

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>011</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 STEAM POWER, INC.</u></p> <p><u>600 GALLERIA PARKWAY</u> <u>SUITE 1800</u> <u>ATLANTA, GA 30339-5990</u></p>	<p>1c Effective date of plan <u>07/01/1999</u></p> <p>2b Employer Identification Number (EIN) <u>06-1553604</u></p> <p>2c Plan Sponsor's telephone number <u>518-385-1879</u></p> <p>2d Business code (see instructions) <u>335900</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.	10/14/2025	MICHAEL GORMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor GE VERNOVA- TOTAL REWARDS ATTN PHIL PESEZ 1 RIVER ROAD BLDG 37, 2-16 SCHENECTADY, NY 12345	3b Administrator's EIN 06-1553604 3c Administrator's telephone number 518-385-1879
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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	1212
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	0
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 3H

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC</u>	B Three-digit plan number (PN) ▶	<u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GE STEAM POWER, INC.</u>	D Employer Identification Number (EIN) <u>06-1553604</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>55671674</u>
	b Actuarial value	2b	<u>61238841</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1174</u>	<u>51213638</u>
	b For terminated vested participants	<u>38</u>	<u>1000338</u>
	c For active participants	<u>0</u>	<u>0</u>
	d Total	<u>1212</u>	<u>52213976</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>5.07 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>422412</u>
	c Target normal cost	6c	<u>422412</u>

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

SIGN HERE		<u>09/03/2025</u>
	Signature of actuary	Date
	<u>BENJAMIN W. GILDE</u>	<u>23-08001</u>
	Type or print name of actuary	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>781-891-8600</u>
	Firm name	Telephone number (including area code)
	<u>MSC #17761 P.O. BOX 549294 WALTHAM, MA 02454-9294</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>6.88</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)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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	117.28 %
15	Adjusted funding target attainment percentage	15	117.28 %
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	110.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

21 Discount rate:

a Segment rates:

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

22 Weighted average retirement age **22**

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	422412
b Excess assets, if applicable, but not greater than line 31a	31b	422412

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

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

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

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

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

A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC	B Three-digit plan number (PN) ▶	011
C Plan sponsor's name as shown on line 2a of Form 5500 GE STEAM POWER, INC.	D Employer Identification Number (EIN) 06-1553604	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AON CONSULTING INC.

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	68399	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	37270	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET BANK AND TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	22083	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC</u>	B Three-digit plan number (PN) ▶	<u>011</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GE STEAM POWER, INC.</u>	D Employer Identification Number (EIN) <u>06-1553604</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GE ENERGY PENSION MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>ROPCOR, INC.</u>		
c EIN-PN <u>61-1399608-002</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC	B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 GE STEAM POWER, INC.	D Employer Identification Number (EIN) 06-1553604

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	55671674	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	55671674	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	55671674	0

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		446631
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		446631

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6425600	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6425600
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	37270	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	22083	
(7) Actuarial fees	2i(7)	68399	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	208691	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		336443
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6762043

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6315412
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		49356262

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
THE COMBINED ALSTOM RETIREMENT PLAN	61-1399608	003

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 548721.

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

A Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC</u>	B Three-digit plan number (PN) ▶	<u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GE STEAM POWER, INC.</u>	D Employer Identification Number (EIN) <u>06-1553604</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): 14-6015763

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: 26.0 % Private Equity: 13.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 41.0 %
 High-Yield Debt: 4.0 % Real Assets: 8.0 % Cash or Cash Equivalents: 3.0 % Other: 5.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

EIN: 06-1553604
Plan #: 011

PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC.

Financial Statements

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC.

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December 31, 2024 and 2023

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



Deloitte & Touche LLP
115 Federal Street
Boston, Massachusetts
02110, USA
Tel: +1 617 437 2000
Fax: +1 617 437 2111
www.deloitte.com

INDEPENDENT AUDITOR'S REPORT

The Plan Administrator of Pension Plan for Hourly Employees of ALSTOM Power Inc.:

Opinion

We have audited the financial statements of Pension Plan for Hourly Employees of ALSTOM Power Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits and of changes in accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Basis for Opinion

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

Emphasis-of-Matter

As discussed in Note 3 to the financial statements, the plan's interest in the GE Energy Pension Master Trust includes private equity and real estate investments valued at approximately \$0 million and \$15 million (0% and 27% of net assets available for plan benefits, respectively) as of December 31, 2024 and 2023, respectively, whose fair values have been estimated by management in the absence of readily determinable fair values. Our opinion is not modified with respect to this matter.

As discussed in Note 1 to the financial statements, the Plan merged into The Combined Alstom Retirement Plan (formerly known as ALSTOM Employees' Retirement Plan) (the "Combined Plan") effective December 31, 2024. The Plan's net assets and accumulated plan benefits were transferred to the Combined Plan as a result of the merger. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Deloitte + Touche LLP

October 13, 2025

PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC.

Statements of Net Assets Available for Plan Benefits

December 31, 2024 and 2023

(in thousands)

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value (notes 3 and 4)		
Plan interest in GE Energy Pension Master Trust	\$ —	\$ 55,672
Net assets available for plan benefits	<u>\$ —</u>	<u>\$ 55,672</u>

See accompanying notes to financial statements.

PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC.

Statement of Changes in Net Assets Available for Plan Benefits

Year Ended December 31, 2024

(in thousands)

Additions (decreases) to net assets attributed to:

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

Interest	\$ 297
Net appreciation in fair value of investments	157
Investment management fees and other expenses	<u>(8)</u>
Total additions	<u>446</u>

Deductions from plan assets attributed to:

Benefit payments	6,426
Administrative expenses	<u>336</u>
Total deductions	<u>6,762</u>

Net decrease before asset transfer (6,316)

Transfer to other qualified plan (note 1) (49,356)

Net decrease after asset transfer (55,672)

Net assets available for plan benefits at:

Beginning of year	<u>55,672</u>
End of year	<u>\$ —</u>

See accompanying notes to financial statements.

PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC.

Statements of Accumulated Plan Benefits

December 31, 2024 and 2023

(in thousands)

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ —	\$ 46,346
Other participants	—	793
	<u>—</u>	<u>47,139</u>
Total actuarial present value of accumulated plan benefits	<u>\$ —</u>	<u>\$ 47,139</u>

See accompanying notes to financial statements.

PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC.

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

(in thousands)

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 47,139</u>
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	3,079
Benefit payments	(6,426)
Other changes	(488)
Transfer to other plan (note 1)	<u>(43,304)</u>
 Net decrease	 <u>(47,139)</u>
 Actuarial present value of accumulated plan benefits at end of year	 <u><u>\$ —</u></u>

See accompanying notes to financial statements.

(1) Description of the Plan

The Pension Plan for Hourly Employees of ALSTOM Power Inc. (the "Plan") is a noncontributory defined benefit plan. Prior to December 31, 2024, the Plan was sponsored by GE Steam Power Holding, Inc. (the "Company"), formerly an affiliate of General Electric Company ("GE"), currently operating as GE Aerospace. As a result of GE's spin-off (the "Spin-Off") of GE Vernova Inc. ("GEV"), as an independent publicly traded company, the Company became an affiliate of GEV effective April 2, 2024. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

This description of the Plan is provided for general information purposes only. The complete terms of the Plan are provided in the plan document. Information concerning the Plan, including benefits and vesting provisions, is also included in the Summary Plan Description and other material distributed to participants.

Prior to September 2024, Plan invested all of its funds in the GE Energy Pension Master Trust ("Trust"), which was invested in the GE Pension Trust ("GEPT"). Effective June 10, 2024 the Plan entered into an agreement with BlackRock Financial Management, Inc. ("BlackRock") to act as the plans Outsourced Chief Investment Officer ("OCIO"). As a result of the agreement with BlackRock, certain assets were transferred out of GEPT into the Trust in September 2024.

On December 31, 2024, the Plan was merged into the Alstom Employees' Retirement Plan. Upon the merger, the Alstom Employees' Retirement Plan was renamed to The Combined Alstom Retirement Plan (the "Combined Plan") and is sponsored by Ropcor, Inc. The Combined Plan was amended to reflect the merger and to preserve certain provisions with respect to the account balances transferred to the Plan. The net assets of \$49 million and actuarial present value of accumulated plan benefits of \$43 million were transferred to the Combined Plan.

The Plan provides separate benefit structures for five groups of participants: International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers, Subordinate Lodge No. 656 ("Boilermakers"); International Association of Machinists, Success Lodge No. 56 ("Machinists"); Guards and Watchman's Union, Local 23444, AFL-CIO ("Guards"); International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers Subordinate Lodge No. 558, AFL-CIO ("Windsor"); and ALSTOM Power Inc. Kings Mountain, NC location ("Kings Mountain").

Effective May 1, 2000 (for the Boilermakers), May 2, 2000 (for the Guards) and June 1, 2000 (for the Machinists), the Plan was closed to new participants such that no new participants may be added on or after that date. All participants became fully vested after completing five years of service or upon attaining normal retirement age. All groups of participants under the Plan are closed, and there are no active employees in the Plan.

Participants are entitled to pension benefits beginning at normal retirement age (65 for Kings Mountain; or the later of 65 and the 5th year of participation for all others). Participants can select from a variety of payment options, such as a joint and survivorship benefit option, life annuity option with payments guaranteed for a certain number of years, a lump sum option (except the Windsor and Kings Mountain groups), or life annuity, as defined in the Plan documents. The Plan permits early retirement beginning at age 55 for participants with at least ten years of vesting service; however, for the Kings Mountain group benefits would be reduced by three tenths of one percent (3/10%) for each month that benefits commence prior to age 65. For all other groups, benefits would be reduced by one-tenth of one percent (1/10%) for each month that benefits commence prior to age 62 if the participant is between age 60 and 62 or 2.4% plus two-tenths of one percent (2/10%) for each month that benefits commence prior to age 62 if the participant is between 55 and 60. For the Boilermakers and Machinists, the Plan also permits early retirement at any age for participants with at least 30 years of vesting service; however, the benefit formula varies with age at benefit commencement.

State Street Bank & Trust Company ("State Street") is the trustee of the Trust and performs services on behalf of BlackRock, who provides investment advisory, investment management and related services to the Trust. State Street is the primary custodian for Trust assets.

GE personnel are trustees of GEPT and perform services on behalf of GE Investment Management Corp., who provides investment advisory, investment management and related services to GEPT. State Street is the primary custodian for GEPT assets.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Investments

Investments are reported at fair value. Investment transactions are recorded on a trade date basis. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date.

The Trust allocates Plan assets and activity to the Plan based upon the Plan's percentage of the Trust's net assets at the beginning of each month. GEPT allocates to the Trust the investments based on its percentage ownership in GEPT. Investment income and related expenses are allocated from GEPT to the Trust.

See notes 3 and 4 for additional information on the Trust's interest in GEPT and the Plan's interest in the Trust.

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

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

(c) Fair Value Measurements

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

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

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

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

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

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

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

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

When quoted market prices are unobservable, pricing information is obtained from independent pricing vendors. The pricing vendors use various pricing models for each asset class that are consistent with what other market participants would use. The inputs and assumptions to the model of the pricing vendors are derived from market observable sources including: benchmark yields, reported trades, broker/dealer quotes, issuer spreads, benchmark securities, bids, offers, and other market-related data. Since many corporate debt securities do not trade on a daily basis, the methodology of the pricing vendors use available information as applicable such as benchmark curves, benchmarking of like securities, sector groupings, and matrix pricing. The pricing vendors consider available market observable inputs in determining the valuation for a security. Thus, certain securities may not be priced using quoted prices, but rather determined from market observable information. These investments are included in Level 2 and primarily comprise the portfolio of corporate debt securities, and government, mortgage and asset-backed securities. In infrequent circumstances, pricing vendors may provide valuations that are based on significant unobservable inputs, and in those circumstances the investment securities are classified in Level 3. Investments included in Level 3 primarily comprise of private equities and real estate investments.

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

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

Closing prices for derivatives, which are traded either on exchanges or liquid over-the-counter markets, are included in Level 1 and Level 2.

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

Investment securities priced using non-binding broker quotes are included in Level 3. As is the case with the primary pricing vendor, third-party brokers do not provide access to their proprietary valuation models, inputs and assumptions.

