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| <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: x-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 style="text-align: center;">▶ 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; text-align: center;">2024</p> <hr/> <p style="text-align: center;">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

| | |
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| <p>1a Name of plan <u>RETIREMENT PLAN FOR THE HOURLY UNION EMPLOYEES OF GE AVIATION SYSTEMS, STERLING, VA DIVISION</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>007</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>1c Effective date of plan <u>05/05/2007</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> |

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 |

| | |
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| 3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFITS COMMITTEE FOR CERTAIN GE AFFILIATED 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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| | |
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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 | 40 |
|-------------------------------------------------------------------------|----------|----|

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| 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) | 13 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) | 12 |
| b Retired or separated participants receiving benefits..... | 6b | 19 |
| c Other retired or separated participants entitled to future benefits | 6c | 9 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d | 40 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e | 0 |
| f Total. Add lines 6d and 6e | 6f | 40 |
| g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 6g(1) | |
| g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g(2) | |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h | 0 |

| | | |
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| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I 3H

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

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

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 _____

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| 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>RETIREMENT PLAN FOR THE HOURLY UNION EMPLOYEES OF GE AVIATION SYSTEMS, STERLING, VA DIVISION</u> | B Three-digit plan number (PN) ▶ | <u>007</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: <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 | | <u>4058721</u> |
| b Actuarial value | 2b | | <u>4464593</u> |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | <u>19</u> | <u>3595653</u> | <u>3595653</u> |
| b For terminated vested participants | <u>8</u> | <u>527082</u> | <u>527082</u> |
| c For active participants | <u>13</u> | <u>765421</u> | <u>767209</u> |
| d Total | <u>40</u> | <u>4888156</u> | <u>4889944</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>5.15 %</u> |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | | <u>0</u> |
| b Expected plan-related expenses | 6b | | <u>71833</u> |
| c Target normal cost | 6c | | <u>71833</u> |

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

| | | | |
|------------------|-------------------------------------------------------------|---------------------|----------------------------------------|
| SIGN HERE | | | |
| | Signature of actuary | <u>09/18/2025</u> | Date |
| | <u>AARON L. SENS</u> | <u>23-06808</u> | Most recent enrollment number |
| | <u>AON CONSULTING, INC.</u> | <u>847-295-5000</u> | Telephone number (including area code) |
| | <u>MSC #17755 P.O. BOX 551343 ATLANTA, GA 30355</u> | | |
| | Address of the firm | | |

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

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of <u>6.89</u> % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 159 |
| 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>5.27</u> % | | 8 |
| 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 | | 167 |
| 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 | 0 |

| Part III Funding Percentages | | | |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| 14 | Funding target attainment percentage | 14 | 91.30 % |
| 15 | Adjusted funding target attainment percentage | 15 | 91.30 % |
| 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 | 91.33 % |
| 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 | | |
| 04/10/2024 | 21000 | 0 | | | | | |
| 07/05/2024 | 21000 | 0 | | | | | |
| 10/11/2024 | 21000 | 0 | | | | | |
| 01/10/2025 | 21000 | 0 | | | | | |
| 08/01/2025 | 34000 | 0 | | | | | |
| | | | Totals ▶ | 18(b) | 118000 | 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 | 112734 |

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 |
| 0 | 0 | 0 | 0 |

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 |
| b Applicable month (enter code) | | | | 21b 4 |
| 22 Weighted average retirement age | | | | 22 63 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute | |

Part VI Miscellaneous Items

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 26 Demographic and benefit information | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | 27 | |

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c) | 31a | 71833 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 | |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 425351 | 40508 | |
| 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 | 112341 | |
| | 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 | 112341 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 112734 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 393 | |
| 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)

