

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 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/11/2010</u> and ending <u>01/10/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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)

Part II	Basic Plan Information —enter all requested information								
1a Name of plan UNION ENGINE COMPONENTS HOURLY PENSION PLAN FOR UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002						
1b Three-digit plan number (PN) ▶	002								
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) GE AVIATION SYSTEMS LLC ONE NEUMANN WAY, MD J-110 CINCINNATI, OH 45215	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1c Effective date of plan</td> <td style="width: 20%; text-align: center;">01/11/1974</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">38-2733944</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td style="text-align: center;">513-243-2000</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">336410</td> </tr> </table>	1c Effective date of plan	01/11/1974	2b Employer Identification Number (EIN)	38-2733944	2c Sponsor's telephone number	513-243-2000	2d Business code (see instructions)	336410
1c Effective date of plan	01/11/1974								
2b Employer Identification Number (EIN)	38-2733944								
2c Sponsor's telephone number	513-243-2000								
2d Business code (see instructions)	336410								

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	SHERYL E. EDWARDS
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BENEFITS COMMITTEE FOR CERTAIN GE AFFILIATED PLANS ONE NEUMANN WAY, MD J-110 CINCINNATI, OH 45215	3b Administrator's EIN 31-1651279 3c Administrator's telephone number 513-243-2000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	143
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	99
b Retired or separated participants receiving benefits.....	6b	17
c Other retired or separated participants entitled to future benefits.....	6c	24
d Subtotal. Add lines 6a , 6b , and 6c	6d	140
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	4
f Total. Add lines 6d and 6e	6f	144
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/11/2010 and ending 01/10/2011

▶ **Round off amounts to nearest dollar.**

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

A Name of plan <u>UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GE AVIATION SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>38-2733944</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>11</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>3155420</u>
b Actuarial value	2b <u>3336512</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>17</u> <u>1564864</u>
b For terminated vested participants	3b <u>27</u> <u>268752</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>201681</u>
(2) Vested benefits	3c(2) <u>2070969</u>
(3) Total active	3c(3) <u>99</u> <u>2272650</u>
d Total	3d <u>143</u> <u>4106266</u>
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.70</u> %
6 Target normal cost	6 <u>252615</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/07/2011</u>
Signature of actuary	Date
<u>JON E. HAMBERG</u>	<u>11-06624</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	<u>847-295-5000</u>
Firm name	Telephone number (including area code)
<u>100 HALF DAY ROAD</u> <u>LINCOLNSHIRE, IL 60069</u>	
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

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 (Item 13 from prior year)	0	0	
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0	
9 Amount remaining (Item 7 minus item 8).....	0	0	
10 Interest on item 9 using prior year's actual return of <u>18.50</u> %			
11 Prior year's excess contributions to be added to prefunding balance:			
a Excess contributions (Item 38 from prior year)		368412	
b Interest on (a) using prior year's effective rate of <u>8.16</u> %		30062	
c Total available at beginning of current plan year to add to prefunding balance		398474	
d Portion of (c) to be added to prefunding balance.....		0	
12 Reduction in balances due to elections or deemed elections.....	0	0	
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0	

Part III	Funding percentages		
14 Funding target attainment percentage.....	14	81.25	%
15 Adjusted funding target attainment percentage.....	15	81.25	%
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	80.28	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17		%

Part IV	Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
04/13/2010	75000	0				
07/12/2010	75000	0				
10/12/2010	75000	0				
01/11/2011	75000	0				
03/17/2011	425000	0				
			Totals ▶		18(b)	725000
					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 contribution 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	681864
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If 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
0	0	0
		(4) 4th
		0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			4
22 Weighted average retirement age	22			64
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 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	252615
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	605503	110799
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 (item 31 + item 32a + item 32b – item 33).....	34	363414
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	363414
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	681864
38 Interest-adjusted excess contributions for current year (see instructions).....	38	318450
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/11/2010 and ending 01/10/2011		
A Name of plan UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GE AVIATION SYSTEMS LLC	D Employer Identification Number (EIN) 38-2733944	

Part I	Service Provider Information (see instructions)
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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

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

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

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

KPMG LLP

13-5565207

(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	ACCOUNTANT	52050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARIAL	44351	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK & TRUST

04-1867448

(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?
25	TRUSTEE/CUSTODIAN	11197	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IVINS, PHILLIPS AND BARKER, CHTD

52-1229560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	10930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐

(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

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

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2010 or fiscal plan year beginning 01/11/2010 and ending 01/10/2011					
A Name of plan UNION ENGINE COMPONENTS HOURLY PENSION PLAN FOR UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GE AVIATION SYSTEMS LLC				D Employer Identification Number (EIN) 38-2733944	
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: MRA SYSTEMS D/B MASTER TRUST					
b Name of sponsor of entity listed in (a): MRA SYSTEMS, INC.					
c EIN-PN 52-2063267-051		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3308319	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value	