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

(d) Management Estimates and Assumptions

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the actuarial

present value of accumulated plan benefits and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(e) Actuarial Present Value of Accumulated Plan Benefits

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

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

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

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements are presented using the end of the year benefit information data. The statements of accumulated plan benefits are measured as of January 1, 2025 and 2024, respectively. The more significant actuarial assumptions used in the valuations were: (a) expected mortality rates of participants are determined using the Pri-2012 healthy annuitant and contingent tables for males and females, and the tables are projected generationally by the MP-2021 improvement scales for males and females modified to converge to a long-term improvement rate of 0.75%; (b) retirement age of 65 for terminated vested participants; and (c) an interest discount rate of 7.00%.

The effect of plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted. There were no amendments effective January 1, 2024 recognized in the actuarial present value of accumulated plan benefits as of December 31, 2023. On December 31, 2024, the Pension Plan for Hourly Employees of Alstom Power Inc. was merged into the Alstom Employees' Retirement Plan. Following the merger, the Alstom Employees' Retirement Plan was renamed to The Combined Plan and will be sponsored by Ropcor, Inc. The effect of this amendment is reflected in the actuarial present value of accumulated plan benefits as of December 31, 2024.

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

(f) Benefit Payments

Benefit payments to participants are recorded when paid.

PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC.

Notes to Financial Statements

December 31, 2024 and 2023

(3) Summary of Master Trust Financial Information

- (a) The Plan's interest in the Trust was established to receive contributions and invest and pay benefits in accordance with specific provisions for participating plans. Each participating retirement plan has an undivided interest in the Trust. The Trust has a participating interest in GEPT. The Trust's ownership percentage in GEPT is 9% and 22% as of December 31, 2024 and 2023, respectively. See Note 4 for the Trust's interest in GEPT's investments and the related fair value hierarchy conclusions and disclosures.
- (b) The value of the Plan's interest in the Trust is based on the beginning of year value of the Plan's interest in the Trust, plus actual contributions, allocated investment income, less actual distributions and allocated administrative expenses. The Plan's interest in the net assets of the Trust were 0% of the total net assets of the Trust as of December 31, 2024 and rounded to less than 1% of the total net assets of the Trust as of December 31, 2023. The Plan's interest in the Trust, which includes the Trust's interest in GEPT, for each respective plan year is included below.

Net Assets:

	December 31,			
	2024		2023	
	Plan's Interest	Trust	Plan's Interest	Trust
	(in thousands)			
Assets:				
Investments (note 4):				
Global equity (a)	\$ —	\$2,638,309	\$ 9,664	\$ 1,723,451
Debt securities (a)	—	4,662,731	30,572	5,452,498
Private equities and other investments (a)	—	1,468,736	11,670	2,081,296
Real estate (a)	—	620,636	3,444	614,178
Total investments	—	9,390,412	55,350	9,871,423
Cash	—	—	317	56,499
Receivables:				
Due from brokers	—	140,461	749	133,636
Income receivable	—	30,879	289	51,558
Total receivables	—	171,340	1,038	185,194
Total assets	—	9,561,752	56,705	10,113,116
Liabilities:				
Due to brokers	—	297,759	991	176,981
Accounts payable and accrued expenses	—	603	42	3,599
Total liabilities	—	298,362	1,033	180,580
Net assets	\$ —	\$9,263,390	\$ 55,672	\$ 9,932,536

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

PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC.

Notes to Financial Statements

December 31, 2024 and 2023

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

	Year Ended December 31, 2024
	<u>Trust</u>
	(in thousands)
Investment income:	
Net appreciation in fair value of investments	\$ 26,818
Interest and dividend Income	55,730

(c) Plan Merger

As the Plan merged in the Combined Plan effective December 31, 2024, the Plan no longer has an interest in the Trust at December 31, 2024. All investment disclosures as of December 31, 2024, for the Trust and GEPT, are provided in the financial statements of the Combined Plan.

(d) Risks and Uncertainties

The Trust and GEPT invest in global equity, debt securities, private equities, real estate, and certain other assets. Investment securities in general are exposed to various risks, such as interest rate, credit and overall market volatility risk. Due to the level of risks associated with certain investments, it is reasonable to expect that changes in the fair value of investments will occur (including in the near term) and that such changes could materially affect the Trust and GEPT investments.

The Trust and GEPT have incorporated de-risking objectives and liability hedging programs as part of its long-term investment strategy. The Plan utilizes a combination of long dated corporate bonds, treasuries, strips, other securities and derivatives to implement its investment strategies as well as for hedging asset and liability risks.

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

General Electric Company securities represented 0.4% of Trust net assets at December 31, 2023. Purchase and sale transactions related to GE securities occurred throughout the 2024 and 2023 Plan years. For shares held, the Trust recorded dividend income of \$0 million and \$0.1 million for the year ended December 31, 2024 and 2023, respectively.

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

In the normal course of business, the Trust, and prior to 2024, GEPT, enter into transactions in various financial instruments with off-balance-sheet risk. These financial instruments involve varying degrees and types of risks, including interest rate, credit and market risks, which may be in excess of the amounts recognized in the net assets.

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

PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC.

Notes to Financial Statements

December 31, 2024 and 2023

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

Forward contracts and futures represent agreements to purchase or sell securities, money market instruments or foreign currencies at a future date and at a specified price. Short sells represent commitments to purchase securities at a future date. Options give the holder the right, but not the obligation, to purchase or sell securities at a future date and at a specified price. Both credit and market risks exist with respect to forward contracts. Market risk exists with respect to futures, short sells and options. These positions are recorded at fair value, and the unrealized gain or loss is included in due to brokers and due from brokers in the statement of net assets. Financial futures are marked to market and settled with the broker on a daily basis. With futures contracts, there is minimal counterparty credit risk since futures contracts are exchange traded and the exchange's clearinghouse, as counterparty to all traded futures, guarantees the futures against default. The Trust, and prior to 2024, GEPT, to a limited extent, enters into transactions involving other financial instruments and commitments as an integral part of the overall management of the investment portfolio. The Trust has elected to offset the fair value amounts recognized for receivables and payables for derivative positions executed with the same counterparty under the same master netting agreement. The majority of the Trust's derivative contracts have master netting agreements in place.

