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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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
BBA AVIATION DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 06/01/1963

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)
SIGNATURE AVIATION USA, LLC

13485 VETERANS WAY
SUITE 600
ORLANDO, FL 32827

2b Employer Identification Number (EIN) 59-3096227

2c Plan Sponsor's telephone number 407-206-5263

2d Business code (see instructions) 488100

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.	10/13/2026	MIKE JANNINCK
	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 ☐ Same as Plan Sponsor

BBA AVIATION RETIREMENT COMMITTEE

13485 VETERANS WAY
SUITE 600
ORLANDO, FL 32827

3b Administrator's EIN: 59-3096227

3c Administrator's telephone number: 407-648-7200

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1377
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)**	26
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**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1B 1H 1I 3H

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
BBA AVIATION DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SIGNATURE AVIATION USA, LLC

D Employer Identification Number (EIN)
59-3096227

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	29031826
b Actuarial value	**2b**	29296918

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	899	21062220	21062220
b For terminated vested participants	418	7661811	7661811
c For active participants	26	358483	360926
d Total	1343	29082514	29084957

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**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	50000
c Target normal cost	**6c**	50000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/21/2026
Date

JEFFREY R. HOLLOWAY
Type or print name of actuary

26-07421
Most recent enrollment number

AON CONSULTING, INC.
Firm name

952-807-0821
Telephone number (including area code)

MSC# 17704,AON,P.O. BOX 551343
ATLANTA, GA 30355

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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 2.07 %	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)		3183459
	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 5.02 %		159810
	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		3343269
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.72 %
15	Adjusted funding target attainment percentage	15	92.14 %
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	92.34 %
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? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	50000
b Excess assets, if applicable, but not greater than line 31a	**31b**	50000

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BBA AVIATION DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
SIGNATURE AVIATION USA, LLC

D Employer Identification Number (EIN)
59-3096227

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).. . . . . [X] 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

AON TRUST COMPANY LLC

37-6543784

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

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

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 16 50	NONE	189333	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(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 59 62	NONE	43970	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BBA AVIATION DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 010

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SIGNATURE AVIATION USA, LLC

D Employer Identification Number (EIN)
59-3096227

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AON CORE REAL ESTATE FD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-037	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON INT CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-038	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-040	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON MID DURATION LONG CREDIT BOND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-039	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON US INT GOVT BOND INDEX FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-043	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON US LONG GOVT BOND IDX FD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-042	C	0

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)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BBA AVIATION DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
SIGNATURE AVIATION USA, LLC

D Employer Identification Number (EIN)
59-3096227

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3705000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	874791	1891
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	881685	606215
(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)	23671048	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	29132524	608106
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	29132524	608106

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)	82382	
(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)		82382
(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)		1121959
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1204341
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5616681	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	23757758	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		29374439
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)	189333	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	43970	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	121017	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		354320
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		29728759
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-28524418
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: REHMANN ROBSON LLC **(2)** EIN: 38-3635706

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.)	**4a**		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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587475.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BBA AVIATION DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
SIGNATURE AVIATION USA, LLC

D Employer Identification Number (EIN)
59-3096227

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 42-1558009 42-1542297

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 | 207

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 100.0 % Other: 0.0 %

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_____.

BBA Aviation Defined Benefit Plan



Years Ended December 31, 2025 (In Liquidation) and 2024 (Ongoing)

Financial Statements and Supplemental Schedules

Rehmann

BBA AVIATION DEFINED BENEFIT PLAN

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Rehmann

INDEPENDENT AUDITORS' REPORT

October 13, 2026

Plan Administrator
BBA Aviation Defined Benefit Plan
Orlando, Florida

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

We have performed audits of the financial statements of the ***BBA Aviation Defined Benefit Plan*** (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 (in liquidation) and 2024 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 (in liquidation) and 2024 (ongoing) and the related notes to the financial statements (the "financial statements").

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As further discussed in Notes 1 and 8 to the financial statements, the Board of Directors of Signature Aviation US Holdings, Inc. made the decision to terminate the Plan effective February 28, 2025, and management determined that liquidation is imminent. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2024 financial statements to the liquidation basis of accounting used in presenting the 2025 financial statements. 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Independent Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Rehmann Lohan LLC

BBA AVIATION DEFINED BENEFIT PLAN

Statements of Net Assets Available for Benefits

	December 31	
ASSETS	**2025 (In Liquidation)**	**2024 (Ongoing)**
Investments at fair value	$ 606,215	$ 24,552,733
Receivables		
Employer contributions	-	3,705,000
Employer contributions, in liquidation	16,931	-
Due from broker for securities sold	-	860,670
Accrued interest and dividends	1,891	14,121
Accrued interest and dividends, in liquidation	13,969	-
Total receivables	**32,791**	**4,579,791**
Total assets	**639,006**	**29,132,524**
LIABILITIES		
Accrued termination and settlement costs, in liquidation	637,439	-
Net assets available for benefits	**$ 1,567**	**$ 29,132,524**

The accompanying notes are an integral part of these financial statements.

BBA AVIATION DEFINED BENEFIT PLAN

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2025 (In Liquidation)	2024 (Ongoing)
Additions to net assets attributed to		
Investment income		
Net appreciation in fair value of investments	$ 1,121,959	$ 465,987
Interest	82,381	62,575
Total investment income	**1,204,340**	**528,562**
Employer contributions	-	4,355,000
Net additions	**1,204,340**	**4,883,562**
Deductions from net assets attributed to		
Benefits paid to participants	5,616,681	2,624,094
Administrative expenses	354,319	670,811
Purchases of annuity contracts	23,757,758	-
Total deductions	**29,728,758**	**3,294,905**
Net change	**(28,524,418)**	**1,588,657**
Adjustments to liquidation basis		
Termination and settlement costs	(637,439)	-
Employer contributions	16,931	-
Interest income	13,969	-
Total adjustment to liquidation basis	**(606,539)**	**-**
Net assets available for benefits, beginning of year	29,132,524	27,543,867
Net assets available for benefits, end of year	**$ 1,567**	**$ 29,132,524**

The accompanying notes are an integral part of these financial statements.

BBA AVIATION DEFINED BENEFIT PLAN

Notes to Financial Statements

1. DESCRIPTION OF THE PLAN

The following description of the ***BBA Aviation Defined Benefit Plan*** (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit plan sponsored by Signature Aviation USA, LLC and maintained by Signature Aviation US Holdings, Inc.; BBA Aviation USA, Inc.; Signature Flight Support Corporation; Dallas Airmotive, Inc.; and Aircraft Service International, Inc. ("ASIG"); all of which, except for ASIG, are part of the Aviation Division of Signature Aviation US Holdings, Inc. (the "Company"). The Plan was amended on January 30, 2017 to reflect the sale of ASIG to a third party. As a result of this sale, each ASIG employee ceased to be an employee and ASIG ceased to be an affiliate under the Plan. The participants of the Plan who were employees of ASIG or any other ASIG employee received a separation from service under the terms of the Plan on the date of the ASIG closing.

The Plan Sponsor approved a plan to terminate the Plan effective February 28, 2025. See Note 8 for additional discussion on the Plan termination.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Signature Aviation Benefit Trustee Fiduciary Committee (the "Committee") has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance and reports to the Board of Trustees.

BNY Mellon, N.A. ("BNY") is the trustee and custodian of the Plan. The Company is the administrator of the Plan (the "Plan Administrator"). The Trustee holds all assets of the Plan in accordance with the service provider contract with the Company.

As of December 31, 2014, all accumulated Plan benefits were frozen and no future employees were eligible to participate. Existing participants had their frozen accrued benefits calculated on or after that date based on their years of benefit service, as determined under the terms of the Plan as of that date and no service completed after that date is taken into account in determining the participants accrued benefit.