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| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
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| 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. | OMB No. 1210-0110 <hr/> 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>RETIREMENT PLAN FOR THE HOURLY UNION EMPLOYEES OF GE AVIATION SYSTEMS, STERLING, VA DIVISION</u> | B Three-digit plan number (PN) | <u>007</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>3884445</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 I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 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 RETIREMENT PLAN FOR THE HOURLY UNION EMPLOYEES OF GE AVIATION SYSTEMS, STERLING, VA DIVISION | B Three-digit plan number (PN) ▶ 007 |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|

| | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| C Plan sponsor's name as shown on line 2a of Form 5500 GE AVIATION SYSTEMS LLC | D Employer Identification Number (EIN) 38-2733944 |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

| | | (a) Beginning of Year | (b) End of Year |
|-------------------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| 1 Plan Assets and Liabilities: | | | |
| a Total plan assets | 1a | 4063863 | 3884445 |
| b Total plan liabilities | 1b | | |
| c Net plan assets (subtract line 1b from line 1a) | 1c | 4063863 | 3884445 |
| 2 Income, Expenses, and Transfers for this Plan Year: | | (a) Amount | (b) Total |
| a Contributions received or receivable: | | | |
| (1) Employers | 2a(1) | 118000 | |
| (2) Participants | 2a(2) | | |
| (3) Others (including rollovers) | 2a(3) | | |
| b Noncash contributions | 2b | | |
| c Other income | 2c | 109462 | |
| d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) | 2d | | 227462 |
| e Benefits paid (including direct rollovers) | 2e | 301312 | |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Administrative service providers (salaries, fees, and commissions) | 2h | 74088 | |
| i Other expenses | 2i | 31480 | |
| j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) | 2j | | 406880 |
| k Net income (loss) (subtract line 2j from line 2d) | 2k | | -179418 |
| l Transfers to (from) the plan (see instructions) | 2l | | |

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

| | | Yes | No | Amount |
|----------------------------------------------------------------|-----------|-----|----|--------|
| a Partnership/joint venture interests | 3a | | X | |
| b Employer real property | 3b | | X | |
| c Real estate (other than employer real property) | 3c | | X | |
| d Employer securities | 3d | | X | |
| e Participant loans | 3e | | X | |
| f Loans (other than to participants) | 3f | | X | |
| g Tangible personal property | 3g | | X | |

| | |
|----------------|-----------------------------|
| Part II | Compliance Questions |
|----------------|-----------------------------|

| | | Yes | No | Amount |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|----------|
| 4 During the plan year: | | | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. | 4b | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? | 4c | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | 4d | | X | |
| e Was the plan covered by a fidelity bond? | 4e | X | | 50000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? | 4i | | X | |
| j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4j | | X | |
| k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) | 4k | X | | |
| l Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 4n | | | |

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 551152.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 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. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

| | | |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| A Name of plan <u>RETIREMENT PLAN FOR THE HOURLY UNION EMPLOYEES OF GE AVIATION SYSTEMS, STERLING, VA DIVISION</u> | B Three-digit plan number (PN) ▶ | <u>007</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 | | <u>0</u> |
|----------|--|----------|

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 | | <u>0</u> |
|----------|--|----------|

| | |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 _____.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for the Hourly Union Employees of GE Aviation
 Systems Sterling, VA Division
 EIN: 38-2733944 PN: 007

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 | | | | | | | | | | |
| 35-39 | | | | 1 | 1 | | | | | |
| 40-44 | | | | | | | | | | |
| 45-49 | | | | 1 | | | | | | |
| 50-54 | | | | | | | | 2 | | |
| 55-59 | | | | | 1 | | | | | |
| 60-64 | | | | | | | | | | |
| 65-69 | | | | | | | | | | |
| 70+ | | | | | | | | | | |

N-13

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Retirement Plan for the Hourly Union Employees of GE Aviation
 Systems Sterling, VA Division
 EIN: 38-2733944 PN: 007

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% |
| Salary Increases | |
| Minimum Funding Target Normal Cost | N/A |
| Maximum Tax Expected Benefit Increase | N/A |
| Retirement Age | |
| Active Participants | See Table 1 |
| Terminated Vested Participants | 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 | None |
| Decrement Timing | Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%) |
| Surviving Spouse Benefit | It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses. |
| Benefit and Compensation Limits | Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000. |

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for the Hourly Union Employees of GE Aviation
Systems Sterling, VA Division
EIN: 38-2733944 PN: 007

