Assets Total		\$ 15,056	\$ 579	\$ 6,272	\$ 8,205
<u>Liabilities</u>					
Derivatives	Counterparty R	447	—	447	—
	Derivatives Subtotal		447	—	447
Forwards	Counterparty N	\$ 9	\$ —	\$ —	9
	Counterparty S	3	—	—	3
	Counterparty T	33	—	—	33
	Counterparty K	24	—	—	24
	Counterparty L	1	—	—	1
	Counterparty U	6	—	—	6
	Counterparty V	62	—	—	62
Forwards Subtotal		138	—	—	138
Liabilities Total		\$ 585	\$ —	\$ 447	\$ 138

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2024 and 2023

The Trust notional amounts and fair values, by primary risk exposure, are presented as gross assets and liabilities and gains (losses) as of December 31, 2023.

(in thousands)	Notional Amounts Long	Notional Amounts Short	Fair Value Asset	Fair Value Liability	Fair Value Net	Gain/(Loss) Recognized in Income
Swaptions	\$ 14,146	\$ (8,640)	\$ 2,999	\$ —	\$ 8,505	3,328

The following is a summary of the Trust's exposure to derivative assets and liabilities with certain counterparties, summarized by investment manager, available for offset and net collateral under MNAs at December 31, 2023. The net amounts of derivative assets and liabilities shown below are included in the Trust's investments. These amounts represent approximately 45% of the GEPT total.

Derivative Assets and Liabilities as of December 31, 2023					
(in thousands)	Counterparty	Gross Amount of Assets and Liabilities	Amount Eligible to Offset	Collateral Received	Net Amount
<u>Assets</u>					
Derivatives	Counterparty A	\$ 1,646	\$ —	\$ 107	\$ 1,539
	Counterparty B	29	—	—	29
	Counterparty C	8	8	—	—
	Counterparty D	1,614	—	1,614	—
	Counterparty E	3,581	67	3,027	487
Derivatives Subtotal		<u>6,878</u>	<u>75</u>	<u>4,748</u>	<u>2,055</u>
Forwards	Counterparty F	33	1	—	32
	Counterparty G	13	4	—	9
	Counterparty H	251	—	—	251
	Counterparty I	160	—	—	160
	Counterparty J	5	—	—	5
	Counterparty K	1	—	—	1
	Counterparty L	10	7	—	3
	Counterparty M	7	—	—	7
Forwards Subtotal		<u>480</u>	<u>12</u>	<u>—</u>	<u>468</u>
Assets Total		<u>\$ 7,358</u>	<u>\$ 87</u>	<u>\$ 4,748</u>	<u>\$ 2,523</u>
<u>Liabilities</u>					
Forwards	Counterparty F	\$ 123	\$ —	\$ —	\$ 123
	Counterparty N	131	14	—	117
	Counterparty H	70	53	—	17
	Counterparty O	444	—	—	444
	Counterparty J	41	2	—	39
	Counterparty Q	17	—	—	17
	Counterparty K	33	—	—	33
	Counterparty R	143	11	—	132
Forwards Subtotal		<u>1,002</u>	<u>80</u>	<u>—</u>	<u>922</u>
Liabilities Total		<u>\$ 1,002</u>	<u>\$ 80</u>	<u>\$ —</u>	<u>\$ 922</u>

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2024 and 2023

(4) Fair Value Measurements

GEPT's investments are measured at fair value on a recurring basis. The Trust's interest in GEPT's investments at December 31, 2024 follow.

	Level 1	Level 2	Level 3	Total
	(in thousands)			
<u>Investments:</u>				
Global equity	\$ 1,156,704	\$ —	\$ —	\$ 1,156,704
Debt securities				
Fixed income and cash investment funds	1,300,227	—	—	1,300,227
U.S. corporate (a)	—	3,131,663	—	3,131,663
Non-U.S. corporate	—	582,614	—	582,614
Residential mortgage-backed	—	166,148	—	166,148
U.S. government and federal agency	—	1,919,109	—	1,919,109
Other debt securities (b)	—	515,080	—	515,080
Private equities		—	312,316	312,316
Real estate investments	—	—	542,313	542,313
	<u>\$ 2,456,931</u>	<u>\$ 6,314,614</u>	<u>\$ 854,629</u>	<u>9,626,174</u>
<u>Investment funds measured at NAV (c):</u>				
Global equity				1,717,643
Private equities and other investments				5,943,135
Debt securities				1,173,057
Real estate				724,843
Total investments, at fair value				<u>\$ 19,184,852</u>

