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. . . . . ▶ [X]

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
HAMILTON SUNDSTRAND CORPORATION SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 504

1c Effective date of plan 09/06/1955

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)
RTX CORPORATION

4 FARM SPRINGS ROAD
FARMINGTON, CT 06032

2b Employer Identification Number (EIN) 06-0570975

2c Plan Sponsor's telephone number 860-678-4999

2d Business code (see instructions) 333200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	KELLY B. LAPPIN
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	368
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)**	368
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	384
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**	384
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4C

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **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 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
HAMILTON SUNDSTRAND CORPORATION SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
RTX CORPORATION

D Employer Identification Number (EIN)
06-0570975

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PRICEWATERHOUSECOOPERS

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	41000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF NEW YORK

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	NONE	5833	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FULLER TAX

33-1852777

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5000	Yes [ ] No [X]	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

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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 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
HAMILTON SUNDSTRAND CORPORATION SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

C Plan sponsor's name as shown on line 2a of Form 5500
RTX CORPORATION

D Employer Identification Number (EIN)
06-0570975

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	17909	17911
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1748	1228
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	246722	398045
(2) U.S. Government securities	1c(2)	149630	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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	416009	417184
Liabilities			
1g Benefit claims payable	1g	31010	31010
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	41000
1k Total liabilities (add all amounts in lines 1g through1j)	1k	31010	72010
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	384999	345174

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)	18593	
(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)		18593
(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)	-2494	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-2494

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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		16099
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	46000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	9924	
(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)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		55924
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		55924
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-39825
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: PRICEWATERHOUSECOOPERS **(2)** EIN: 13-4008324

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		25000000
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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan

Financial Statements and Supplemental Schedules

To Accompany 2025 Form 5500

Annual Report of Employee Benefit Plan

Under ERISA of 1974

December 31, 2025 and 2024

Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan
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December 31, 2025 and 2024

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Certain supplemental schedules specified by the Employee Retirement Income Security Act of 1974 ("ERISA") are not applicable and have been omitted.

pwc

Report of Independent Auditors

To the Administrator of Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan

Opinion

We have audited the accompanying financial statements of Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of plan's benefit obligations and net assets available for plan benefits as of December 31, 2025 and 2024, and the related statements of changes in plan's benefit obligations and net assets available for plan benefits for the years ended December 31, 2025 and 2024, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the plan's benefit obligations and net assets available for plan's benefits as of December 31, 2025 and 2024, and the changes in its plan's benefit obligations and net assets available for plan's benefits for the years ended December 31, 2025 and 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 US 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 US GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H – Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H – Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 ("supplemental schedules") 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 has been subjected to the 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 US GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PricewaterhouseCoopers LLP

Boston, Massachusetts
October 13, 2026

Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan
Statements of Plan's Benefit Obligations and Net Assets Available for Plan's Benefits
As of December 31, 2025 and 2024

	2025	2024
Benefit obligations (Note 4)		
Benefits payable to participants	$ 31,010	$ 31,010
Assets		
Investments, at fair value		
Money Market fund	398,045	246,722
U.S. Treasury and federal agency securities	—	149,630
Total investments	398,045	396,352
Non-Interest Bearing Cash	17,911	17,909
Accrued interest receivable	1,228	1,748
Total assets	417,184	416,009
Liabilities		
Accrued expenses	41,000	—
Total liabilities	41,000	—
Net assets available for plan benefits	376,184	416,009
Surplus of net assets available for plan benefits over benefit obligations	$ 345,174	$ 384,999