The Trust notional amounts and fair values, by primary risk exposure, are presented as gross assets and liabilities and gains (losses) as of December 31, 2023 follow. These amounts represent approximately 22% of GEPT total.

(in thousands)	Notional Amounts Long	Notional Amounts Short	Fair Value Asset	Fair Value Liability	Fair Value Net	Gain/(Loss) Recognized in Income
Swaptions	\$ 6,848	\$ (4,183)	\$ 1,452	\$ —	\$ 4,117	1,611

PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC.

Notes to Financial Statements

December 31, 2024 and 2023

The following is a summary of the Trust's exposure to derivative assets and liabilities with certain counterparties, summarized by investment manager, available for offset and net collateral under Master Netting Agreements ("MNAs") at December 31, 2023. The net amounts of derivative assets and liabilities shown below are included in the Trust's investments. These amounts represent approximately 22% of GEPT total.

Derivative Assets and Liabilities as of December 31, 2023

(in thousands)		Gross Amount		Amount		
<u>Assets</u>						
Derivatives	Counterparty A	\$ 797	\$	—	\$	745
	Counterparty B	14		—		14
	Counterparty C	4		4		—
	Counterparty D	781		—	781	—
	Counterparty E	1,734		32	1,465	237
Derivatives Subtotal		<u>\$ 3,330</u>	\$	<u>36</u>	\$	<u>2,298</u>
			\$		\$	<u>996</u>
Forwards	Counterparty F	\$ 16	\$	1	\$	15
	Counterparty G	6		2		4
	Counterparty H	122		—		122
	Counterparty I	77		—		77
	Counterparty J	2		—		2
	Counterparty K	1		—		1
	Counterparty L	5		3		2
	Counterparty M	3		—		3
Forwards Subtotal		<u>\$ 232</u>	\$	<u>6</u>	\$	<u>226</u>
Assets Total		<u>\$ 3,562</u>	\$	<u>42</u>	\$	<u>2,298</u>
			\$		\$	<u>1,222</u>
<u>Liabilities</u>						
Forwards	Counterparty F	\$ 59	\$	—	\$	59
	Counterparty N	63		7		56
	Counterparty H	34		26		8
	Counterparty O	215		—		215
	Counterparty P	—		—		—
	Counterparty J	20		1		19
	Counterparty Q	8		—		8
	Counterparty K	16		—		16
	Counterparty R	69		5		64
Forwards Subtotal		<u>\$ 484</u>	\$	<u>39</u>	\$	<u>445</u>
Liabilities Total		<u>\$ 484</u>	\$	<u>39</u>	\$	<u>445</u>

(4) Fair Value Measurements

The Trust's investments, including the Trust's interest in GEPT, measured at fair value on a recurring basis at December 31, 2023 follow.

	Level 1	Level 2	Level 3	Total
	(in thousands)			
<u>Investments:</u>				
Global equity	\$ 663,708	\$ —	\$ —	\$ 663,708
Debt securities				
Fixed income and cash investment funds	586,333	—	—	586,333
U.S. corporate (a)	—	2,202,361	—	2,202,361
Non-U.S. corporate	—	370,453	—	370,453
Residential mortgage-backed	—	37,628	—	37,628
U.S. government and federal agency	—	1,396,640	—	1,396,640
Other debt securities (b)	—	222,249	91	222,340
Private equities and other investments	—	—	142,527	142,527
Real estate	—	—	258,546	258,546
	<u>\$ 1,250,041</u>	<u>\$ 4,229,331</u>	<u>\$ 401,164</u>	<u>5,880,536</u>

Investments measured at NAV (c):

Global equity	1,059,743
Private equities and other investments	1,938,770
Debt securities	636,742
Real estate	355,632
Total investments, at fair value	<u>\$ 9,871,423</u>

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

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

Global Equity Funds

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

Private Equity Funds and Other Investments

GEPT continues to invest in the Private Equity Funds and other holdings. This asset class consists primarily of closed-end private equity funds, which invest across various fund types, including venture capital, buyouts, growth and debt strategies. The term of each fund is typically 10 or more years and the fund's investors do

Notes to Financial Statements

December 31, 2024 and 2023

not have an option to redeem their interest in the fund. The assets in this class have been diversified across vintage years, industry sectors and geographic regions. Also included are investments in fund of funds which invest across a diversified array of strategies. The redemption period for these funds is generally quarterly and requires a 90-day notice. As of December 31, 2023, private equity funds had unfunded commitments of \$2,092 million in GEPT, of which, approximately 22% represents the Trust's share.

Debt Securities Funds

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

Real Estate Funds

GEPT continues to invest in the Real Estate Funds holdings. This asset class consists primarily of closed-end real estate funds with redemption terms that are typically 10 or more years. As of December 31, 2023, real estate funds had unfunded commitments of \$617 million in GEPT, of which, approximately 22% represents the Trust's share.

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

(in thousands)	January 1, 2023 (b)	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2023
Debt securities funds							
Residential							
mortgage-backed	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
Other debt securities	421	—	—	—	—	(330)	\$ 91
Private equities funds and other investments	796,355	(16,969)	(12,475)	5,059	(4,809)	(624,634)	\$ 142,527
Real estate funds	1,540,439	4,431	(66,296)	6,771	(19,369)	(1,207,430)	\$ 258,546
	<u>\$ 2,337,215</u>	<u>\$ (12,538)</u>	<u>\$ (78,771)</u>	<u>\$ 11,830</u>	<u>\$ (24,178)</u>	<u>\$ (1,832,394)</u>	<u>\$ 401,164</u>

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

(b) The January 1, 2023 balance reported represents the balance post transfer from GEPT to the Trust at the beginning of the 2023 plan year.

PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC.

Notes to Financial Statements

December 31, 2024 and 2023

Information related to the significant unobservable inputs used in the valuation of Level 3 investments (The Trust's interest in GEPT) as of December 31, 2023 follows.