Funding Policy

The Plan's funding policy is for the Company to contribute such amounts that are greater than or equal to the amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Plan has met the minimum funding requirements prescribed by ERISA. The minimum funding requirement, which is determined by an independent actuary, is equal to the sum of the annual current service contribution attributable to a year's cost for continuous service and the prior service obligation.

Notes to Financial Statements

Pension Benefits

Participants with five years of continuous service, as defined by the Plan, and employees who became immediately vested when the Plan was frozen, are entitled to pension benefits upon retirement. The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement, death, and disability benefits. If employees terminate before rendering five years of continuous service, they forfeit the right to receive pension benefits upon retirement.

Benefits under the Plan are generally determined based on an average final pay formula, which is calculated as a percentage of earnings multiplied by years of credited service with pro rata adjustments for whole months of credited service. Participants may elect to receive their pension benefits from various payout options available, as specified in the Plan document. If the present value of the participant's accrued benefit is less than $5,000, the distribution will be in the form of an automatic rollover to an Individual Retirement Account ("IRA") unless the participant elects otherwise.

Vesting

A participant becomes fully vested after five years of service.

Administrative Expenses

The Plan's administrative expenses are paid either by the Plan or the Company, as provided by the Plan document. Certain administrative expenses, including an allocation of salaries related to Plan administration and audit and legal costs, are paid by the Company and qualify as party-in-interest transactions which are exempt from prohibited transaction rules. Expenses that are paid directly by the Company are excluded from these financial statements. Fees for trustee, actuarial, and record keeping services are paid by the Plan. Upon adoption of the liquidation basis of accounting, the Plan recorded expected costs that will be paid through final disposition of the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan was terminated effective February 28, 2025 and Plan management began pursuit of a plan to liquidate all Plan assets. As a result, the Plan changed its basis of accounting from the going-concern basis, which is the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"), used in presenting the 2024 financial statements, to the liquidation basis of accounting used in presenting the 2025 financial statements.

Under the liquidation basis of accounting, assets are measured at their net realizable value, estimated by fair value reduced by surrender charges, penalties and redemption charges, and disposal expenses, to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process. Liabilities are measured using the accrual basis of accounting, including any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

Notes to Financial Statements

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and trustee. See Note 5 for a discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for certain investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, such management fees and operating expenses are reflected as a reduction of net appreciation in aggregate fair value of such investments.

Contributions

Employer contributions are recorded in the period in which they become the obligations of the Company.

Benefits Paid to Participants and Purchases of Annuity Contracts

Benefit payments to participants are recorded when paid. As part of the Plan termination, premiums to purchase annuity contracts for eligible participants that did not elect lump-sum distributions were paid to American National. Purchased annuities are contracts under which American National is obligated to pay benefits to named employees or their beneficiaries. Funds that have been allocated and applied to purchase annuities (that is, American National is obligated to pay the related pension benefits) are excluded from the Plan's assets.

Subsequent Events

In preparing these financial statements, Plan management has evaluated, for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to the most recent statement of net assets available for benefits presented herein, through the date these financial statements were available to be issued.

Notes to Financial Statements

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent such benefits 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 an independent actuary and is the 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2024:

Long-term rate of return:	
Segment 1 (0 to 5 years)	5.07%
Segment 2 (6 to 20 years)	5.31%
Segment 3 (20+ years)	5.50%
Discount rate:	6.00%
Mortality:	Pri-2012 Mortality Table with Scale MP-2021
Retirement age:	Age 65 with 5 years of vesting service

The foregoing actuarial assumptions are based on the presumption that the Plan would continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024 there would be no material differences.

Notes to Financial Statements

The present value of accumulated plan benefits as of January 1, 2025 (prior to the Plan termination and change to the liquidation basis of accounting) for vested benefits was as follows:

Participants currently receiving payments	$20,636,401
Vested benefits for other participants	7,736,243
Total vested benefits	28,372,644
Nonvested benefits	2,383
Total actuarial present value of accumulated plan benefits	**$28,375,027**

Changes in the present value of accumulated plan benefits for the year ended January 1, 2025 is as follows:

Increase (decrease) during the year attributed to	
Interest due to change in discount period	$ 1,616,008
Other changes	(203,521)
Assumption changes	(1,089,823)
Benefits paid	(2,624,094)
Net decrease	(2,301,430)
Actuarial present value of accumulated plan benefits	
Beginning of year	30,676,457
End of year	**$28,375,027**

As a result of the Plan termination and settlement of the Plan's final benefit payment obligations owed to participants during 2025 in the form of direct payments and purchases of annuity contracts, the subsequent actuarial present value of accumulated plan benefits was $0 as of December 31, 2025. Remaining Plan obligations as of December 31, 2025 were related to administrative wind-down expenses of the Plan.

4. CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and the ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, and net changes in fair value of investments, interest and dividends, for the years then ended, was obtained by management and agreed to and derived from information certified as complete and accurate by BNY.

Notes to Financial Statements

5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under Accounting Standards Codification 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurements. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Collective investment trusts ("CITs"): Valued at the net asset value ("NAV") of units of a collective trust fund, classified as "other" and not assigned a level in the fair value hierarchy. The NAV as provided by the trustee of the CITs, is used as the practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily.

Money market fund: Shares held in money market funds are comprised of debt securities with individual maturities of 13 months or less and an average maturity of 75 days or less. The composition of securities is structured to maintain a value of $1 per share and these funds are classified as Level 1.

Notes to Financial Statements

The following tables set forth, by level within the fair value hierarchy, the Plan's investments measured at fair value at December 31:

2025	Level 1	Level 2	Level 3	Other (1)	Total
Money market fund	$ 606,215	$ -	$ -	$ -	$ 606,215

2024	Level 1	Level 2	Level 3	Other (1)	Total
Collective investment trusts	$ -	$ -	$ -	$23,671,048	$23,671,048
Money market fund	881,685	-	-	-	881,685
Total investments at fair value	**$ 881,685**	**$ -**	**$ -**	**$23,671,048**	**$24,552,733**

(1) Certain investments are measured at NAV per share (or its equivalent) on a non-active market and have not been classified in the fair value hierarchy and are presented in the column titled "Other" above. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

The following tables set forth additional disclosures for the fair value measurement of investments in certain entities that calculate NAV per share (or its equivalent) as of December 31:

	2024			
Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective investment trusts	$23,671,048	$ -	Daily	12 months

The following is a description of the investment strategy for investments in certain entities that calculate NAV per share (or its equivalent) at December 31, 2024:

Collective investment trusts: These funds include investments that seek capital appreciation to provide a fixed income.

Notes to Financial Statements

6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by BNY and include Aon funds. BNY is the trustee of the Plan and Aon is the Plan actuary. Therefore, transactions with these entities qualify as party-in-interest transactions. The Plan paid investment advisory and trustee fees which qualify as party-in-interest transactions. Certain management fees in the form of an expense ratio charged to each investment option are paid by the Plan and deducted from earnings on investments. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules.

7. TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated September 26, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's legal counsel believe that the Plan is designed in compliance with the applicable requirements of the Code. Additionally, the Plan Administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the Code, and therefore, believe that the Plan is qualified and the related trust is tax-exempt.

GAAP requires Plan management to evaluate and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. While the Plan may be subject to routine audits by taxing jurisdictions, there are currently no audits for any tax periods in progress.

8. PLAN TERMINATION

The Company has the right to terminate the Plan subject to certain provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan would be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

A. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

B. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC," a U.S. government agency) up to the applicable limitations (discussed subsequently).

C. All other vested benefits (that is, vested benefits not insured by the PBGC).

D. All nonvested benefits.

Notes to Financial Statements

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age 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. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan 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 the level of benefits guaranteed by the PBGC.