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

Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan
Statements of Changes in Plan's Benefit Obligations and Net Assets Available for Plan Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
Increase (decrease) in benefit obligations attributable to		
Balance at beginning of year	$ 31,010	$ 31,010
Change in benefits payable to participants	—	—
Balance at end of year	31,010	31,010
Investment (loss) income		
Net (depreciation) appreciation in fair value of investments	(2,494)	1,678
Interest and dividend income	18,593	18,625
Net investment income	16,099	20,303
Employer contributions	—	—
Benefits paid to participants (Note 4)	—	—
Administrative expenses	55,924	56,239
Net increase (decrease) in net assets available for plan benefits	(39,825)	(35,936)
Increase (decrease) in net assets available for plan benefits over plan benefit obligations	(39,825)	(35,936)
Surplus of net assets available for plan benefits over plan benefit obligations		
Beginning of year	384,999	420,935
End of year	$ 345,174	$ 384,999

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

Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan
Notes to Financial Statements
As of December 31, 2025 and 2024

Note 1 - Plan Description

The following description of the Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

General
The Plan was established to provide additional benefits above the state unemployment compensation benefits during periods of layoff for Hamilton Sundstrand Aerospace Rockford factory employees covered by a collective bargaining agreement. Any active employee with one year of seniority at the time of being laid off, or having one year of seniority within 30 days from the date of layoff, is eligible to receive benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Funding Policy
Contributions from the Plan Sponsor are accrued and paid into the Sundstrand Corporation Supplemental Unemployment Benefit Trust Fund (the "Trust") maintained for the Plan based upon a set contribution rate per hour worked by participants. Contributions cease when maximum funding, as calculated under the Plan's provisions, is reached.

Benefits under the Plan
The Plan provides for the payment of regular weekly and short-week supplemental unemployment benefits. The benefits payable is reduced by any state unemployment benefits or any other compensation received.

The regular benefit payable to an eligible employee shall be an amount which, when added to their state benefit and other compensation, will equal 95% of their weekly after tax pay, minus $17.50 to take into account work-related expenses not incurred, provided that such benefit shall be $150.00 plus $1.50 for each of not more than 4 dependents for any week with respect to which the eligible employee is not receiving a state system benefit because of exhaustion of their state system benefit rights.

The short-week benefit payable shall be an amount equal to the product of the number by which 40 exceeds their compensated or available hours, multiplied by 80% of their hourly rate. Employees earn one-half credit unit for each week in which hours are worked.

For the purposes of accruing credit units, (1) all hours represented by pay in lieu of vacation shall be counted as hours in the workweek in which payment in lieu of vacation was made, and (2) back pay shall be considered as pay for any workweek or workweeks to which it may be allocable. No employee may have, to their credit in the aggregate at any one time, more than 52 credit units. The number of credit units to be canceled for any benefit shall be determined in accordance with the Plan Document.

Trustee
Effective August 15, 2024, the Plan entered into a new trust agreement with BNY. As of December 31, 2025, BNY is the Plan's Trustee and Custodian of the Plan's assets. As of December 31, 2024, BNY was the Plan's Trustee and BMO Bank NA was Custodian of the Plan's assets.

Note 2 - Summary of Accounting and Reporting Policies

The significant accounting and reporting policies followed by the Plan are summarized below.

Basis of Presentation
The accompanying financial statements are prepared on the accrual basis of accounting.

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.

See Note 3 for discussion of fair value measurements. Net appreciation (depreciation) is reflected in the statements of changes in plan's benefit obligations and net assets available for plan's benefits in accordance with the change in fair value of the investments. Purchases and sales of investments are recorded on a trade-date basis. Interest and dividend income is recorded as earned.

Use of Estimates
The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and other amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Risks and Uncertainties
The Plan invests entirely in money market funds. These investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the financial statements.

Administrative Expenses
The Plan pays fees for professional services and investment management, which are expensed when incurred. Certain administrative expenses are paid by the Plan Sponsor on behalf of the Plan. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements.

Benefit Payments
Benefits are recorded when paid.