Investment	Fair Value December 31, 2023 (in thousands)	Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
Private equity	\$ 25,861	Combination (Market & Income Approach)	Revenue EBITDA	4.55X 13.18X	1.7X-8X 13X-14X
Real estate	194,480	Discounted cash flow	Capitalization rate Discount rate	6.07% 7.42%	5.25%-8.50% 6.75%-10.25%
Other (a)	180,823	Other	Other	N/A	N/A
Total	<u>\$ 401,164</u>				

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

(5) Exempt Parties-in-Interest Transactions

The Plan paid certain expenses related to Plan operations and investment activity to various service providers who are parties-in-interest under ERISA. The Trust utilizes various investment managers to manage its net assets. These net assets may be invested into funds or separate accounts managed by the investment managers. Therefore, these transactions qualify as exempt party-in-interest transactions. In Plan management's opinion, fees paid during the years ended December 31, 2024 and 2023, for services rendered by parties-in-interest were based upon customary and reasonable rates for such services. As discussed in Note 3, these fees are allocated based on the percent ownership of the Plan.

(6) Tax Status

The Internal Revenue Service ("IRS") has notified the Company by a letter dated July 17, 2015, that the Plan is qualified under the appropriate sections of the Internal Revenue Code ("IRC") and that the related trust is tax-exempt. In December 2016, the IRS began publishing a Required Amendments List for individually designed plans which specifies changes in qualification requirements. The list is published annually, and requires plans to be amended for each item on the list, as applicable, to retain its tax-exempt status. The Plan has monitored the published IRS list annually, and the Plan has been amended for each item on the IRS list, as applicable, to retain its tax exempt status. Management believes that the Plan, the Trust and GEPT are currently designed and are being operated in compliance in all material respects with the applicable requirements of the IRC, and that the letter remains valid. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan satisfies the non-discrimination requirements of IRC sections 401(a)(4) and 410(b). To the extent the Trust recognizes any "unrelated business taxable income" as defined in Sections 512 through 514 of the IRC, the Trust is required to pay tax on any such income. As of December 31, 2024, the Trust and GEPT recorded no deferred tax liabilities. As of December 31, 2023, GEPT recorded no deferred tax liabilities.

(7) Funding

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

(8) Plan Termination

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

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

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

Whether all participants will receive their benefits should the Plan so terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and level of benefits guaranteed by the PBGC. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

(9) Subsequent Events

Subsequent events were evaluated through October 13, 2025, the date the financial statements are available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Pension Plan for Hourly Employees of Alstom Power Inc.
EIN: 06-1553604 PN: 011

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

Interest Rates for Minimum Funding Purposes	Based on the full yield curve with no lookback (as of December 2023) (to which the interest rate stabilization corridor does not apply), with sample rates as follows Duration 0.5 – 5.46% Duration 5.5 – 4.81% Duration 10.5 – 5.13% Duration 15.5 – 5.24% Duration 20.5 – 5.22% Duration 25.5 – 5.18% Duration 30.5 – 5.17%
Interest Rates for PBGC Purposes	N/A full yield curve.
Optional Payment Form Election Percentage	45% life annuity 55% joint and 50% survivor annuity
Retirement Age	
Active Participants	Not applicable
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	Not applicable
Disability Rates	Not applicable
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 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
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.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan for Hourly Employees of Alstom Power Inc.
EIN: 06-1553604 PN: 011

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

Expected Return on Assets

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

Trust Expenses Included in Target Normal Cost \$300,000 plus current year's PBGC premiums

Actuarial Method Standard unit credit cost method

Valuation Date January 1, 2024

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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)

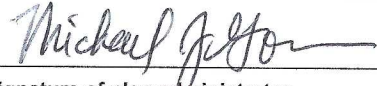
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC	1b Three-digit plan number (PN) ▶ 011
	1c Effective date of plan 07/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GE STEAM POWER, INC. 600 GALLERIA PARKWAY SUITE 1800 ATLANTA GA 30339-5990	2b Employer Identification Number (EIN) 06-1553604
	2c Plan Sponsor's telephone number 518-385-1879
	2d Business code (see instructions) 335900

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

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

SIGN HERE		<u>10/14/2025</u>	Michael Gorman
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor GE VERNOVA- TOTAL REWARDS ATTN PHIL PESEZ 1 RIVER ROAD BLDG 37, 2-16 SCHENECTADY NY 12345	3b Administrator's EIN 06-1553604 3c Administrator's telephone number 518-385-1879
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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	1,212
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	0
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <small>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).</small> ▶ 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 PENSION PLAN FOR HOURLY EMPLOYEES OF ALSTOM POWER INC.	B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GE Steam Power Holdings, Inc.	D Employer Identification Number (EIN) 06-1553604
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	55,671,674
	b Actuarial value	2b	61,238,841
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,174	51,213,638
	b For terminated vested participants	38	1,000,338
	c For active participants	0	0
	d Total	1,212	52,213,976
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	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	5.07%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	422,412
	c Target normal cost	6c	422,412

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	Benjamin W. Gilde Signature of actuary	<u>09/03/2025</u> Date <u>2308001</u> Most recent enrollment number <u>781-891-8600</u> Telephone number (including area code)
	<u>BENJAMIN W. GILDE</u> Type or print name of actuary <u>AON CONSULTING, INC.</u> Firm name	
	<u>MSC #17761</u> <u>P.O. Box 549294</u> <u>WALTHAM MA 02454-9294</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>6.88%</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)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.06%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
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	117.28%
15 Adjusted funding target attainment percentage	15	117.28%
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	110.83%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

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

22 Weighted average retirement age **22**

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	422,412
b Excess assets, if applicable, but not greater than line 31a	31b	422,412

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0

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

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

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

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

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

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan for Hourly Employees of Alstom Power Inc.
EIN: 06-1553604 PN: 011

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

Since there are no active participants in the plan, the weighted average retirement age on line 22 was left blank, as noted in Question 11 of the 2014 Gray Book.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Pension Plan for Hourly Employees of Alstom Power Inc.
EIN: 06-1553604 PN: 011

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

Interest Rates for Minimum Funding Purposes	Based on the full yield curve with no lookback (as of December 2023) (to which the interest rate stabilization corridor does not apply), with sample rates as follows Duration 0.5 – 5.46% Duration 5.5 – 4.81% Duration 10.5 – 5.13% Duration 15.5 – 5.24% Duration 20.5 – 5.22% Duration 25.5 – 5.18% Duration 30.5 – 5.17%
Interest Rates for PBGC Purposes	N/A full yield curve.
Optional Payment Form Election Percentage	45% life annuity 55% joint and 50% survivor annuity
Retirement Age	
Active Participants	Not applicable
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	Not applicable
Disability Rates	Not applicable
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 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
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.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan for Hourly Employees of Alstom Power Inc.
EIN: 06-1553604 PN: 011