Effective February 28, 2025, the Board of Directors of the Plan Sponsor formally approved the termination of the Plan. At Plan termination, the Plan's net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether the full amount of a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided at all. Therefore, in 2025, the Plan began the process of termination and all assets of the Plan are being liquidated based on the individual participants direction for their vested benefits. Substantially all Plan assets and liabilities were settled by June 2026.

9. RISKS AND ECONOMIC UNCERTAINTIES

The Plan invests in various investment securities with the underlying assets consisting of any combination of stocks, bonds, fixed income securities, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of interest rate, market, and credit risks inherent with certain of the Plan's investment securities, it is at least reasonably possible that changes in the fair values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

Notes to Financial Statements

10. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits reported in these financial statements to the amounts reported on Schedule H of the Form 5500 at December 31, 2025 (in liquidation):

Net assets available for benefits reported in these financial statements	$ 1,567
Plus accrued termination and settlement costs	637,439
Less employer contributions receivable	(16,931)
Less interest income receivable	(13,969)
Net assets available for benefits reported on Schedule H of Form 5500	**$ 608,106**

The following is a reconciliation of the net change in net assets available for benefits per the Plan's financial statements to the Form 5500 for the year ended December 31, 2025 (in liquidation):

Net change in assets available for benefits per the financial statements	$ (28,524,418)
Plus accrued termination and settlement costs	637,439
Less employer contributions receivable	(16,931)
Less interest income receivable	(13,969)
Employer contributions reported on Schedule H of Form 5500	**$ (27,917,879)**

■ ■ ■ ■ ■

ERISA-Required Supplemental Schedules

BBA AVIATION DEFINED BENEFIT PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2025
Plan 010
EIN 59-3096227

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Money market fund			
	JP Morgan	U.S. Government Money Market Fund	$ 606,215	$ 606,215

(a) An asterisk in this column identifies a person known to be a party-in-interest.

BBA AVIATION DEFINED BENEFIT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2025
Plan 010
EIN 59-3096227

	(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction	(i) Net Gain or (Loss)
c)	A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the current value of Plan assets						
	JP Morgan	U.S. Government Money Market Fund					
		25 Sales	$ -	$ 29,724,742	$ 29,724,742	$ 29,724,742	$ -
		35 Purchases	29,449,271	-	29,449,271	29,449,271	-
	Aon	Core Real Estate					
		1 Sale	$ -	$ 1,874,169	$ 1,874,169	$ 1,410,427	$ 463,742
	Aon	AON US Intermediate Government					
		2 Sales	$ -	$ 6,230,918	$ 6,230,918	$ 5,949,171	$ 281,747
	Aon	Long Credit Bond					
		1 Sale	$ -	$ 12,517,504	$ 12,517,504	$ 13,100,450	$ (582,946)
		1 Purchase	115,000	-	115,000	115,000	-
	Aon	Intermediate Credit Bond					
		1 Sale	$ -	$ 3,684,982	$ 3,684,982	$ 3,522,400	$ 162,582

There were no reportable transactions under categories a), b) or d) during 2025.

Schedule SB Attachment (Form 5500) —2025 Plan Year
BBA Aviation Defined Benefit Plan
EIN: 59-3096227 PN: 010

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants and Average Accrued Benefit

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

N-26

Schedule SB Attachment (Form 5500) —2025 Plan Year
BBA Aviation Defined Benefit Plan
EIN: 59-3096227 PN: 010

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four month lookback (as of September 2024), each adjusted as needed to fall within the interest rate stabilization corridor as defined under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Retirement Age	
Active Participants	See Tables 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii).
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.29%, limited to 5.74%
2024 Plan Year	6.14%, limited to 5.59%
2025 Plan Year	6.53%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	Assumed administrative expenses for 2025 are $50,000 based on the average of the last two years of non investment related administrative fees not including PBGC premiums plus expected PBGC premiums for 2025. The average is prorated for the short plan year and rounded to the nearest $25,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	10.00%
59	10.00%
60	10.00%
61	15.00%
62	15.00%
63	15.00%
64	50.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
21	20.00%	51	7.00%
22	20.00%	52	7.00%
23	20.00%	53	7.00%
24	20.00%	54	7.00%
25	20.00%	55	7.00%
26	20.00%	56	7.00%
27	20.00%	57	7.00%
28	20.00%	58	7.00%
29	20.00%	59	7.00%
30	15.00%	60	7.00%
31	15.00%	61	7.00%
32	15.00%	62	7.00%
33	15.00%	63	7.00%
34	15.00%	64	7.00%
35	10.00%	65	0.00%
36	10.00%	66	0.00%
37	10.00%	67	0.00%
38	10.00%	68	0.00%
39	10.00%	69	0.00%
40	7.00%	70+	0.00%
41	7.00%		
42	7.00%		
43	7.00%		
44	7.00%		
45	7.00%		
46	7.00%		
47	7.00%		
48	7.00%		
49	7.00%		
50	7.00%		

Table 3

Disability Rates

Age	Rate	Age	Rate
21	0.031%	51	0.502%
22	0.034%	52	0.568%
23	0.036%	53	0.648%
24	0.040%	54	0.744%
25	0.043%	55	0.845%
26	0.047%	56	0.941%
27	0.051%	57	1.026%
28	0.055%	58	1.084%
29	0.059%	59	1.143%
30	0.064%	60	1.204%
31	0.068%	61	1.263%
32	0.075%	62	1.320%
33	0.081%	63	1.390%
34	0.090%	64	1.463%
35	0.098%	65	1.540%
36	0.108%	66	1.622%
37	0.119%	67	1.710%
38	0.131%	68	1.804%
39	0.143%	69	1.902%
40	0.158%	70+	1.902%
41	0.174%		
42	0.193%		
43	0.213%		
44	0.234%		
45	0.259%		
46	0.287%		
47	0.322%		
48	0.360%		
49	0.401%		
50	0.448%		

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
BBA AVIATION DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 06/01/1963

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)

SIGNATURE AVIATION USA, LLC

13485 VETERANS WAY
SUITE 600
ORLANDO FL 32827

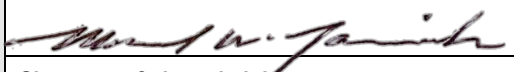
2b Employer Identification Number (EIN) 59-3096227

2c Plan Sponsor's telephone number 407-206-5263

2d Business code (see instructions) 488100

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		10/13/2026	Mike Janninck
	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 ☐ Same as Plan Sponsor

BBA AVIATION RETIREMENT COMMITTEE

13485 VETERANS WAY
SUITE 600
ORLANDO FL 32827

3b Administrator's EIN: 59-3096227

3c Administrator's telephone number: 407-648-7200

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1,377
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)**	26
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**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1B 1H 1I 3H

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

BBA AVIATION DEFINED BENEFIT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2025
Plan 010
EIN 59-3096227

	(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction	(i) Net Gain or (Loss)
c)	A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the current value of Plan assets						
	JP Morgan	U.S. Government Money Market Fund					
		25 Sales	$ -	$ 29,724,742	$ 29,724,742	$ 29,724,742	$ -
		35 Purchases	29,449,271	-	29,449,271	29,449,271	-
	Aon	Core Real Estate					
		1 Sale	$ -	$ 1,874,169	$ 1,874,169	$ 1,410,427	$ 463,742
	Aon	AON US Intermediate Government					
		2 Sales	$ -	$ 6,230,918	$ 6,230,918	$ 5,949,171	$ 281,747
	Aon	Long Credit Bond					
		1 Sale	$ -	$ 12,517,504	$ 12,517,504	$ 13,100,450	$ (582,946)
		1 Purchase	115,000	-	115,000	115,000	-
	Aon	Intermediate Credit Bond					
		1 Sale	$ -	$ 3,684,982	$ 3,684,982	$ 3,522,400	$ 162,582