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
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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
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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)

(Complete as many entries as needed to report all participating plans)

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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/11/2010 and ending 01/10/2011	
A Name of plan UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 GE AVIATION SYSTEMS LLC	D Employer Identification Number (EIN) 38-2733944

Part I	Asset and Liability Statement
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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)	520000	500000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2686285	3308319
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3206285	3808319

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	37502	53593
k Total liabilities (add all amounts in lines 1g through 1j)	1k	37502	53593

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3168783	3754726
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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)	725000	
(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)		725000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (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
(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)		201150
(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		926150

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	206686	
(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)		206686
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	107331	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	26190	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		133521
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		340207

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		585943
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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: KPMG LLP

(2) EIN: 13-5565207

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		90000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)

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

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 section 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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/11/2010 and ending 01/10/2011

A Name of plan <u>UNION ENGINE COMPONENTS HOURLY PENSION PLAN FOR UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GE AVIATION SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>38-2733944</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1596249</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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	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 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
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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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☒ Both	☐ No
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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.
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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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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 item 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 items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR
UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION

Financial Statements

January 10, 2011 and 2010

(With Independent Auditors' Report Thereon)

UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR
UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION

January 10, 2011 and 2010

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Supplemental schedules required by Section 103(b)(3) of the Employee Retirement Income Security Act of 1974, as amended, have been omitted because all of the Plan's investments are held in a Master Trust.



KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

The Retirement Plan Board
Unison Engine Components Hourly Pension Plan for Union
Employees of the Mountaintop, PA Division:

We audited the accompanying statements of net assets available for plan benefits of the Unison Engine Components Hourly Pension Plan for Union Employees of the Mountaintop, PA Division (the "Plan") as of January 10, 2011 and 2010, and the related statements of changes in net assets available for plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing 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 over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects the Plan's net assets available for plan benefits as of January 10, 2011 and changes in net assets available for Plan benefits for the year then ended and the financial status of the Plan as of January 10, 2010 and changes in its financial status for the year then ended in conformity with U.S. generally accepted accounting principles.

KPMG LLP

October 14, 2011

UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR
UNION EMPLOYEES FO THE MOUNTAINTOP, PA DIVISION

Statements of Net Assets Available for Plan Benefits

January 10, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets:		
Investments, at fair value (notes 5 and 6):		
Plan interest in Middle River Defined Benefit Master		
Trust (notes 5 and 6)	\$ 3,308,319	\$ 2,686,285
Employer contribution receivable	<u>500,000</u>	<u>520,000</u>
Total assets	<u>3,808,319</u>	<u>3,206,285</u>
Liabilities:		
Accrued expenses	<u>53,593</u>	<u>37,502</u>
Total liabilities	<u>53,593</u>	<u>37,502</u>
Net assets available for plan benefits	<u>\$ 3,754,726</u>	<u>\$ 3,168,783</u>

See accompanying notes to financial statements.

UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR
UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION

Statements of Changes in Net Assets Available for Plan Benefits

Years ended January 10, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Additions to net assets attributed to:		
Investment income allocated from the Middle River Defined Benefit Master Trust (note 5)	\$ 201,150	\$ 498,828
Employer contributions	<u>725,000</u>	<u>690,000</u>
Total additions	<u>926,150</u>	<u>1,188,828</u>
Deductions from net assets attributed to:		
Benefits paid to participants	206,686	121,622
Administrative expenses	<u>133,521</u>	<u>226,079</u>
Total deductions	<u>340,207</u>	<u>347,701</u>
Net increase in net assets	585,943	841,127
Net assets available for plan benefits at:		
Beginning of year	<u>3,168,783</u>	<u>2,327,656</u>
End of year	<u>\$ 3,754,726</u>	<u>\$ 3,168,783</u>

See accompanying notes to financial statements.

UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR
UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION

Notes to Financial Statements

January 10, 2011 and 2010

(1) Description of the Plan

The Unison Engine Components Hourly Pension Plan for Union Employees of the Mountaintop, PA Division (the "Plan") is a defined benefit plan sponsored by GE Aviation Systems LLC (the "Company") that provides retirement benefits to covered employees of Unison Engine Components ("Unison Engine"), an affiliate of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

On July 14, 2011, the Company was sold to Precision Castparts Corporation. The assets and the accumulated liability for the Plan were transferred to the new plan sponsor.