- (a) Primarily represented investment grade bonds of U.S. issuers from diverse industries.
- (b) Primarily represented investments in state and municipal debt, non-U.S. government bonds and commercial mortgage-backed securities. Included in the amount are derivatives - options and swaps.
- (c) Certain investment funds that are measured at fair value using the NAV as a practical expedient are not classified in the level hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented as total investments of the Trust in note 3.

Futures contracts of \$139 million are Level 1 and included in due to brokers as reported in the master trust information in Note 3.

The Trust's investments measured at fair value on a recurring basis at December 31, 2023 follow.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2024 and 2023

	Level 1	Level 2	Level 3	Total
	(in thousands)			
<u>Investments:</u>				
Global equity	\$ 1,367,494	\$ —	\$ —	\$ 1,367,494
Debt securities				
Fixed income and cash investment funds	1,218,385	—	—	1,218,385
U.S. corporate (a)	—	4,550,752	—	4,550,752
Non-U.S. corporate	—	765,403	—	765,403
Residential mortgage-backed	—	77,792	—	77,792
U.S. government and federal agency	—	2,894,406	—	2,894,406
Other debt securities (b)	—	458,759	188	458,947
Private equities and other investments		—	294,939	294,939
Real estate	—	—	535,026	535,026
	\$ 2,585,879	\$ 8,747,112	\$ 830,153	12,163,144

Investments measured at NAV (c):

Global equity	2,183,005
Private equities and other investments	4,011,207
Debt securities	1,314,323
Real estate	735,930
Total investments, at fair value	\$ 20,407,609

- (a) Primarily represented investment grade bonds of U.S. issuers from diverse industries.
- (b) Primarily represented investments in state and municipal debt, non-U.S. government bonds and commercial mortgage-backed securities. Included in the amount are derivatives - options and swaps.
- (c) Certain investment funds that are measured at fair value using the NAV as a practical expedient are not classified in the level hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented as total investments of the Trust in note 3.

Investments in private equity, real estate and collective trust funds held by GEPT, are generally valued using the NAV per share as a practical expedient for fair value provided certain criteria are met. The NAV of the funds are determined based on the fair values of the underlying investments in the funds. Investments that are measured at fair value using the NAV as a practical expedient are not classified in the fair value hierarchy, and are described further below.

Global Equity Funds

A subset of the funds in this asset class are structured as common collective trusts. Redemption periods are generally daily with a notice requirement less than 15 days. The remaining funds have monthly or annual redemption periods with notice requirements of less than 30 days. As of December 31, 2024 and 2023 there were no unfunded commitments.

Private Equity Funds and Other Investment

This asset class consists primarily of closed-end private equity funds, which invest across various fund types, including venture capital, buyouts, growth and debt strategies. The term of each fund is typically 10 or more years and the fund's investors do not have an option to redeem their interest in the fund. The assets in this class have been diversified across vintage years, industry sectors and geographic regions. Also included are investments in fund of funds which invest across a diversified array of strategies. The redemption period for these funds is generally quarterly and requires a 90-day notice. As of December 31, 2024 and 2023, private equity funds had unfunded commitments of \$1,855 and \$2,092 million in GEPT, of which, approximately 45% represents the Trust's share, respectively

Debt Securities Funds

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2024 and 2023

A subset of this asset class is structured as common collective trusts. Redemption periods are generally daily with notice requirement less than 5 days. The remaining funds have daily or monthly redemption periods with notice requirements of less than 15 days. As of December 31, 2024 and 2023, there were no unfunded commitments.

Real Estate Funds

This asset class consists primarily of closed-end real estate funds with redemption terms that are typically 10 or more years. As of December 31, 2024 and 2023, real estate funds had unfunded commitments of \$482 and \$617 million in GEPT, of which, approximately 45% represents the Trust's share, respectively.