There were no reportable transactions under categories a), b) or d) during 2025.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2025 This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 02/28/2025

▶ 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	B Three-digit plan number (PN) ▶	
BBA AVIATION DEFINED BENEFIT PLAN		010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)	
SIGNATURE AVIATION USA, LLC	59-3096227	

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2025			
2	Assets:			
	a Market value	2a		29,031,826
	b Actuarial value	2b		29,296,918
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	899	21,062,220	21,062,220
	b For terminated vested participants	418	7,661,811	7,661,811
	c For active participants	26	358,483	360,926
	d Total	1,343	29,082,514	29,084,957
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		5.32%
6	Target normal cost			
	a Present value of current plan year accruals	6a		0
	b Expected plan-related expenses	6b		50,000
	c Target normal cost	6c		50,000

Statement by Enrolled Actuary

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

SIGN HERE	Jeffrey R. Holloway	09/21/2026
	Signature of actuary	Date
JEFFREY R. HOLLOWAY		2607421
Type or print name of actuary		Most recent enrollment number
AON CONSULTING, INC.		952-807-0821
Firm name		Telephone number (including area code)
MSC# 17704,Aon,P.O. Box 551343 Atlanta GA 30355 Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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 2.07%	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)		3,183,459
	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 5.02%		159,810
	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		3,343,269
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.72%
15	Adjusted funding target attainment percentage	15	92.14%
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	92.34%
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? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	50,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	50,000

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
BBA Aviation Defined Benefit Plan
EIN: 59-3096227 PN: 010

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

A final AFTAP was not certified because the plan terminated February 28, 2025. Instead, the entry on line 15 reflects the AFTAP under the presumptive rules.

Schedule SB Attachment (Form 5500) —2025 Plan Year
BBA Aviation Defined Benefit Plan
EIN: 59-3096227 PN: 010

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	10.00%	0.8574	5.02
59.5	10.00%	0.7716	4.59
60.5	10.00%	0.6945	4.20
61.5	15.00%	0.6250	5.77
62.5	15.00%	0.5313	4.98
63.5	15.00%	0.4516	4.30
64.5	50.00%	0.3838	12.38
65.5	50.00%	0.1919	6.29
66.5	50.00%	0.0960	3.19
67.5	50.00%	0.0480	1.62
68.5	50.00%	0.0240	0.82
69.5	50.00%	0.0120	0.42
70	100.00%	0.0060	0.42
	Weighted Average		62.05

Schedule SB Attachment (Form 5500) —2025 Plan Year
BBA Aviation Defined Benefit Plan
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Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four month lookback (as of September 2024), each adjusted as needed to fall within the interest rate stabilization corridor as defined under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Retirement Age	
Active Participants	See Tables 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii).
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.29%, limited to 5.74%
2024 Plan Year	6.14%, limited to 5.59%
2025 Plan Year	6.53%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	Assumed administrative expenses for 2025 are $50,000 based on the average of the last two years of non investment related administrative fees not including PBGC premiums plus expected PBGC premiums for 2025. The average is prorated for the short plan year and rounded to the nearest $25,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	10.00%
59	10.00%
60	10.00%
61	15.00%
62	15.00%
63	15.00%
64	50.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
21	20.00%	51	7.00%
22	20.00%	52	7.00%
23	20.00%	53	7.00%
24	20.00%	54	7.00%
25	20.00%	55	7.00%
26	20.00%	56	7.00%
27	20.00%	57	7.00%
28	20.00%	58	7.00%
29	20.00%	59	7.00%
30	15.00%	60	7.00%
31	15.00%	61	7.00%
32	15.00%	62	7.00%
33	15.00%	63	7.00%
34	15.00%	64	7.00%
35	10.00%	65	0.00%
36	10.00%	66	0.00%
37	10.00%	67	0.00%
38	10.00%	68	0.00%
39	10.00%	69	0.00%
40	7.00%	70+	0.00%
41	7.00%		
42	7.00%		
43	7.00%		
44	7.00%		
45	7.00%		
46	7.00%		
47	7.00%		
48	7.00%		
49	7.00%		
50	7.00%		

Table 3

Disability Rates

Age	Rate	Age	Rate
21	0.031%	51	0.502%
22	0.034%	52	0.568%
23	0.036%	53	0.648%
24	0.040%	54	0.744%
25	0.043%	55	0.845%
26	0.047%	56	0.941%
27	0.051%	57	1.026%
28	0.055%	58	1.084%
29	0.059%	59	1.143%
30	0.064%	60	1.204%
31	0.068%	61	1.263%
32	0.075%	62	1.320%
33	0.081%	63	1.390%
34	0.090%	64	1.463%
35	0.098%	65	1.540%
36	0.108%	66	1.622%
37	0.119%	67	1.710%
38	0.131%	68	1.804%
39	0.143%	69	1.902%
40	0.158%	70+	1.902%
41	0.174%		
42	0.193%		
43	0.213%		
44	0.234%		
45	0.259%		
46	0.287%		
47	0.322%		
48	0.360%		
49	0.401%		
50	0.448%		

Schedule SB Attachment (Form 5500) —2025 Plan Year
BBA Aviation Defined Benefit Plan
EIN: 59-3096227 PN: 010

Schedule SB, Part V — Summary of Plan Provisions

Former BBA Aviation Plan

Plan Sponsor	BBA Aviation USA, Inc.
Plan	BBA Aviation Defined Benefit Plan
Effective Date and Most Recent Amendment	This report reflects the merger of the Aircraft Service International, Inc. Bargained Employees' Pension Plan, the Page Avjet Corporation Retirement Income Plan, and the former BBA Aviation Defined Benefit Plan as of January 1, 2010. The current and ongoing BBA Aviation Defined Benefit Plan was most recently amended effective November 30, 2017 (Amendment Number Five). This section of the report presents the provisions of the former BBA Aviation Defined Benefit Plan prior to the merger, consisting of plans now summarized in Appendices A through F of the current plan document. The plan was amended to terminate the BBA Aviation Defined Benefit Plan effective February 28, 2025.
Plan Year	The 12 month period ending December 31.
Coverage and Participation	The plan covers a closed group of current and former employees that were covered by the following plans[1]: ● Signature Flight Support Corporation Defined Benefit Plan (Appendix A). ● Signature Flight Support Corporation Pension Plan B (Appendix B). ● Pension Plan of Signature Flight Support — New Jersey, Inc. (Appendix C). ● Dallas Airmotive, Inc. Union Employees' Pension Plan (Appendix D). ● Dallas Airmotive, Inc., Neosho Union Employees' Pension Plan (Appendix E). ● TBI (U.S.), Inc. Retirement Plan for Certain Hourly Employees (Appendix F). Participation is frozen for all groups.
Credited Service	Frozen for all groups. Service for Appendix F union participants at Honolulu is frozen as of October 6, 2013.

[1] Note that Appendices A through F in this section of the report refer to the appropriate Appendix of the plan document of the merged BBA Aviation Defined Benefit Plan as of January 1, 2010.