Note 3 - Fair Value Measurements
The accounting standard for fair value measurements provides a framework for measuring fair value and requires expanded disclosures regarding fair value measurements. Fair value is defined as the price that would be received for an asset or the exit price that would be paid to transfer a liability in the principal or most advantageous market in an orderly transaction between market participants on the measurement date. The accounting standard established a fair value hierarchy which requires an entity to maximize the use of observable inputs, where available. The following summarizes the three levels of inputs required:

Level 1:	Unadjusted quoted prices in active markets for identical assets or liabilities.
Level 2:	Observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs which are observable or have been corroborated by observable market data for substantially the full term of the related assets or liabilities.
Level 3:	Unobservable inputs supported by little or no market activity that are significant to the fair value of the assets or liabilities.

The methods used to measure the fair value calculation may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan Administrator believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Following is a description of the valuation methodologies used for assets measured at fair value:

Money Market Fund: Fair value estimates are based on market prices reported on the active market.

U.S. Treasury and Federal Agency Securities: Fair value is determined based on publicly-traded debt obligations with similar characteristics including maturities and rates.

The following table summarizes the fair value of investment assets in the Trust as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Money market fund	398,045	—	—	398,045
	$ 398,045	$ —	$ —	$ 398,045

The following table summarizes the fair value of investment assets in the Trust as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Money market fund	$ 246,722	$ —	$ —	$ 246,722
U.S. treasury and federal agency securities	—	149,630	—	149,630
	$ 246,722	$ 149,630	$ —	$ 396,352

There have been no changes in the methodologies used at December 31, 2025 and 2024 and no transfers between levels for the years ended December 31, 2025 and 2024.

Note 4 - Benefit Obligations Under the Plan

Plan benefit obligations include (1) claims payable and claims incurred but not reported for lay-offs that took place prior to year-end and were paid subsequent to year-end, (2) accumulated benefits expected to be paid within one year after year-end for participants that were active as of year-end and (3) benefits payable to participants due to uncashed checks. Benefits associated with future lay-offs that are not currently planned by the Plan Sponsor could not be reasonably estimated, and therefore, no liability has been accrued. Future events impacting the employment status of the employees covered by the Plan will change the obligations of the Plan.

During 2025 and 2024, there were no qualifying events, per the terms of the Plan, requiring benefit payments to be issued to participants. However, in 2021, certain uncashed distribution checks and tax liability payments issued prior to 2021 were reversed with the amount outstanding held as a Benefit Obligation on the Statements of Changes in Plan Benefit Obligations and Net Assets Available for Plan Benefits. During the years ended December 31, 2025 and 2024 none of the outstanding checks were cashed.

Note 5 - Plan Termination

Although it has not expressed any intent to do so, and subject to limitations imposed on termination of the Plan so long as the collective bargaining agreement concerning the Plan remains in effect, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the remaining assets will be used to pay administrative expenses and benefits to eligible employees and the Plan Sponsor would be required to fund any deficit in net assets.

Note 6 - Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan Administrator by a letter dated November 29, 1960 that the Trust is exempt from federal income taxes in accordance with applicable sections of the Internal Revenue Code (IRC). The IRS reaffirmed this ruling in a letter dated September 23, 1970. The Plan Administrator and counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to examinations by taxing jurisdictions; however, there are currently no audits for any tax period in progress. The Plan Administrator believes the Plan is no longer subject to federal tax examination for years prior to 2022.

Note 7 - Related Party and Party-In-Interest Transactions

The Plan incurs expenses in connection with services provided by BNY and BMO Bank NA (BMO), as the Trustees and Custodians of the Plan, as of December 31, 2025 and December 31, 2024, respectively. BNY and BMO are therefore parties-in-interest with respect to the Plan. Certain investments within the Trust were advised by or affiliated with BNY and BMO.

Note 8 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to the 2025 Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	$ 376,184	$ 416,009
Less benefits payable to participants	31,010	31,010
Net assets available for plan benefits per Form 5500	$ 345,174	$ 384,999

The following is a reconciliation of net increase in net assets available for plan benefits per the financial statements to the 2025 Form 5500 for the year ended December 31, 2025:

	2025
Net increase in net assets available for plan benefits per financial statements	$ (39,825)
Less change in benefits payable to participants	—
Net income per Form 5500	$ (39,825)

Note 9 - Subsequent Events

The Plan has evaluated subsequent events from December 31, 2025 through October 13, 2026, the date at which the financial statements were available to be issued, and determined that there are no additional items to disclose.

Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan
Supplemental Schedule
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2025

(A)	(B)	(C)	(D)	(E)
	Identity of issue, borrower, lessor or similar party	Security Description	Cost	Current Value
	DREYFUS *	Gov't Money Market Fund 289	$ 398,045	$ 398,045
	Total Investments		$ 398,045	$ 398,045

*Denotes a party-in-interest to the Plan

Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan
Supplemental Schedule
Schedule H - Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2025

Single transactions aggregating 5% or more of the beginning of year plan assets:

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
DREYFUS	Gov't Money Market Fund 289	$ 395,396	$ —	$ —	$ 395,396	$ —
Federated Hermes	U.S. Treasury Cash Reserves #125	$ 152,785	$ —	$ —	$ 152,785	$ —
DREYFUS	Gov't Money Market Fund 289	$ 36,250	$ —	$ —	$ 36,250	$ —
Federated Hermes	U.S. Treasury Cash Reserves #125	$ —	$ 399,507	$ 399,507	$ 399,507	$ —
DREYFUS	Gov't Money Market Fund 289	$ —	$ 36,250	$ 36,250	$ 36,250	$ —
U.S Treasury	Note 1.75% Dtd 03/15/2022 Due 03/15/2025	$ —	$ 23,588	$ 23,588	$ 23,588	$ —
U.S Treasury	Note 2.875% Dtd 06/15/2022 Due 06/15/2025	$ —	$ 24,220	$ 24,220	$ 24,220	$ —
U.S Treasury	Note 3.50% Dtd 09/15/2022 Due 09/15/2025	$ —	$ 24,638	$ 24,638	$ 24,638	$ —
U.S Treasury	Note 4.00% Dtd 12/15/2022 Due 12/15/2025	$ —	$ 24,912	$ 25,154	$ 24,912	$ (242)
U.S Treasury	Note 4.625% Dtd 03/15/2023 Due 03/15/2026	$ —	$ 25,049	$ 24,927	$ 25,049	$ 122
U.S Treasury	Note 4.125% Dtd 06/15/2023 Due 06/15/2026	$ —	$ 24,729	$ 24,644	$ 24,729	$ 85

Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan
Supplemental Schedule
Schedule H - Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2025

Series of transactions aggregating 5% or more of the beginning of year plan assets:

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
DREYFUS	Gov't Money Market Fund 289	$ 450,131	$ —	$ —	$ 450,131	$ —
Federated Hermes	U.S. Treasury Cash Reserves #125	$ 152,785	$ —	$ —	$ 152,785	$ —
Federated Hermes	U.S. Treasury Cash Reserves #125	$ —	$ 399,507	$ 399,507	$ 399,507	$ —
DREYFUS	Gov't Money Market Fund 289	$ —	$ 52,086	$ 52,086	$ 52,086	$ —
U.S Treasury	Note 1.75% Dtd 03/15/2022 Due 03/15/2025	$ —	$ 23,588	$ 23,588	$ 23,588	$ —
U.S Treasury	Note 2.875% Dtd 06/15/2022 Due 06/15/2025	$ —	$ 24,220	$ 24,220	$ 24,220	$ —
U.S Treasury	Note 3.50% Dtd 09/15/2022 Due 09/15/2025	$ —	$ 24,638	$ 24,638	$ 24,638	$ —
U.S Treasury	Note 4.00% Dtd 12/15/2022 Due 12/15/2025	$ —	$ 24,912	$ 25,154	$ 24,912	$ (242)
U.S Treasury	Note 4.625% Dtd 03/15/2023 Due 03/15/2026	$ —	$ 25,049	$ 24,927	$ 25,049	$ 122
U.S Treasury	Note 4.125% Dtd 06/15/2023 Due 06/15/2026	$ —	$ 24,729	$ 24,644	$ 24,729	$ 85

Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan
Supplemental Schedule
Schedule H - Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2025

Single transactions aggregating 5% or more of the beginning of year plan assets:

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
DREYFUS	Gov't Money Market Fund 289	$ 395,396	$ —	$ —	$ 395,396	$ —
Federated Hermes	U.S. Treasury Cash Reserves #125	$ 152,785	$ —	$ —	$ 152,785	$ —
DREYFUS	Gov't Money Market Fund 289	$ 36,250	$ —	$ —	$ 36,250	$ —
Federated Hermes	U.S. Treasury Cash Reserves #125	$ —	$ 399,507	$ 399,507	$ 399,507	$ —
DREYFUS	Gov't Money Market Fund 289	$ —	$ 36,250	$ 36,250	$ 36,250	$ —
U.S Treasury	Note 1.75% Dtd 03/15/2022 Due 03/15/2025	$ —	$ 23,588	$ 23,588	$ 23,588	$ —
U.S Treasury	Note 2.875% Dtd 06/15/2022 Due 06/15/2025	$ —	$ 24,220	$ 24,220	$ 24,220	$ —
U.S Treasury	Note 3.50% Dtd 09/15/2022 Due 09/15/2025	$ —	$ 24,638	$ 24,638	$ 24,638	$ —
U.S Treasury	Note 4.00% Dtd 12/15/2022 Due 12/15/2025	$ —	$ 24,912	$ 25,154	$ 24,912	$ (242)
U.S Treasury	Note 4.625% Dtd 03/15/2023 Due 03/15/2026	$ —	$ 25,049	$ 24,927	$ 25,049	$ 122
U.S Treasury	Note 4.125% Dtd 06/15/2023 Due 06/15/2026	$ —	$ 24,729	$ 24,644	$ 24,729	$ 85

Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan
Supplemental Schedule
Schedule H - Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2025

Series of transactions aggregating 5% or more of the beginning of year plan assets:

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
DREYFUS	Gov't Money Market Fund 289	$ 450,131	$ —	$ —	$ 450,131	$ —
Federated Hermes	U.S. Treasury Cash Reserves #125	$ 152,785	$ —	$ —	$ 152,785	$ —
Federated Hermes	U.S. Treasury Cash Reserves #125	$ —	$ 399,507	$ 399,507	$ 399,507	$ —
DREYFUS	Gov't Money Market Fund 289	$ —	$ 52,086	$ 52,086	$ 52,086	$ —
U.S Treasury	Note 1.75% Dtd 03/15/2022 Due 03/15/2025	$ —	$ 23,588	$ 23,588	$ 23,588	$ —
U.S Treasury	Note 2.875% Dtd 06/15/2022 Due 06/15/2025	$ —	$ 24,220	$ 24,220	$ 24,220	$ —
U.S Treasury	Note 3.50% Dtd 09/15/2022 Due 09/15/2025	$ —	$ 24,638	$ 24,638	$ 24,638	$ —
U.S Treasury	Note 4.00% Dtd 12/15/2022 Due 12/15/2025	$ —	$ 24,912	$ 25,154	$ 24,912	$ (242)
U.S Treasury	Note 4.625% Dtd 03/15/2023 Due 03/15/2026	$ —	$ 25,049	$ 24,927	$ 25,049	$ 122
U.S Treasury	Note 4.125% Dtd 06/15/2023 Due 06/15/2026	$ —	$ 24,729	$ 24,644	$ 24,729	$ 85

Hamilton Sundstrand Corporation Supplemental Unemployment Benefit Plan
Supplemental Schedule
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2025

(A)	(B)	(C)	(D)	(E)
	Identity of issue, borrower, lessor or similar party	Security Description	Cost	Current Value
	DREYFUS *	Gov't Money Market Fund 289	$ 398,045	$ 398,045
	Total Investments		$ 398,045	$ 398,045

*Denotes a party-in-interest to the Plan