The Trust's changes in Level 3 investments measured on a recurring basis for the year ended December 31, 2024.

(in thousands)	January 1, 2024	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2024
Debt securities funds							
Other debt securities investments	\$ 188	\$ —	\$ (194)	\$ —	\$ —	\$ 6	\$ —
Real estate funds	294,939	(9,758)	15,822	13,001	(20,065)	18,377	312,316
	535,026	(16,071)	60,679	38,283	(89,564)	13,960	542,313
	<u>\$ 830,153</u>	<u>\$ (25,829)</u>	<u>\$ 76,307</u>	<u>\$ 51,284</u>	<u>\$ (109,629)</u>	<u>\$ 32,343</u>	<u>\$ 854,629</u>

(a) Transfers in and out of Level 3 include balancing amounts due to the allocation of assets to the GE Energy Pension Plan and are considered to occur at the beginning of the year.

The Trust's changes in Level 3 investments measured on a recurring basis for the year ended December 31, 2023.

(in thousands)	January 1, 2023	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2023
Debt securities funds							
Other debt securities	\$ 421	\$ —	\$ —	\$ —	\$ —	\$ (233)	\$ 188
Private equities funds and other investments	796,355	(35,053)	(25,770)	10,451	(9,933)	(441,111)	294,939
Real estate funds	1,540,439	9,154	(136,947)	13,986	(40,010)	(851,596)	535,026
	<u>\$2,337,215</u>	<u>\$ (25,899)</u>	<u>\$ (162,717)</u>	<u>\$ 24,437</u>	<u>\$ (49,943)</u>	<u>\$ (1,292,940)</u>	<u>\$ 830,153</u>

(a) Transfers in and out of Level 3 include balancing amounts due to the allocation of assets to the GE HealthCare Pension Plan and GE Energy Pension Plan and are considered to occur at the beginning of the year.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2024 and 2023

Information related to the significant unobservable inputs used in the above valuation of Level 3 investments as of December 31, 2024.

Investment	Fair Value		Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
	December 31, 2024					
	(in thousands)					
Private equity	\$	53,683	Combination (Market & Income Approach)	Revenue	4.8x	.9x - 8x
				EBITDA	13.2x	13x - 14.5x
Real estate		368,265	Discounted cash flow (DCF)	Capitalization rate	6.10%	5.50%-8.50%
				Discount rate	7.50%	6.75%-10.25%
Other (a)		432,681	Other	Other	N/A	N/A
Total	\$	<u>854,629</u>				

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

Information related to the significant unobservable inputs used in the valuation of Level 3 investments as of December 31, 2023.

Investment	Fair Value		Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
	December 31, 2023					
	(in thousands)					
Private equity	\$	53,420	Combination (Market & Income Approach)	Revenue	4.55x	1.7X - 8X
				EBITDA	13.18x	13X-14X
Real estate		401,736	Discounted cash flow	Capitalization rate	6.07%	5.25%-8.50%
				Discount rate	7.42%	6.75%-10.25%
Other (a)		374,997	Other	Other	N/A	N/A
Total	\$	<u>830,153</u>				

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

(5) Exempt Parties-in-Interest Transactions

The Plan paid certain expenses related to Plan operations and investment activity to various service providers who are parties in interest under ERISA. The GEPT utilizes various investment managers to manage its net assets. These net assets may be invested into funds or separate accounts managed by the investment managers. Therefore, these transactions qualify as exempt party-in-interest transactions. In Plan management's opinion, fees paid during the year ended December 31, 2024, for services rendered by parties in interest were based upon customary and reasonable rates for such services. As discussed in Note 3, these fees are allocated based on the percent ownership of the Plan.