Vesting Service	One year of service for each year in which the employee is credited with 1,000 hours of service.
Normal Retirement Benefit	
Normal Retirement Date	Age 65 (five years of service required for Appendix B, C, and F).
Benefit Formula	Accrued benefit payable at normal retirement date.
Normal Form of Benefit	Actuarially adjusted 50% joint and survivor annuity, if married. Single life annuity, if single.
Accrued Benefits	Frozen for all groups.
Early Retirement Benefit	
Eligibility	Age 55 with 10 years of vesting service for Appendix A, B (O'Hare location only), C, and F. Age 55 with 10 years of credited service for Appendix D. Age 60 with 10 years of vesting service for Appendix E.
Benefit	The participant's accrued benefit reduced by ½ of 1% for each month preceding normal retirement for Appendix A, B, D, and E. Appendix C is reduced actuarially from normal retirement. The participant's accrued benefit reduced by 2.5% for each year preceding normal retirement, or by 2.5% for each point less than 85 points, whichever produces the higher benefit for Appendix F.
Disability Benefit	
Eligibility	Age 45 with 10 years of vesting service for Appendix A and B. Five years of vesting service for Appendix C. Fifteen years of credited service for Appendix D. Ten years of vesting service for Appendix E and F.
Benefit Before Normal Retirement	Projected normal retirement benefit payable at normal retirement date for Appendix A. For all other groups benefit is accrued benefit payable immediately. Appendix A and B have a minimum monthly benefit of $25.00. Appendix C has a minimum monthly benefit of $50.00 if entered plan prior to January 1, 1998.
Definition of Disability and Waiting Period	Varies by prior plan.
Vested Benefits Upon Termination of Service	
Vesting	For Appendix E: 100% vesting in benefit as of June 1, 2003, for all participants who did not have their vesting service disregarded as of May 31, 2003.

	For all others: Five years of vesting service (except for small group in Appendix B).
Termination Benefit	Accrued benefit payable at normal retirement age.
Death Benefits for Participants in Active Service	
Eligibility	Five years of vesting service.
Preretirement Benefit	For Appendices A through E: The benefit payable to the surviving eligible spouse is 50% of the benefit the participant would have received if he had retired on his earliest retirement date (with applicable early retirement reduction), and had elected a 50% joint and survivor annuity.
For Appendix F	The same as Appendices A through E, except with 100% of the 100% joint and survivor annuity.
Postretirement Benefit	For Appendix F only, a lump sum death benefit could be payable depending on age at death and type of retirement. These amounts are in addition to any death benefit provided through the election of an optional form of payment. The different payouts are as follows:

Type of Retirement	Age at Death	Lump Sum Death Benefit
Early Retirement	55 to 59	$ 2,000
	60 to 64	$ 1,500
	65 or older	$ 1,000
Normal Retirement	65 or older	$ 1,000
Disability Retirement	Under age 65	$ 1,000
Deferred Retirement	Any age	$ 0

Optional Forms of Retirement Income in Lieu of Normal Form

(1) Single life annuity
(2) 50% joint and survivor annuity
(3) 66⅔% joint and survivor annuity
(4) 75% joint and survivor annuity
(5) 100% joint and survivor annuity
(6) 5 years certain and life annuity
(7) 10 years certain and life annuity
(8) 15 years certain and life annuity
(9) 20 years certain and life annuity
(10) Social Security level income option (Appendix C and F)
(11) Unlimited lump sum (Appendix A)

Schedule SB Attachment (Form 5500) —2025 Plan Year
BBA Aviation Defined Benefit Plan
EIN: 59-3096227 PN: 010

Former Aircraft Services Plan

Plan Sponsor	Signature Aviation USA, LLC.
Plan	BBA Aviation Defined Benefit Plan.
Effective Date and Most Recent Amendment	This report reflects the merger of the Aircraft Service International, Inc. Bargained Employees' Pension Plan, the Page Avjet Corporation Retirement Income Plan, and the former BBA Aviation Defined Benefit Plan as of January 1, 2010. The current and ongoing BBA Aviation Defined Benefit Plan was most recently amended effective December 2010. This section of the report presents the provisions of the former Aircraft Service International, Inc. Bargained Employees' Pension Plan prior to the merger, consisting of plan now summarized in Appendix G of the current plan document. The plan was amended to terminate the BBA Aviation Defined Benefit Plan effective February 28, 2025.
Plan Year	The 12 month period ending December 31.
Coverage and Participation	Participation is frozen as of December 31, 2004.
Credited Service	Credited service was frozen as of December 31, 2004.
Vesting Service	One year of service for each calendar year in which the employee is credited with 1,000 hours of service.
Final Average Compensation/Salary	Average of total compensation for the five consecutive years of highest compensation while a participant, but prior to January 1, 2005.
Normal Retirement Benefit	
Normal Retirement Date	Age 65 and fifth anniversary of participation.
Benefit Formula	Accrued benefit payable at normal retirement date.
Normal Form of Benefit	Actuarially adjusted 50% joint and survivor annuity, if married. Ten years certain and life annuity, if single.
Accrued Benefits	Benefit accruals were frozen as of December 31, 2004.
Early Retirement Benefit	
Eligibility	Age 60 with 15 years of credited service.
Benefit	Normal retirement benefit, reduced by 1/15 for each year by which early retirement precedes normal retirement.
Disability Benefit	
Eligibility	Immediate.

Benefit Before Normal Retirement	100% of the normal retirement benefit, payable immediately.
Waiting Period	Six months.
Vested Benefits Upon Termination of Service	
Vesting	Five years of vesting service.
Termination Benefit	Normal retirement benefit, deferred to the normal retirement date, or reduced for early retirement, if eligible.
Death Benefits	
Eligibility	Five years of vesting service.
Preretirement Benefit	50% of the amount that would have been payable to the participant under the 50% joint and survivor option.
Optional Forms of Retirement Income in Lieu of Normal Form	(1) Single life annuity (2) 50% joint and survivor annuity (3) 66⅔% joint and survivor annuity (4) 75% joint and survivor annuity (5) 100% joint and survivor annuity (6) 5 years certain and life annuity (7) 10 years certain and life annuity (8) 15 years certain and life annuity (9) 20 years certain and life annuity

Former Page Avjet Plan

Plan Sponsor	Signature Aviation USA, LLC.
Plan	BBA Aviation Defined Benefit Plan.
Effective Date and Most Recent Amendment	This report reflects the merger of the Aircraft Service International, Inc. Bargained Employees' Pension Plan, the Page Avjet Corporation Retirement Income Plan, and the former BBA Aviation Defined Benefit Plan as of January 1, 2010. The current and ongoing BBA Aviation Defined Benefit Plan was most recently amended effective December 2010. This section of the report presents the provisions of the former Page Avjet Corporation Retirement Income Plan prior to the merger, consisting of plans now summarized in Appendices H through M of the current plan document. The plan was amended to terminate the BBA Aviation Defined Benefit Plan effective February 28, 2025.
Plan Year	The 12 month period ending December 31.
Coverage and Participation	The plan covers a closed group of current and former employees of: ● BBA U.S. Holding, Inc. ● Page Avjet Corporation. ● Signature Flight Support (all three covered by Appendix H). ● Texstar, Inc. (Appendix I). ● RM Engineered Products (Appendix J). ● Southern Industrial Products (Appendix K). ● Ozone Industries [salaried (Appendix L) and union (Appendix M) employees][1]. Participation was frozen as of December 31, 1994, except to the extent eligibility was established under an applicable merged plan.
Credited Service	Credited service is frozen for all participants at various dates based on the applicable prior plan.
Vesting Service	A plan during which a participant has at least 1,000 hours of service, except Texstar which used 12 completed months.

[1] Note that Appendices H through M in this section of the report refer to the appropriate Appendix of the plan document of the merged BBA Aviation Defined Benefit Plan as of January 1, 2010.