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

Expected Return on Assets

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

Trust Expenses Included in Target Normal Cost \$300,000 plus current year's PBGC premiums

Actuarial Method Standard unit credit cost method

Valuation Date January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan for Hourly Employees of Alstom Power Inc.
EIN: 06-1553604 PN: 011

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	February 1, 1956 as amended through January 1, 2002.
Retirement Benefits	
Chattanooga Machinists	
Eligibility	Any person employed by the company who is covered by a collective bargaining agreement between the company and the Union and who is employed at the company's plant at Chattanooga, Tennessee.
Normal Retirement Benefit	A monthly benefit of \$27.00 multiplied by years of benefit service up to 40.
Additional Lump Sum Benefit	A special lump sum benefit is payable upon normal retirement, early retirement or disability retirement equal to \$30.00 for each year of benefit service up to a maximum of 25 years plus \$60.00 for each year of benefit service in excess of 25 years up to a total maximum of 40 years.
Chattanooga Boilermakers	
Eligibility	Any person employed by the company who is covered by a collective bargaining agreement between the company and the Union and who is employed at the company's plant at Chattanooga, Tennessee.
Benefit	A monthly benefit of \$30.00 multiplied by years of benefit service up to 40.
Additional Lump Sum Benefit	A special lump sum benefit is payable upon normal retirement, early retirement or disability retirement equal to \$30.00 for each year of benefit service up to a maximum of 25 years plus \$60.00 for each year of benefit service in excess of 25 years up to a total maximum of 40 years.
Chattanooga Guards	
Eligibility	Any person employed by the company who is covered by a collective bargaining agreement between the company and the Union and who is employed at the company's plant at Chattanooga, Tennessee.
Benefit	A monthly benefit of \$25.00 multiplied by years of benefit service up to 40.
Additional Lump Sum Benefit	A special lump sum benefit is payable upon normal retirement, early retirement or disability retirement equal to \$30.00 for each year of benefit service up to a

Schedule SB Attachment (Form 5500) —2024 Plan Year
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maximum of 25 years plus \$60.00 for each year of benefit service in excess of 25 years up to a total maximum of 40 years.

Normal Retirement

Eligibility

Age 65 and five years of participation in the plan.

Benefit

Accrued benefit payable as a life annuity.

Early Retirement

Eligibility

Age 55 and 10 years of vesting service.

Chattanooga Machinists

A monthly benefit of \$26.00 if retirement occurs between ages 55 and 62; and \$27.00 if retirement occurs between age 62 and 65, multiplied by years of benefit service up to 40. This benefit will be reduced by 0.1% for each month that retirement precedes age 62 until age 60 and further reduced by 0.2% for each month that retirement precedes age 60; there will be no reduction if retirement occurs after 30 years of vesting service.

For retirements with 30 years of vesting service, an additional amount of \$400 a month payable until the employee is eligible for Federal Social Security benefits.

Chattanooga Boilermakers

A monthly benefit of \$29.00 if retirement occurs between ages 55 and 62; and \$30.00 if retirement occurs between age 62 and 65, multiplied by years of benefit service up to 40. This benefit will be reduced by 0.1% for each month that retirement precedes age 62 until age 60 and further reduced by 0.2% for each month that retirement precedes age 60; there will be no reduction if retirement occurs after 30 years of vesting service.

For retirements with 30 or more years of vesting service, an additional amount of \$400 a month payable until the employee is eligible for Federal Social Security benefits.

Chattanooga Guards

A monthly benefit of \$25.00 multiplied by years of benefit service up to 40. This benefit will be reduced by 0.1% for each month that retirement precedes age 62 until age 60 and further reduced by 0.2% for each month that retirement precedes age 60.

Disability

Eligibility

Six months' total and permanent disablement following 10 years vesting service.

Chattanooga Machinists

A monthly benefit of \$23.00 (\$27.00 for participants age 55 or older at time of disability) multiplied by years of

Schedule SB Attachment (Form 5500) —2024 Plan Year
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benefit service to the date of disablement, to a maximum of 40 years. The monthly disability retirement benefit shall be double the amount determined in the preceding sentence until the employee is eligible for a Federal Social Security benefit for disability or age.

Chattanooga Boilermakers

A monthly benefit of \$26.00 (\$29.00 for participants age 55 or older at time of disability) multiplied by years of benefit service to the date of disablement, to a maximum of 40 years. The monthly disability retirement benefit shall be double the amount determined in the preceding sentence until the employee is eligible for a Federal Social Security benefit for disability or age.

Chattanooga Guards

A monthly benefit of \$25.00 multiplied by years of benefit service to the date of disablement, to a maximum of 40 years. The monthly disability retirement benefit shall be double the amount determined in the preceding sentence until the employee is eligible for a Federal Social Security benefit for disability or age.

Vested Termination

Eligibility

Five years of vesting service.

Chattanooga Machinists

A monthly benefit of \$27.00 multiplied by years of benefit service up to 40, payable in full at age 65 or payable after age 55 in a reduced amount.

Chattanooga Boilermakers

A monthly benefit of \$30.00 multiplied by years of benefit service up to 40, payable in full at age 65 or payable after age 55 in a reduced amount.

Chattanooga Guards

A monthly benefit of \$25.00 multiplied by years of benefit service up to 40, payable in full at age 65 or payable after age 55 in a reduced amount.

Preretirement Spouse's Death Benefit

Eligibility

Five years of vesting service.

Benefit

In the event of the death of an active employee his surviving spouse will be entitled to 50% of the reduced accrued benefit as of the date of death, payable upon the later of (1) the date of employee's death and (2) the fifty-fifth anniversary of the employee's birth. In the event of the death of an active employee after age 45 and 15 years of vesting service, his surviving spouse will be entitled to the greater of the benefit described in the preceding sentence, and a monthly benefit for life, commencing immediately, equal to 50% of the accrued

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benefit to the date of death, reduced by $\frac{1}{2}\%$ for each year in excess of five years that the surviving spouse is younger than the employee.