Notes to Financial Statements

December 31, 2024 and 2023

(6) Tax Status

The Internal Revenue Service ("IRS") has notified the Company by a letter dated October 30, 2015, that the Plan is qualified under the appropriate sections of the Internal Revenue Code ("IRC") and that the related trust in place at time of notification, is tax-exempt. In December 2016, the IRS began publishing a Required Amendments List for individually designed plans which specifies changes in qualification requirements. The list is published annually, and requires plans to be amended for each item on the list, as applicable, to retain its tax-exempt status. The Plan has monitored the published IRS list annually, and the Plan has been amended for each item on the IRS list, as applicable, to retain its tax exempt status. Management believes that the Plan and related trusts, GEPT and Trust, are currently designed, have been amended, and are being operated in compliance in all material respects with the applicable requirements of the IRC, and that the letter remains valid. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan satisfies the non-discrimination requirements of IRC sections 401(a)(4) and 410(b). To the extent the Trust recognizes any "unrelated business taxable income" as defined in Sections 512 through 514 of the IRC, the Trust is required to pay tax on any such income. For the year ended December 31, 2024, GEPT recorded a current income tax expense of \$1.0 million. As discussed in Note 3, the income tax expense is allocated based on the percent ownership of the Plan. As of December 31, 2024 and 2023, the GEPT recorded no deferred tax liabilities.

(7) Funding

It is the Company's policy to contribute amounts sufficient to meet minimum funding requirements as set forth in employee benefit and tax laws plus such additional amounts as the Company may determine to be appropriate. The Company did not make a contribution in 2024 for the 2024 plan year and has no formal commitment to make additional contributions in 2025 for the 2024 plan year.

(8) Plan Termination

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

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

Additionally, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. government agency, if the Plan so terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants will receive their benefits should the Plan so terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and level of benefits guaranteed by the PBGC. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025, that ceiling, which is adjusted periodically, is \$7,431 per month.

(9) Subsequent Events

Subsequent events were evaluated through September 11, 2025, the date the financial statements are available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union
 Employees of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			1	2						
35-39				2	2					
40-44				4	5					
45-49				3	2					
50-54				4	3					
55-59			2	3		1			2	
60-64			1	2	7	1			2	1
65-69				2	2				1	4
70+					1					2

N-62

Schedule SB Attachment (Form 5500) —2024 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union
 Employees of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Optional Payment Form Election Percentage	60% elect a single life annuity and 40% elect a 55% joint and survivor annuity
Optional Payment Form Conversion Interest Rate	N/A
Optional Payment Form Conversion Mortality	N/A
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63 if have 10 years of service at termination, else age 65
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle-of-year decrements with 100% retirement occurring at beginning of the year
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

Schedule SB Attachment (Form 5500) —2024 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union
Employees of the Grand Rapids, MI Division
EIN: 38-2733944 PN: 003

Valuation of Plan Assets

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

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

Expected Return on Assets

2022 Plan Year	6.00%, limited to 5.92%
2023 Plan Year	7.00%, limited to 5.74%
2024 Plan Year	7.00%, limited to 5.59%

Trust Expenses Included in Target Normal Cost

Prior year's administrative expenses plus current year estimated PBGC premiums (\$252,738 for 2024)

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union
 Employees of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	20.00%
62	20.00%
63	10.00%
64	10.00%
65	30.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union
 Employees of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	9.9384%	40	7.7543%
16	9.9384%	41	7.5151%
17	9.9384%	42	7.2556%
18	9.9384%	43	6.9760%
19	9.9384%	44	6.6758%
20	9.9384%	45	6.3540%
21	9.8898%	46	6.0053%
22	9.8398%	47	5.6227%
23	9.7877%	48	5.2000%
24	9.7331%	49	4.7337%
25	9.6742%	50	4.2247%
26	9.6114%	51	3.6823%
27	9.5438%	52	3.1228%
28	9.4704%	53	2.5661%
29	9.3906%	54	2.0347%
30	9.3031%	55	1.5488%
31	9.2065%	56	1.1247%
32	9.1000%	57	0.7718%
33	8.9820%	58	0.4939%
34	8.8511%	59	0.2879%
35	8.7062%	60	0.1465%
36	8.5466%	61	0.0594%
37	8.3717%	62	0.0152%
38	8.1815%	63+	0.0000%
39	7.9756%		