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 | 6.25%, 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 (\$71,833 for 2024)

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for the Hourly Union Employees of GE Aviation
Systems Sterling, VA Division
EIN: 38-2733944 PN: 007

Table 1

Retirement Rates

| Age | Rate |
|------------|-------------|
| 55 | 3.00% |
| 56 | 3.00% |
| 57 | 3.00% |
| 58 | 3.00% |
| 59 | 3.00% |
| 60 | 5.00% |
| 61 | 5.00% |
| 62 | 20.00% |
| 63 | 10.00% |
| 64 | 10.00% |
| 65+ | 100.00% |

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for the Hourly Union Employees of GE Aviation
 Systems Sterling, VA Division
 EIN: 38-2733944 PN: 007

Table 2

Withdrawal Rates

| Age | Years of Service | | | | | |
|-----|------------------|--------|--------|--------|--------|--------|
| | 0 | 1 | 2 | 3 | 4 | 5+ |
| 15 | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 16 | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 17 | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 18 | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 19 | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 20 | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 21 | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% | 17.50% |
| 22 | 16.70% | 16.70% | 16.70% | 16.70% | 16.70% | 16.70% |
| 23 | 15.80% | 15.80% | 15.80% | 15.80% | 15.80% | 15.80% |
| 24 | 15.10% | 15.10% | 15.10% | 15.10% | 15.10% | 15.10% |
| 25 | 14.30% | 14.30% | 14.30% | 14.30% | 14.30% | 14.30% |
| 26 | 13.60% | 13.60% | 13.60% | 13.60% | 13.60% | 13.60% |
| 27 | 12.80% | 12.80% | 12.80% | 12.80% | 12.80% | 12.80% |
| 28 | 12.70% | 12.10% | 12.10% | 12.10% | 12.10% | 12.10% |
| 29 | 12.70% | 11.90% | 11.50% | 11.50% | 11.50% | 11.50% |
| 30 | 12.70% | 11.90% | 11.00% | 10.80% | 10.80% | 10.80% |
| 31 | 12.70% | 11.90% | 11.00% | 10.20% | 10.20% | 10.20% |
| 32 | 12.70% | 11.90% | 11.00% | 10.20% | 9.60% | 9.60% |
| 33 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 9.00% |
| 34 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 8.50% |
| 35 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 7.90% |
| 36 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 7.40% |
| 37 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 6.90% |
| 38 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 6.50% |
| 39 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 6.00% |

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for the Hourly Union Employees of GE Aviation
 Systems Sterling, VA Division
 EIN: 38-2733944 PN: 007

Table 2 (continued)

Withdrawal Rates

| Age | Years of Service | | | | | |
|-----|------------------|--------|--------|--------|-------|-------|
| | 0 | 1 | 2 | 3 | 4 | 5+ |
| 40 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 5.60% |
| 41 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 5.20% |
| 42 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 4.90% |
| 43 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 4.50% |
| 44 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 4.20% |
| 45 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 3.90% |
| 46 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 3.60% |
| 47 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 3.40% |
| 48 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 3.10% |
| 49 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 2.90% |
| 50 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 2.70% |
| 51 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 2.60% |
| 52 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 2.40% |
| 53 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 2.30% |
| 54 | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 2.20% |
| 55+ | 12.70% | 11.90% | 11.00% | 10.20% | 9.50% | 2.20% |

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: RETIREMENT PLAN FOR THE HOURLY UNION EMPLOYEES OF GE AVIATION SYSTEMS, STERLING, VA DIVISION
1b Three-digit plan number (PN): 007
1c Effective date of plan: 05/05/2007
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 AFFILIATED 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

| | | |
|-------------------------------------------------------------------------|----------|----|
| 5 Total number of participants at the beginning of the plan year | 5 | 40 |
|-------------------------------------------------------------------------|----------|----|