Normal Form of Benefit

Single Participants

Life annuity.

Married Participants

Reduced 50% joint and survivor annuity.

Optional Forms of Benefit

Life annuity, 100% or 50% joint and survivor annuity and 10-year certain and life annuity. 75% joint and survivor annuity available only to Boilermakers and Machinists.

Definitions

Vesting Service

The sum of:

- (1) Vesting service recognized under any predecessor plans.
- (2) Each 365 consecutive day period of service including any fractional portions.

Benefit Service

The sum of:

- (3) Benefit service recognized under any predecessor plans.
- (4) Each 365 consecutive day period of service after January 1, 1992, including any fractional portions.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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
Pension Plan for Hourly Employees of Alstom Power Inc.
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Schedule SB, line 26b – Schedule of Projection of Expected
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	0	49,285	6,456,400	6,505,685
2025	0	53,255	6,156,070	6,209,325
2026	0	52,880	5,842,819	5,895,699
2027	0	60,576	5,519,590	5,580,166
2028	0	63,454	5,188,167	5,251,621
2029	0	30,996	4,850,454	4,881,450
2030	0	36,895	4,508,495	4,545,390
2031	0	41,303	4,164,497	4,205,800
2032	0	45,496	3,820,864	3,866,360
2033	0	48,807	3,480,176	3,528,983
2034	0	47,926	3,145,194	3,193,120
2035	0	53,150	2,818,805	2,871,955
2036	0	72,295	2,503,951	2,576,246
2037	0	76,070	2,203,522	2,279,592
2038	0	84,172	1,920,227	2,004,399
2039	0	83,854	1,656,491	1,740,345
2040	0	84,808	1,414,290	1,499,098
2041	0	82,987	1,195,004	1,277,991
2042	0	81,057	999,334	1,080,391
2043	0	79,019	827,264	906,283
2044	0	76,875	678,141	755,016
2045	0	74,626	550,761	625,387
2046	0	72,276	443,482	515,758
2047	0	69,828	354,368	424,196
2048	0	67,284	281,307	348,591
2049	0	64,645	222,136	286,781
2050	0	61,913	174,741	236,654
2051	0	59,090	137,137	196,227
2052	0	56,180	107,528	163,708
2053	0	53,188	84,342	137,530
2054	0	50,125	66,243	116,368
2055	0	47,000	52,125	99,125
2056	0	43,827	41,096	84,923
2057	0	40,624	32,449	73,073
2058	0	37,407	25,638	63,045

Schedule SB Attachment (Form 5500) –2024 Plan Year
Pension Plan for Hourly Employees of Alstom Power Inc.
EIN: 06-1553604 PN: 011

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	0	34,196	20,247	54,443
2060	0	31,009	15,961	46,970
2061	0	27,868	12,545	40,413
2062	0	24,799	9,821	34,620
2063	0	21,831	7,654	29,485
2064	0	18,994	5,941	24,935
2065	0	16,320	4,598	20,918
2066	0	13,837	3,555	17,392
2067	0	11,568	2,757	14,325
2068	0	9,531	2,155	11,686
2069	0	7,733	1,709	9,442
2070	0	6,176	1,385	7,561
2071	0	4,852	1,154	6,006
2072	0	3,746	993	4,739
2073	0	2,841	882	3,723

Schedule SB Attachment (Form 5500) —2024 Plan Year
Pension Plan for Hourly Employees of Alstom Power Inc.
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

Since there are no active participants in the plan, the weighted average retirement age on line 22 was left blank, as noted in Question 11 of the 2014 Gray Book.

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Pension Plan for Hourly Employees of Alstom Power Inc.
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Schedule SB, line 26b – Schedule of Projection of Expected
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	0	49,285	6,456,400	6,505,685
2025	0	53,255	6,156,070	6,209,325
2026	0	52,880	5,842,819	5,895,699
2027	0	60,576	5,519,590	5,580,166
2028	0	63,454	5,188,167	5,251,621
2029	0	30,996	4,850,454	4,881,450
2030	0	36,895	4,508,495	4,545,390
2031	0	41,303	4,164,497	4,205,800
2032	0	45,496	3,820,864	3,866,360
2033	0	48,807	3,480,176	3,528,983
2034	0	47,926	3,145,194	3,193,120
2035	0	53,150	2,818,805	2,871,955
2036	0	72,295	2,503,951	2,576,246
2037	0	76,070	2,203,522	2,279,592
2038	0	84,172	1,920,227	2,004,399
2039	0	83,854	1,656,491	1,740,345
2040	0	84,808	1,414,290	1,499,098
2041	0	82,987	1,195,004	1,277,991
2042	0	81,057	999,334	1,080,391
2043	0	79,019	827,264	906,283
2044	0	76,875	678,141	755,016
2045	0	74,626	550,761	625,387
2046	0	72,276	443,482	515,758
2047	0	69,828	354,368	424,196
2048	0	67,284	281,307	348,591
2049	0	64,645	222,136	286,781
2050	0	61,913	174,741	236,654
2051	0	59,090	137,137	196,227
2052	0	56,180	107,528	163,708
2053	0	53,188	84,342	137,530
2054	0	50,125	66,243	116,368
2055	0	47,000	52,125	99,125
2056	0	43,827	41,096	84,923
2057	0	40,624	32,449	73,073
2058	0	37,407	25,638	63,045

Schedule SB Attachment (Form 5500) –2024 Plan Year
Pension Plan for Hourly Employees of Alstom Power Inc.
EIN: 06-1553604 PN: 011

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	0	34,196	20,247	54,443
2060	0	31,009	15,961	46,970
2061	0	27,868	12,545	40,413
2062	0	24,799	9,821	34,620
2063	0	21,831	7,654	29,485
2064	0	18,994	5,941	24,935
2065	0	16,320	4,598	20,918
2066	0	13,837	3,555	17,392
2067	0	11,568	2,757	14,325
2068	0	9,531	2,155	11,686
2069	0	7,733	1,709	9,442
2070	0	6,176	1,385	7,561
2071	0	4,852	1,154	6,006
2072	0	3,746	993	4,739
2073	0	2,841	882	3,723

Schedule SB Attachment (Form 5500) –2024 Plan Year
Pension Plan for Hourly Employees of Alstom Power Inc.
EIN: 06-1553604 PN: 011