Normal Retirement Benefit

Normal Retirement Date	The first day of the calendar month coincident with or next following the date on which the participant attains age 65.
Benefit Formula	The accrued benefit, determined as of the freeze date.
Normal Form of Benefit	Actuarially adjusted 50% joint and survivor annuity, if married. Five years certain and life annuity for former Texstar participants and single life annuity for all other single participants.
Accrued Benefits	Determined in accordance with the benefit formula under the applicable prior plan. Benefit accruals were frozen for employees of each company as follows:

Company	Date Accruals Frozen
BBA	December 31, 1994
Ozone (salaried and union)	December 31, 1995
Page Avjet	December 31, 1994
RM	June 30, 1995
Signature	October 31, 1993
Southern	June 30, 1995
Texstar	December 31, 1996

Early Retirement Benefit

Eligibility	A participant who has attained age 55 with five years of vesting service (15 years for RM and Southern participants) may elect early retirement on the first day of any calendar month following attainment of these requirements.
Benefit	The accrued benefit determines as of the freeze date, multiplied by the early retirement factors contained in the applicable Appendix.
Disability Benefit	For BBA, Ozone Salaried, Page Avjet, Signature, and Texstar, no disability benefits are provided. For Southern and RM participants, the accrued benefit is payable immediately without reduction for disability after age 45 and 15 years of service. For Ozone Union, the accrued benefit is payable immediately without reduction for disability after age 50 and 15 years of service.

Vested Benefits Upon Termination of Service

Vesting	For Appendix H: 100% vesting for participants employed on June 30, 1994; 100% vesting for participants in active employment on May 31, 1993. For Appendix K: 100% vesting for participants employed on June 30, 1995. For Appendix L: 100% vesting for participants employed on December 31, 1995. For all others: Five years of vesting service.
Termination Benefit	Accrued benefit payable at normal retirement age.

Death Benefits

Eligibility	Five years of vesting service.
Preretirement Benefit	50% of the amount that would have been payable to the participant under the 50% joint and survivor option.
Postretirement Benefit	For Ozone salaried participants only, a $3,000 death benefit is payable upon the death of a retiree. This is in addition to amount provided by the annuity form elected.

Optional Forms of Retirement Income in Lieu of Normal Form

(1) Single life annuity
(2) 50% joint and survivor annuity
(3) 66⅔% joint and survivor annuity
(4) 75% joint and survivor annuity
(5) 100% joint and survivor annuity
(6) 5 years certain and life annuity
(7) 10 years certain and life annuity
(8) 15 years certain and life annuity
(9) 20 years certain and life annuity
(10) Unlimited lump sum (all except Ozone Salaried, Ozone Union, and Texstar)

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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

Plan Termination

The Signature Aviation USA, LLC adopted an Amendment to terminate the BBA Aviation Defined Benefit Plan effective February 28, 2025. Consequently, this Schedule SB is for the short plan year ending February 28, 2025.

The Target Normal Cost in Line 6(b) of the Schedule SB reflects the short plan year January 1, 2025 through February 28, 2025. It is the assumed administrative expenses for 2025 based on the average of the last two years of non investment related administrative fees not including PBGC premiums plus expected PBGC premiums for 2025 and prorated for the short plan year and rounded to the nearest $25,000.

A cash infusion of $16,583.54 was made on June 6, 2026 in order to fund the plan in order to terminate it under a standard termination. Since this post termination cash infusion was made after the 8½-month funding deadline for the short plan year ending February 28, 2025, it is not included on this Schedule SB as a contribution credited for minimum funding purposes for the short plan year ending February 28, 2025.

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change:

- A change in the expected return on assets used in the value of plan assets in order to better reflect anticipated future experience.

This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants and Average Accrued Benefit

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

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Schedule SB Attachment (Form 5500) —2025 Plan Year
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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
2025	3,697	331,878	2,485,987	2,821,562
2026	10,196	376,726	2,378,554	2,765,476
2027	15,272	428,446	2,267,586	2,711,304
2028	19,564	480,175	2,154,149	2,653,888
2029	22,561	523,469	2,038,971	2,585,001
2030	25,641	549,978	1,923,617	2,499,236
2031	27,790	575,456	1,808,181	2,411,427
2032	28,910	583,358	1,691,836	2,304,104
2033	29,791	589,331	1,574,815	2,193,937
2034	30,586	597,345	1,458,836	2,086,767
2035	31,075	598,052	1,346,507	1,975,634
2036	31,046	600,127	1,238,006	1,869,179
2037	30,909	589,453	1,131,550	1,751,912
2038	30,499	582,810	1,025,971	1,639,280
2039	30,421	577,673	927,193	1,535,287
2040	29,744	562,587	833,738	1,426,069
2041	28,949	547,820	745,677	1,322,446
2042	28,074	531,836	660,347	1,220,257
2043	27,123	514,004	582,102	1,123,229
2044	26,204	491,413	510,277	1,027,894
2045	25,100	465,867	444,238	935,205
2046	23,933	439,488	384,034	847,455
2047	22,704	412,833	329,631	765,168
2048	21,417	385,958	280,908	688,283
2049	20,080	358,837	237,669	616,586
2050	18,699	331,906	199,657	550,262
2051	17,288	305,164	166,559	489,011
2052	15,860	278,867	138,022	432,749
2053	14,431	253,294	113,657	381,382
2054	13,016	228,480	93,056	334,552
2055	11,634	204,850	75,805	292,289
2056	10,299	182,453	61,497	254,249
2057	9,028	161,427	49,739	220,194
2058	7,832	141,873	40,162	189,867
2059	6,723	123,845	32,426	162,994

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	5,707	107,369	26,221	139,297
2061	4,791	92,438	21,275	118,504
2062	3,976	79,014	17,349	100,339
2063	3,260	67,037	14,239	84,536
2064	2,642	56,433	11,778	70,853
2065	2,114	47,116	9,828	59,058
2066	1,670	38,992	8,276	48,938
2067	1,303	31,965	7,035	40,303
2068	1,003	25,936	6,035	32,974
2069	762	20,812	5,225	26,799
2070	571	16,504	4,564	21,639
2071	422	12,922	4,022	17,366
2072	308	9,981	3,574	13,863
2073	221	7,598	3,202	11,021
2074	157	5,697	2,891	8,745

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

A final AFTAP was not certified because the plan terminated February 28, 2025. Instead, the entry on line 15 reflects the AFTAP under the presumptive rules.

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	10.00%	0.8574	5.02
59.5	10.00%	0.7716	4.59
60.5	10.00%	0.6945	4.20
61.5	15.00%	0.6250	5.77
62.5	15.00%	0.5313	4.98
63.5	15.00%	0.4516	4.30
64.5	50.00%	0.3838	12.38
65.5	50.00%	0.1919	6.29
66.5	50.00%	0.0960	3.19
67.5	50.00%	0.0480	1.62
68.5	50.00%	0.0240	0.82
69.5	50.00%	0.0120	0.42
70	100.00%	0.0060	0.42
	Weighted Average		62.05

Schedule SB Attachment (Form 5500) —2025 Plan Year
BBA Aviation Defined Benefit Plan
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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
2025	3,697	331,878	2,485,987	2,821,562
2026	10,196	376,726	2,378,554	2,765,476
2027	15,272	428,446	2,267,586	2,711,304
2028	19,564	480,175	2,154,149	2,653,888
2029	22,561	523,469	2,038,971	2,585,001
2030	25,641	549,978	1,923,617	2,499,236
2031	27,790	575,456	1,808,181	2,411,427
2032	28,910	583,358	1,691,836	2,304,104
2033	29,791	589,331	1,574,815	2,193,937
2034	30,586	597,345	1,458,836	2,086,767
2035	31,075	598,052	1,346,507	1,975,634
2036	31,046	600,127	1,238,006	1,869,179
2037	30,909	589,453	1,131,550	1,751,912
2038	30,499	582,810	1,025,971	1,639,280
2039	30,421	577,673	927,193	1,535,287
2040	29,744	562,587	833,738	1,426,069
2041	28,949	547,820	745,677	1,322,446
2042	28,074	531,836	660,347	1,220,257
2043	27,123	514,004	582,102	1,123,229
2044	26,204	491,413	510,277	1,027,894
2045	25,100	465,867	444,238	935,205
2046	23,933	439,488	384,034	847,455
2047	22,704	412,833	329,631	765,168
2048	21,417	385,958	280,908	688,283
2049	20,080	358,837	237,669	616,586
2050	18,699	331,906	199,657	550,262
2051	17,288	305,164	166,559	489,011
2052	15,860	278,867	138,022	432,749
2053	14,431	253,294	113,657	381,382
2054	13,016	228,480	93,056	334,552
2055	11,634	204,850	75,805	292,289
2056	10,299	182,453	61,497	254,249
2057	9,028	161,427	49,739	220,194
2058	7,832	141,873	40,162	189,867
2059	6,723	123,845	32,426	162,994