Schedule SB Attachment (Form 5500) –2024 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union
 Employees of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.0315%	45	0.3833%
16	0.0338%	46	0.4208%
17	0.0360%	47	0.4650%
18	0.0390%	48	0.5153%
19	0.0413%	49	0.5685%
20	0.0450%	50	0.6285%
21	0.0488%	51	0.6983%
22	0.0525%	52	0.7800%
23	0.0578%	53	0.8805%
24	0.0638%	54	0.9983%
25	0.0705%	55	1.1235%
26	0.0780%	56	1.2443%
27	0.0855%	57	1.3508%
28	0.0930%	58	1.4288%
29	0.1013%	59	1.5045%
30	0.1103%	60	1.5803%
31	0.1200%	61	1.6568%
32	0.1298%	62	1.7378%
33	0.1410%	63	1.8323%
34	0.1523%	64	1.9328%
35	0.1643%	65	2.0385%
36	0.1770%	66	2.1518%
37	0.1928%	67	2.2718%
38	0.2093%	68	2.3993%
39	0.2273%	69	2.5328%
40	0.2468%	70+	0.0000%
41	0.2693%		
42	0.2948%		
43	0.3218%		
44	0.3510%		

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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... [x] 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 AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION
1b Three-digit plan number (PN): 003
1c Effective date of plan: 09/07/1987
2a Plan sponsor's name (employer, if for a single-employer plan): GE AVIATION SYSTEMS LLC
2b Employer Identification Number (EIN): 38-2733944
2c Plan Sponsor's telephone number: 617-443-3000
2d Business code (see instructions): 336410

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 signature of Randall Gunn and date 10/06/2025.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFITS COMMITTEE FOR CERTAIN GE AFFILIATE PLANS ONE NEUMANN WAY EVENDALE OH 45215	3b Administrator's EIN 31-1651279 3c Administrator's telephone number 866-229-1079
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	512
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	62
a(2) Total number of active participants at the end of the plan year	6a(2)	58
b Retired or separated participants receiving benefits	6b	292
c Other retired or separated participants entitled to future benefits	6c	66
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	416
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	69
f Total. Add lines 6d and 6e	6f	485
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GE AVIATION SYSTEMS LLC	D Employer Identification Number (EIN) 38-2733944	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	26,209,136
	b Actuarial value	2b	28,830,049
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	375	22,623,749
	b For terminated vested participants	75	2,615,683
	c For active participants	62	2,368,492
	d Total	512	27,607,924
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.03%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	252,738
	c Target normal cost	6c	252,738

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

SIGN HERE	Aaron L. Sens ALS Signature of actuary	09/18/2025 Date
	Aaron L. Sens Type or print name of actuary	2306808 Most recent enrollment number
	Aon Consulting, Inc Firm name	847-295-5000 Telephone number (including area code)
	MSC #17755 P.O. Box 551343 Atlanta GA 30355 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	482,392
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	168,762
9	Amount remaining (line 7 minus line 8)	0	313,630
10	Interest on line 9 using prior year's actual return of <u>7.52%</u>	0	23,585
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.15%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	337,215

Part III Funding Percentages			
14	Funding target attainment percentage	14	103.09%
15	Adjusted funding target attainment percentage	15	104.31%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.83%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)..... **31a** 252,738

b Excess assets, if applicable, but not greater than line 31a **31b** 252,738

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

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

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

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

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

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

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union
 Employees of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	10.00%	0.7738	4.68
61.5	20.00%	0.6964	8.57
62.5	20.00%	0.5571	6.96
63.5	10.00%	0.4457	2.83
64.5	10.00%	0.4011	2.59
65.5	30.00%	0.3610	7.09
66.5	30.00%	0.2527	5.04
67.5	30.00%	0.1769	3.58
68.5	30.00%	0.1238	2.54
69.5	30.00%	0.0867	1.81
70	100.00%	0.0607	4.25
Weighted Average			62.92

Schedule SB Attachment (Form 5500) —2024 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union
Employees of the Grand Rapids, MI Division
EIN: 38-2733944 PN: 003