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| 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) | 13 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) | 12 |
| b Retired or separated participants receiving benefits | 6b | 19 |
| c Other retired or separated participants entitled to future benefits | 6c | 9 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d | 40 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | 0 |
| f Total. Add lines 6d and 6e | 6f | 40 |
| g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 6g(1) | |
| g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g(2) | |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | 0 |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | 7 | |
|-------------------------------------------------------------------------------------------------------------------------------------|----------|--|

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I 3H

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

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

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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

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 RETIREMENT PLAN FOR THE HOURLY UNION EMPLOYEES OF GE AVIATION SYSTEMS, STERLING, VA DIVISION | B Three-digit plan number (PN) ▶ | 007 |
| 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 | 4,058,721 |
| | b Actuarial value | 2b | 4,464,593 |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | 19 | 3,595,653 |
| | b For terminated vested participants | 8 | 527,082 |
| | c For active participants | 13 | 765,421 |
| | d Total | 40 | 4,888,156 |
| 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 | 5.15% |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | 0 |
| | b Expected plan-related expenses | 6b | 71,833 |
| | c Target normal cost | 6c | 71,833 |

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 2306808 _____ Most recent enrollment number 847-295-5000 _____ Telephone number (including area code) |
| | Aaron L. Sens _____ Type or print name of actuary Aon Consulting, Inc. _____ Firm name 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 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 |
| b Applicable month (enter code)..... | | | | 21b 4 |
| 22 Weighted average retirement age | | | | 22 63 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute | |

Part VI Miscellaneous Items

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 26 Demographic and benefit information | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | 27 | |

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c)..... | 31a | 71,833 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 | |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 425,351 | 40,508 | |
| 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 | 112,341 | |
| | 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 | 112,341 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | 37 | 112,734 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 393 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

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

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for the Hourly Union Employees of GE Aviation
 Systems Sterling, VA Division
 EIN: 38-2733944 PN: 007

Schedule SB, line 15 – Reconciliation of Differences
 Between Valuation Results and Amounts Used to Calculate
 AFTAP

The AFTAP for the Plan was originally issued September 18, 2024. The final valuation reflects a change in liabilities attendant to updates to the valuation inputs.

| | 9/28/2024 Certification | Final Valuation |
|-----------------------------------------------|----------------------------|--------------------|
| Funding Target | \$ 4,864,891 | \$ 4,889,944 |
| Value of Plan Assets | \$ 4,464,593 | \$ 4,464,593 |
| Applicable Funding Standard Carryover Balance | \$ 0 | \$ 0 |
| Applicable Prefunding Balance | \$ 0 | \$ 0 |
| Certified AFTAP | 91.77% | 91.30% |

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for the Hourly Union Employees of GE Aviation
 Systems Sterling, VA Division
 EIN: 38-2733944 PN: 007

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

| Date | Amount | Days to Discount to 1/1/2024 at 5.15% | Interest Adjusted Contribution |
|--------------------|---------------|------------------------------------------------------|-----------------------------------------------|
| April 10, 2024 | \$ 21,000 | 100 | \$ 20,714 |
| July 5, 2024 | 21,000 | 186 | 20,471 |
| October 11, 2024 | 21,000 | 284 | 20,197 |
| January 10, 2025 | 21,000 | 375 | 19,947 |
| August 1, 2025 | <u>34,000</u> | 578 | <u>31,405</u> |
| Total Contribution | \$ 118,000 | | \$ 112,734 |

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for the Hourly Union Employees of GE Aviation
 Systems Sterling, VA Division
 EIN: 38-2733944 PN: 007

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 | 3.00% | 1.0000 | 1.67 |
| 56.5 | 3.00% | 0.9700 | 1.64 |
| 57.5 | 3.00% | 0.9409 | 1.62 |
| 58.5 | 3.00% | 0.9127 | 1.60 |
| 59.5 | 3.00% | 0.8853 | 1.58 |
| 60.5 | 5.00% | 0.8587 | 2.60 |
| 61.5 | 5.00% | 0.8158 | 2.51 |
| 62.5 | 20.00% | 0.7750 | 9.69 |
| 63.5 | 10.00% | 0.6200 | 3.94 |
| 64.5 | 10.00% | 0.5580 | 3.60 |
| 65 | 100.00% | 0.5022 | 32.64 |
| | | Weighted Average | 63.09 |