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	February 1, 1956 as amended through January 1, 2002.
Retirement Benefits	
Chattanooga Machinists	
Eligibility	Any person employed by the company who is covered by a collective bargaining agreement between the company and the Union and who is employed at the company's plant at Chattanooga, Tennessee.
Normal Retirement Benefit	A monthly benefit of \$27.00 multiplied by years of benefit service up to 40.
Additional Lump Sum Benefit	A special lump sum benefit is payable upon normal retirement, early retirement or disability retirement equal to \$30.00 for each year of benefit service up to a maximum of 25 years plus \$60.00 for each year of benefit service in excess of 25 years up to a total maximum of 40 years.
Chattanooga Boilermakers	
Eligibility	Any person employed by the company who is covered by a collective bargaining agreement between the company and the Union and who is employed at the company's plant at Chattanooga, Tennessee.
Benefit	A monthly benefit of \$30.00 multiplied by years of benefit service up to 40.
Additional Lump Sum Benefit	A special lump sum benefit is payable upon normal retirement, early retirement or disability retirement equal to \$30.00 for each year of benefit service up to a maximum of 25 years plus \$60.00 for each year of benefit service in excess of 25 years up to a total maximum of 40 years.
Chattanooga Guards	
Eligibility	Any person employed by the company who is covered by a collective bargaining agreement between the company and the Union and who is employed at the company's plant at Chattanooga, Tennessee.
Benefit	A monthly benefit of \$25.00 multiplied by years of benefit service up to 40.
Additional Lump Sum Benefit	A special lump sum benefit is payable upon normal retirement, early retirement or disability retirement equal to \$30.00 for each year of benefit service up to a

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maximum of 25 years plus \$60.00 for each year of benefit service in excess of 25 years up to a total maximum of 40 years.

Normal Retirement

Eligibility

Age 65 and five years of participation in the plan.

Benefit

Accrued benefit payable as a life annuity.

Early Retirement

Eligibility

Age 55 and 10 years of vesting service.

Chattanooga Machinists

A monthly benefit of \$26.00 if retirement occurs between ages 55 and 62; and \$27.00 if retirement occurs between age 62 and 65, multiplied by years of benefit service up to 40. This benefit will be reduced by 0.1% for each month that retirement precedes age 62 until age 60 and further reduced by 0.2% for each month that retirement precedes age 60; there will be no reduction if retirement occurs after 30 years of vesting service.

For retirements with 30 years of vesting service, an additional amount of \$400 a month payable until the employee is eligible for Federal Social Security benefits.

Chattanooga Boilermakers

A monthly benefit of \$29.00 if retirement occurs between ages 55 and 62; and \$30.00 if retirement occurs between age 62 and 65, multiplied by years of benefit service up to 40. This benefit will be reduced by 0.1% for each month that retirement precedes age 62 until age 60 and further reduced by 0.2% for each month that retirement precedes age 60; there will be no reduction if retirement occurs after 30 years of vesting service.

For retirements with 30 or more years of vesting service, an additional amount of \$400 a month payable until the employee is eligible for Federal Social Security benefits.

Chattanooga Guards

A monthly benefit of \$25.00 multiplied by years of benefit service up to 40. This benefit will be reduced by 0.1% for each month that retirement precedes age 62 until age 60 and further reduced by 0.2% for each month that retirement precedes age 60.

Disability

Eligibility

Six months' total and permanent disablement following 10 years vesting service.

Chattanooga Machinists

A monthly benefit of \$23.00 (\$27.00 for participants age 55 or older at time of disability) multiplied by years of

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benefit service to the date of disablement, to a maximum of 40 years. The monthly disability retirement benefit shall be double the amount determined in the preceding sentence until the employee is eligible for a Federal Social Security benefit for disability or age.

Chattanooga Boilermakers

A monthly benefit of \$26.00 (\$29.00 for participants age 55 or older at time of disability) multiplied by years of benefit service to the date of disablement, to a maximum of 40 years. The monthly disability retirement benefit shall be double the amount determined in the preceding sentence until the employee is eligible for a Federal Social Security benefit for disability or age.

Chattanooga Guards

A monthly benefit of \$25.00 multiplied by years of benefit service to the date of disablement, to a maximum of 40 years. The monthly disability retirement benefit shall be double the amount determined in the preceding sentence until the employee is eligible for a Federal Social Security benefit for disability or age.

Vested Termination

Eligibility

Five years of vesting service.

Chattanooga Machinists

A monthly benefit of \$27.00 multiplied by years of benefit service up to 40, payable in full at age 65 or payable after age 55 in a reduced amount.

Chattanooga Boilermakers

A monthly benefit of \$30.00 multiplied by years of benefit service up to 40, payable in full at age 65 or payable after age 55 in a reduced amount.

Chattanooga Guards

A monthly benefit of \$25.00 multiplied by years of benefit service up to 40, payable in full at age 65 or payable after age 55 in a reduced amount.

Preretirement Spouse's Death Benefit

Eligibility

Five years of vesting service.

Benefit

In the event of the death of an active employee his surviving spouse will be entitled to 50% of the reduced accrued benefit as of the date of death, payable upon the later of (1) the date of employee's death and (2) the fifty-fifth anniversary of the employee's birth. In the event of the death of an active employee after age 45 and 15 years of vesting service, his surviving spouse will be entitled to the greater of the benefit described in the preceding sentence, and a monthly benefit for life, commencing immediately, equal to 50% of the accrued

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benefit to the date of death, reduced by $\frac{1}{2}\%$ for each year in excess of five years that the surviving spouse is younger than the employee.

Normal Form of Benefit

Single Participants

Life annuity.

Married Participants

Reduced 50% joint and survivor annuity.

Optional Forms of Benefit

Life annuity, 100% or 50% joint and survivor annuity and 10-year certain and life annuity. 75% joint and survivor annuity available only to Boilermakers and Machinists.

Definitions

Vesting Service

The sum of:

- (1) Vesting service recognized under any predecessor plans.
- (2) Each 365 consecutive day period of service including any fractional portions.

Benefit Service

The sum of:

- (3) Benefit service recognized under any predecessor plans.
- (4) Each 365 consecutive day period of service after January 1, 1992, including any fractional portions.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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.