Schedule SB Attachment (Form 5500) —2025 Plan Year
BBA Aviation Defined Benefit Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	5,707	107,369	26,221	139,297
2061	4,791	92,438	21,275	118,504
2062	3,976	79,014	17,349	100,339
2063	3,260	67,037	14,239	84,536
2064	2,642	56,433	11,778	70,853
2065	2,114	47,116	9,828	59,058
2066	1,670	38,992	8,276	48,938
2067	1,303	31,965	7,035	40,303
2068	1,003	25,936	6,035	32,974
2069	762	20,812	5,225	26,799
2070	571	16,504	4,564	21,639
2071	422	12,922	4,022	17,366
2072	308	9,981	3,574	13,863
2073	221	7,598	3,202	11,021
2074	157	5,697	2,891	8,745

Schedule SB Attachment (Form 5500) —2025 Plan Year
BBA Aviation Defined Benefit Plan
EIN: 59-3096227 PN: 010

Schedule SB, Part V — Summary of Plan Provisions

Former BBA Aviation Plan

Plan Sponsor	BBA Aviation USA, Inc.
Plan	BBA Aviation Defined Benefit Plan
Effective Date and Most Recent Amendment	This report reflects the merger of the Aircraft Service International, Inc. Bargained Employees' Pension Plan, the Page Avjet Corporation Retirement Income Plan, and the former BBA Aviation Defined Benefit Plan as of January 1, 2010. The current and ongoing BBA Aviation Defined Benefit Plan was most recently amended effective November 30, 2017 (Amendment Number Five). This section of the report presents the provisions of the former BBA Aviation Defined Benefit Plan prior to the merger, consisting of plans now summarized in Appendices A through F of the current plan document. The plan was amended to terminate the BBA Aviation Defined Benefit Plan effective February 28, 2025.
Plan Year	The 12 month period ending December 31.
Coverage and Participation	The plan covers a closed group of current and former employees that were covered by the following plans[1]: ● Signature Flight Support Corporation Defined Benefit Plan (Appendix A). ● Signature Flight Support Corporation Pension Plan B (Appendix B). ● Pension Plan of Signature Flight Support — New Jersey, Inc. (Appendix C). ● Dallas Airmotive, Inc. Union Employees' Pension Plan (Appendix D). ● Dallas Airmotive, Inc., Neosho Union Employees' Pension Plan (Appendix E). ● TBI (U.S.), Inc. Retirement Plan for Certain Hourly Employees (Appendix F). Participation is frozen for all groups.
Credited Service	Frozen for all groups. Service for Appendix F union participants at Honolulu is frozen as of October 6, 2013.

[1] Note that Appendices A through F in this section of the report refer to the appropriate Appendix of the plan document of the merged BBA Aviation Defined Benefit Plan as of January 1, 2010.

Vesting Service	One year of service for each year in which the employee is credited with 1,000 hours of service.
Normal Retirement Benefit	
Normal Retirement Date	Age 65 (five years of service required for Appendix B, C, and F).
Benefit Formula	Accrued benefit payable at normal retirement date.
Normal Form of Benefit	Actuarially adjusted 50% joint and survivor annuity, if married. Single life annuity, if single.
Accrued Benefits	Frozen for all groups.
Early Retirement Benefit	
Eligibility	Age 55 with 10 years of vesting service for Appendix A, B (O'Hare location only), C, and F. Age 55 with 10 years of credited service for Appendix D. Age 60 with 10 years of vesting service for Appendix E.
Benefit	The participant's accrued benefit reduced by ½ of 1% for each month preceding normal retirement for Appendix A, B, D, and E. Appendix C is reduced actuarially from normal retirement. The participant's accrued benefit reduced by 2.5% for each year preceding normal retirement, or by 2.5% for each point less than 85 points, whichever produces the higher benefit for Appendix F.
Disability Benefit	
Eligibility	Age 45 with 10 years of vesting service for Appendix A and B. Five years of vesting service for Appendix C. Fifteen years of credited service for Appendix D. Ten years of vesting service for Appendix E and F.
Benefit Before Normal Retirement	Projected normal retirement benefit payable at normal retirement date for Appendix A. For all other groups benefit is accrued benefit payable immediately. Appendix A and B have a minimum monthly benefit of $25.00. Appendix C has a minimum monthly benefit of $50.00 if entered plan prior to January 1, 1998.
Definition of Disability and Waiting Period	Varies by prior plan.
Vested Benefits Upon Termination of Service	
Vesting	For Appendix E: 100% vesting in benefit as of June 1, 2003, for all participants who did not have their vesting service disregarded as of May 31, 2003.

	For all others: Five years of vesting service (except for small group in Appendix B).
Termination Benefit	Accrued benefit payable at normal retirement age.
Death Benefits for Participants in Active Service	
Eligibility	Five years of vesting service.
Preretirement Benefit	For Appendices A through E: The benefit payable to the surviving eligible spouse is 50% of the benefit the participant would have received if he had retired on his earliest retirement date (with applicable early retirement reduction), and had elected a 50% joint and survivor annuity.
For Appendix F	The same as Appendices A through E, except with 100% of the 100% joint and survivor annuity.
Postretirement Benefit	For Appendix F only, a lump sum death benefit could be payable depending on age at death and type of retirement. These amounts are in addition to any death benefit provided through the election of an optional form of payment. The different payouts are as follows:

Type of Retirement	Age at Death	Lump Sum Death Benefit
Early Retirement	55 to 59	$ 2,000
	60 to 64	$ 1,500
	65 or older	$ 1,000
Normal Retirement	65 or older	$ 1,000
Disability Retirement	Under age 65	$ 1,000
Deferred Retirement	Any age	$ 0

Optional Forms of Retirement Income in Lieu of Normal Form

(1) Single life annuity
(2) 50% joint and survivor annuity
(3) 66⅔% joint and survivor annuity
(4) 75% joint and survivor annuity
(5) 100% joint and survivor annuity
(6) 5 years certain and life annuity
(7) 10 years certain and life annuity
(8) 15 years certain and life annuity
(9) 20 years certain and life annuity
(10) Social Security level income option (Appendix C and F)
(11) Unlimited lump sum (Appendix A)

Schedule SB Attachment (Form 5500) —2025 Plan Year
BBA Aviation Defined Benefit Plan
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Former Aircraft Services Plan

Plan Sponsor	Signature Aviation USA, LLC.
Plan	BBA Aviation Defined Benefit Plan.
Effective Date and Most Recent Amendment	This report reflects the merger of the Aircraft Service International, Inc. Bargained Employees' Pension Plan, the Page Avjet Corporation Retirement Income Plan, and the former BBA Aviation Defined Benefit Plan as of January 1, 2010. The current and ongoing BBA Aviation Defined Benefit Plan was most recently amended effective December 2010. This section of the report presents the provisions of the former Aircraft Service International, Inc. Bargained Employees' Pension Plan prior to the merger, consisting of plan now summarized in Appendix G of the current plan document. The plan was amended to terminate the BBA Aviation Defined Benefit Plan effective February 28, 2025.
Plan Year	The 12 month period ending December 31.
Coverage and Participation	Participation is frozen as of December 31, 2004.
Credited Service	Credited service was frozen as of December 31, 2004.
Vesting Service	One year of service for each calendar year in which the employee is credited with 1,000 hours of service.
Final Average Compensation/Salary	Average of total compensation for the five consecutive years of highest compensation while a participant, but prior to January 1, 2005.
Normal Retirement Benefit	
Normal Retirement Date	Age 65 and fifth anniversary of participation.
Benefit Formula	Accrued benefit payable at normal retirement date.
Normal Form of Benefit	Actuarially adjusted 50% joint and survivor annuity, if married. Ten years certain and life annuity, if single.
Accrued Benefits	Benefit accruals were frozen as of December 31, 2004.
Early Retirement Benefit	
Eligibility	Age 60 with 15 years of credited service.
Benefit	Normal retirement benefit, reduced by 1/15 for each year by which early retirement precedes normal retirement.
Disability Benefit	
Eligibility	Immediate.