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for the Hourly Union Employees of GE Aviation
Systems Sterling, VA Division
EIN: 38-2733944 PN: 007

Schedule SB, Part V – Summary of Plan Provisions

| | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date | May 5, 2007 |
| Participation | <p>Any participant in the Smiths Plan on May 4, 2007 will join this plan on May 5, 2007. Collectively bargained employees at the Sterling, Virginia location will enter the plan on the first day of the month coincident with or next following their date of hire.</p> <p>Effective January 1, 2015, no employee hired or rehired on or after January 1, 2015 shall become an active participant.</p> |
| Normal Retirement | |
| Eligibility | Age 65 and five years of participation. |
| Benefit | <p>Benefit is the sum of (a) and (b), less (c):</p> <ul style="list-style-type: none">(a) 1.35% of final average monthly compensation, times benefit service.(b) 0.65% of final average monthly compensation (in excess of covered compensation), times benefit service (up to 35 years).(c) Accrued benefit from Smiths Plan, as applicable. |
| Early Retirement | |
| Eligibility | Age 55 and 10 years of vesting service. |
| Benefit | Normal retirement benefit reduced by 1/15 for each of the first five years and 1/30 for each of the next five years that benefits commence prior to normal retirement date. |

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for the Hourly Union Employees of GE Aviation
 Systems Sterling, VA Division
 EIN: 38-2733944 PN: 007

Late Retirement

Eligibility

Any age beyond the normal retirement date.

Benefit

The greater of the accrued benefit at actual termination and the accrued benefit at the normal retirement date multiplied by a factor as follows:

| Number of Years From Normal Retirement Date | Factor |
|---------------------------------------------|--------|
| 1 | 1.06 |
| 2 | 1.12 |
| 3 | 1.19 |
| 4 | 1.26 |
| 5 | 1.34 |

Deferred Vested

Eligibility

All participants are 100% vested.

Benefit

Same as early retirement.

Preretirement Surviving Spouse Benefit

Eligibility

Five years of vesting service.

Benefit

One-half of the benefit the participant would have received had he separated from service on the day of his death; survived to his earliest retirement age; and retired with an immediate 50% joint and surviving spouse annuity with five years certain.

Disability Benefit

Eligibility

Eligible for LTD or Social Security disability benefits.

Benefit

A participant who becomes disabled becomes immediately vested in his accrued benefit. While disabled, a participant continues to be credited with years of benefit service and compensation at the rate in effect for the plan year preceding the year of disability.

Normal Form of Benefit

For unmarried participants, the normal form of benefit is a 5-year certain and life annuity. For married participants, the normal form is an actuarially reduced 50% joint and survivor annuity with five years certain.

Optional Forms of Benefit

A 5, 10, or 15-year certain and life annuity.

A 50%, 66²/₃%, 75%, or 100% joint and survivor annuity.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for the Hourly Union Employees of GE Aviation
Systems Sterling, VA Division
EIN: 38-2733944 PN: 007

Definitions

| | |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Final Average Compensation | The average of the participant's compensation during the 60 consecutive months out of the last 120 months that produce the highest average. Final average compensation is frozen effective October 31, 2022. |
| Benefit Service | Full and partial years of service, beginning at the later of date of hire or age 18. Benefit service is frozen as of December 31, 2018. |
| Vesting Service | Full and partial years of service from date of hire. Effective January 1, 2019, all participants are considered fully vested regardless of the number of years of vesting service earned. |

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for the Hourly Union Employees of GE Aviation
Systems Sterling, VA Division
EIN: 38-2733944 PN: 007

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.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for the Hourly Union Employees of GE Aviation
 Systems Sterling, VA Division
 EIN: 38-2733944 PN: 007

Schedule SB, line 32 – Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall | \$ 405,562 | January 1, 2023 | 14 | \$ 38,708 |
| Shortfall | \$ 19,789 | January 1, 2024 | 15 | \$ 1,800 |