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	Effective September 4, 1987, most recently restated January 1, 2015. The most recent amendment reflected in the following plan provisions was effective December 2, 2019.
Predecessor Plan	Instrument Division of Lear Siegler, Inc.—UAW Retirement Income Plan as in effect on September 3, 1987. On November 30, 1994, all benefits of the predecessor plan that relate to participants of this plan were transferred into this plan.
Eligibility	Immediate participation for each employee covered by the collectively bargaining agreement. No one may become a participant after November 30, 2014.
Definitions	
Benefit Service	For employment after September 4, 1987, 1/10 of a year of benefit service for each 170 hours of service during a plan year, not to exceed one year of benefit service for any plan year. The plan is frozen effective January 31, 2020 and no participant may earn benefit service after that date.
Combined Benefit Service	The sum of years of benefit service under this plan and years of benefit service under the predecessor plan.
Vesting Service	All years of vested service credited under the predecessor plan and one year of vested service for each plan year in which a participant has 1,000 or more hours of service. For less than 1,000 hours in a plan year, 1/10 of a year of vested service is credited for each 170 hours of service. All participants who were active on January 31, 2020 shall be fully vested.
Actuarial Equivalence	1984 Unisex Pensioner's Mortality Table for participants and beneficiaries and an interest rate of 7%.

Schedule SB Attachment (Form 5500) —2024 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union
 Employees of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Normal Retirement Benefits

Eligibility Age 65.

Benefit Monthly benefit equals combined benefit service multiplied by the appropriate benefit rate from the table below:

Participant's Retirement Date	Benefit Rate
04/01/1998–03/31/1999	\$19.60
04/01/1999–03/31/2000	\$19.90
04/01/2000–03/31/2002	\$21.00
04/01/2002–03/31/2003	\$22.00
04/01/2003–03/31/2004	\$23.00
04/01/2004–03/31/2007	\$24.00
04/01/2007–03/31/2008	\$25.00
04/01/2008–03/31/2009	\$26.50
04/01/2009–03/31/2010	\$28.00
04/01/2010–03/31/2011	\$30.00
04/01/2011–03/31/2012	\$32.00
04/01/2012–03/31/2013	\$34.00
04/01/2013–03/31/2014	\$35.00
04/01/2014–03/31/2015	\$36.00
04/01/2015–03/31/2016	\$37.00
04/01/2016–03/31/2017	\$38.00
04/01/2017–03/31/2018	\$39.00
04/01/2018–03/31/2019	\$40.00
04/01/2019–12/30/2019	\$41.00
12/31/2019 and later	\$43.50

Normal Form of Benefit Single life annuity.

Optional Forms of Benefit 50% contingent annuitant, 55% contingent annuitant or 75% contingent annuitant.

Regular Early Retirement Benefits

Eligibility Age 60 and 10 years of vesting service.

Benefit Monthly benefit computed as in normal retirement benefits above but based on years of combined benefit service and benefit rate at actual retirement date, reduced by 1/2 of 1% for each month that benefit commencement precedes age 62 (age 65 for participants hired after September 13, 1996).

Schedule SB Attachment (Form 5500) —2024 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union
Employees of the Grand Rapids, MI Division
EIN: 38-2733944 PN: 003

Special Early Retirement Benefit

Eligibility	Participants who were hired prior to September 13, 1996 who attain age 58 with 30 years of vesting service.
Benefit	Monthly benefit computed as in normal retirement benefit above but based on years of combined benefit service and the benefit rate at actual retirement date. For retirement prior to age 62, a participant also receives a supplemental benefit such that his total monthly benefit is \$1,000. This supplemental benefit shall cease upon attainment of age 62.

Disability Benefits

Eligibility	Total and permanent disability after 10 years of combined benefit service.
Amount	Monthly benefit computes as in normal retirement benefits above but based on combined benefit service and the benefit rate in effect at date of disability. Such benefit, payable as a life annuity, shall commence one year after disability. Upon attainment of age 65, such benefit shall cease, and a normal retirement benefit, computed as in normal retirement benefit above, based on years of combined benefit service and the benefit rate in effect at date of disability, shall be payable for life.

Schedule SB Attachment (Form 5500) —2024 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union
 Employees of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Termination Benefits

Eligibility

Five years of vesting service. Effective January 31, 2020 all active participants are fully vested.