Benefit Before Normal Retirement	100% of the normal retirement benefit, payable immediately.
Waiting Period	Six months.
Vested Benefits Upon Termination of Service	
Vesting	Five years of vesting service.
Termination Benefit	Normal retirement benefit, deferred to the normal retirement date, or reduced for early retirement, if eligible.
Death Benefits	
Eligibility	Five years of vesting service.
Preretirement Benefit	50% of the amount that would have been payable to the participant under the 50% joint and survivor option.
Optional Forms of Retirement Income in Lieu of Normal Form	(1) Single life annuity (2) 50% joint and survivor annuity (3) 66⅔% joint and survivor annuity (4) 75% joint and survivor annuity (5) 100% joint and survivor annuity (6) 5 years certain and life annuity (7) 10 years certain and life annuity (8) 15 years certain and life annuity (9) 20 years certain and life annuity

Former Page Avjet Plan

Plan Sponsor	Signature Aviation USA, LLC.
Plan	BBA Aviation Defined Benefit Plan.
Effective Date and Most Recent Amendment	This report reflects the merger of the Aircraft Service International, Inc. Bargained Employees' Pension Plan, the Page Avjet Corporation Retirement Income Plan, and the former BBA Aviation Defined Benefit Plan as of January 1, 2010. The current and ongoing BBA Aviation Defined Benefit Plan was most recently amended effective December 2010. This section of the report presents the provisions of the former Page Avjet Corporation Retirement Income Plan prior to the merger, consisting of plans now summarized in Appendices H through M of the current plan document. The plan was amended to terminate the BBA Aviation Defined Benefit Plan effective February 28, 2025.
Plan Year	The 12 month period ending December 31.
Coverage and Participation	The plan covers a closed group of current and former employees of: ● BBA U.S. Holding, Inc. ● Page Avjet Corporation. ● Signature Flight Support (all three covered by Appendix H). ● Texstar, Inc. (Appendix I). ● RM Engineered Products (Appendix J). ● Southern Industrial Products (Appendix K). ● Ozone Industries [salaried (Appendix L) and union (Appendix M) employees][1]. Participation was frozen as of December 31, 1994, except to the extent eligibility was established under an applicable merged plan.
Credited Service	Credited service is frozen for all participants at various dates based on the applicable prior plan.
Vesting Service	A plan during which a participant has at least 1,000 hours of service, except Texstar which used 12 completed months.

[1] Note that Appendices H through M in this section of the report refer to the appropriate Appendix of the plan document of the merged BBA Aviation Defined Benefit Plan as of January 1, 2010.

Normal Retirement Benefit

Normal Retirement Date	The first day of the calendar month coincident with or next following the date on which the participant attains age 65.
Benefit Formula	The accrued benefit, determined as of the freeze date.
Normal Form of Benefit	Actuarially adjusted 50% joint and survivor annuity, if married. Five years certain and life annuity for former Texstar participants and single life annuity for all other single participants.
Accrued Benefits	Determined in accordance with the benefit formula under the applicable prior plan. Benefit accruals were frozen for employees of each company as follows:

Company	Date Accruals Frozen
BBA	December 31, 1994
Ozone (salaried and union)	December 31, 1995
Page Avjet	December 31, 1994
RM	June 30, 1995
Signature	October 31, 1993
Southern	June 30, 1995
Texstar	December 31, 1996

Early Retirement Benefit

Eligibility	A participant who has attained age 55 with five years of vesting service (15 years for RM and Southern participants) may elect early retirement on the first day of any calendar month following attainment of these requirements.
Benefit	The accrued benefit determines as of the freeze date, multiplied by the early retirement factors contained in the applicable Appendix.
Disability Benefit	For BBA, Ozone Salaried, Page Avjet, Signature, and Texstar, no disability benefits are provided. For Southern and RM participants, the accrued benefit is payable immediately without reduction for disability after age 45 and 15 years of service. For Ozone Union, the accrued benefit is payable immediately without reduction for disability after age 50 and 15 years of service.

Vested Benefits Upon Termination of Service

Vesting	For Appendix H: 100% vesting for participants employed on June 30, 1994; 100% vesting for participants in active employment on May 31, 1993. For Appendix K: 100% vesting for participants employed on June 30, 1995. For Appendix L: 100% vesting for participants employed on December 31, 1995. For all others: Five years of vesting service.
Termination Benefit	Accrued benefit payable at normal retirement age.

Death Benefits

Eligibility	Five years of vesting service.
Preretirement Benefit	50% of the amount that would have been payable to the participant under the 50% joint and survivor option.
Postretirement Benefit	For Ozone salaried participants only, a $3,000 death benefit is payable upon the death of a retiree. This is in addition to amount provided by the annuity form elected.

Optional Forms of Retirement Income in Lieu of Normal Form

(1) Single life annuity
(2) 50% joint and survivor annuity
(3) 66⅔% joint and survivor annuity
(4) 75% joint and survivor annuity
(5) 100% joint and survivor annuity
(6) 5 years certain and life annuity
(7) 10 years certain and life annuity
(8) 15 years certain and life annuity
(9) 20 years certain and life annuity
(10) Unlimited lump sum (all except Ozone Salaried, Ozone Union, and Texstar)

Schedule SB Attachment (Form 5500) —2025 Plan Year
BBA Aviation Defined Benefit Plan
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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

Plan Termination

The Signature Aviation USA, LLC adopted an Amendment to terminate the BBA Aviation Defined Benefit Plan effective February 28, 2025. Consequently, this Schedule SB is for the short plan year ending February 28, 2025.

The Target Normal Cost in Line 6(b) of the Schedule SB reflects the short plan year January 1, 2025 through February 28, 2025. It is the assumed administrative expenses for 2025 based on the average of the last two years of non investment related administrative fees not including PBGC premiums plus expected PBGC premiums for 2025 and prorated for the short plan year and rounded to the nearest $25,000.

A cash infusion of $16,583.54 was made on June 6, 2026 in order to fund the plan in order to terminate it under a standard termination. Since this post termination cash infusion was made after the 8½-month funding deadline for the short plan year ending February 28, 2025, it is not included on this Schedule SB as a contribution credited for minimum funding purposes for the short plan year ending February 28, 2025.

BBA AVIATION DEFINED BENEFIT PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2025
Plan 010
EIN 59-3096227

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Money market fund			
	JP Morgan	U.S. Government Money Market Fund	$ 606,215	$ 606,215

(a) An asterisk in this column identifies a person known to be a party-in-interest.

Schedule SB Attachment (Form 5500) —2025 Plan Year
BBA Aviation Defined Benefit Plan
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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption change:

- A change in the expected return on assets used in the value of plan assets in order to better reflect anticipated future experience.

This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.