Amount

Monthly benefit equals combined benefit service multiplied by the appropriate benefit rate from the table below, reduced by 1/2 of 1% for each month that benefit commencement precedes normal retirement.

Termination Date	Benefit Rate
09/04/1987-03/31/1988	\$15.25
04/01/1988-03/31/1989	\$16.00
04/01/1989-03/31/1990	\$16.75
04/01/1990-03/31/1991	\$17.50
04/01/1991-03/31/1992	\$17.75
04/01/1992-03/31/1993	\$18.25
04/01/1993-03/31/1997	\$19.00
04/01/1997-03/31/1998	\$19.30
04/01/1998-03/31/1999	\$19.60
04/01/1999-03/31/2000	\$19.90
04/01/2000-03/31/2002	\$21.00
04/01/2002-03/31/2003	\$22.00
04/01/2003-03/31/2004	\$23.00
04/01/2004-03/31/2007	\$24.00
04/01/2007-03/31/2008	\$25.00
04/01/2008-03/31/2009	\$26.50
04/01/2009-03/31/2010	\$28.00
04/01/2010-03/31/2011	\$30.00
04/01/2011-03/31/2012	\$32.00
04/01/2012-03/31/2013	\$34.00
04/01/2013-03/31/2014	\$35.00
04/01/2014-03/31/2015	\$36.00
04/01/2015-03/31/2016	\$37.00
04/01/2016-03/31/2017	\$38.00
04/01/2017-03/31/2018	\$39.00
04/01/2018-03/31/2019	\$40.00
04/01/2019-12/30/2019	\$41.00
12/31/2019 and later	\$43.50

Schedule SB Attachment (Form 5500) —2024 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union
 Employees of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Medicare Reimbursement Benefits

The monthly pension benefit of a participant who retired between September 4, 1987 and August 30, 1993 shall be increased by the direct cost of Medicare Part B coverage.

Retirees on or after August 30, 1993 shall have their benefit increased by the Medicare Part B premium frozen at the 1993 level (\$36.60).

Preretirement Death Benefits

Early Survivor Annuity

On death of a married participant after five years of vesting service, a monthly benefit computed as if the participant terminated on the date of death or, if earlier, the date of actual termination, survived until the later of the date of death or earliest retirement age, then retired with a 50% joint and survivor annuity (55% if became a participant prior to September 13, 1996). If the participant had less than 30 years of vesting service and was younger than age 62 (age 65 for participants hired after September 13, 1996) at death, the benefit is actuarially reduced for each month, after the later of the date of death or age 60, by which benefit commencement precedes age 62 (age 65 for participants hired after September 13, 1996).

For terminations prior to April 1, 2005, unless waived the benefits payable under this plan shall be reduced on account of this coverage by the amounts shown below:

Age	Reduction Factor
Over 59	0
55-59	1/24 of 1% per month ¹
45-54	15/100 of 1% per year
35-44	5/100 of 1% per year
Under 35	0

Transition Survivor Income

If became a participant prior to September 13, 1996, qualified beneficiaries of active and disabled employees who died with 10 years of vesting service receive a monthly benefit of \$150 commencing on the first of the month following the participant's death and ending on the earlier of the death of all eligible surviving beneficiaries or the receipt of 24 monthly payments.

¹ No reduction upon attaining age 58 with 30 years of vesting service.

Schedule SB Attachment (Form 5500) –2024 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union
Employees of the Grand Rapids, MI Division
EIN: 38-2733944 PN: 003

Bridge Survivor Income

If became a participant prior to September 13, 1996, the spouse of a deceased participant who was at least age 50 at the participant's death and has received 24 transition payments will receive a monthly benefit of \$150 commencing on the first of the month following the final transition payment and ending on the earliest of the spouse's remarriage, attainment of age 62 or eligibility for Social Security disability benefits.

Lump Sum Benefit

For participants who terminated prior to September 13, 1996, under normal, early, special early, or disability retirement, a lump sum benefit of \$2,000.

Maximum Benefit Limitation

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes since the prior year

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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