The following description of the Plan is provided for general information purposes only. The complete terms of the Plan are provided in the Unison Engine Components Hourly Pension Plan for Union Employees of the Mountaintop, PA Division Plan Document (the "Plan Document"). Additional Plan information including benefits, investments, vesting provisions and effects of plan termination is included in Plan handbooks and other material distributed to participants.

Pension Benefits

The Plan was established to provide its participants with benefits for normal retirement at age 65 with between three and seven years of vesting service, or early retirement at age 55 provided the participant is fully vested. All hourly employees become participants in the Plan on the later of the date they become covered by a collective bargaining agreement or upon completion of 30 days of service.

Monthly benefits paid to participants at normal retirement (65 years of age) are based upon an escalating scale of benefit rates.

The monthly benefits payable to early retirees are based on the amounts calculated as of the normal retirement date reduced by 0.5% for each month that the early retirement date precedes the normal retirement date.

Participants may elect to receive their benefits as a joint and survivor annuity or a life annuity payable upon retirement.

Death Benefits

Upon the death of a married participant who has at least three years of credited service, a percentage of the benefits under a pre-retirement surviving spouse benefit is paid to the participant's spouse. Such retirement benefits are determined as of the date of death.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting.

(b) Accounting Changes

In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-06, *Improving Disclosures about Fair Value Measurements*. ASU 2010-06 requires reporting

UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR
UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION

Notes to Financial Statements

January 10, 2011 and 2010

entities to make new disclosures about information on purchases, sales, issuances and settlements in the roll forward activity in Level 3 fair value measurements. The new disclosures are effective for fiscal years beginning after December 15, 2010 and the interim periods within those fiscal years.

In May 2011, the FASB issued ASU 2011-04, *Fair Value Measurement: Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amended wording resulting in common fair value measurement and disclosure requirements in U.S. GAAP and International Financial Reporting Standards ("IFRS"). In particular, the amendments clarify how to apply existing fair value measurement and disclosure requirements as well as expand disclosure about valuation techniques and unobservable inputs used in Level 3 fair value measurements. In addition, the amendments require a narrative description of Level 3 measurements' sensitivity to changes in unobservable inputs if such changes significantly alter the fair value measurement. The amendments are applied prospectively and are effective for annual periods beginning after December 15, 2011. The Company does not believe the adoption of ASU 2011-04 will materially impact the net assets available for plan benefits; however, additional disclosures will be required about valuation techniques and inputs.

(c) Investments

All Plan investment assets are held in the Middle River Defined Benefit Master Trust (the "Middle River Master Trust") under an agreement with State Street Bank and Trust (the "Trustee").

The Plan's interest in the Middle River Master Trust is adjusted to reflect the Plan's share in the net increase or decrease of the Trust's commingled net assets (see note 5).

Plan investments are reported at fair value. See notes 5 and 6 for additional information.

Investment transactions are recorded on a trade-date basis. Investment income/(loss) and related expenses, including interest and dividend income and net realized gains/(losses) on sale and unrealized appreciation/(depreciation) in value of investments, is allocated by the Middle River Master Trust to the Plan based upon the Plan's percentage of the net assets at the beginning of each month.

(d) Fair Value Measurements

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

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

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

UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR
UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION

Notes to Financial Statements

January 10, 2011 and 2010

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

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

The Company maintains policies and procedures to value investments using the best and most relevant data available. The company performs periodic reviews of the methodologies used by independent pricing services including obtaining price validation for certain securities.

When available, the Plan uses quoted market prices to determine the fair value of investment securities, and they are included in Level 1. Level 1 securities primarily include registered investment companies and short term investment funds.

See note 6 for additional information.

(e) Payment of Benefits

Benefit payments to participants are recorded when paid.

(f) Expenses

Substantially all expenses related to the administration of the Plan are paid by the Company with the exception of investment management and custodian fees which are paid by the Plan.

(g) Management Estimates and Assumptions

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management of the Plan to make estimates and assumptions that affect the reported amount of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein, at the date of the financial statements. Actual results could differ from those estimates.

(3) Funding Policy

The Company's funding policy is to make regular contributions to the Trustee each year in such amounts that are necessary to maintain the Plan on a sound actuarial basis and to meet or exceed the minimum funding standard as set forth in employee benefit and tax laws. The Company's contributions have met the minimum funding requirements of ERISA for the years ended January 10, 2010 and 2011.

(4) 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 payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR
UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION

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January 10, 2011 and 2010

The actuarial present value of accumulated plan benefits is determined by an actuarial firm and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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 actuarial present value of accumulated plan benefits as of January 10, 2010, as determined by the consulting actuary, AON Hewitt Associates LLC, is as follows:

	<u>2010</u>
Vested benefits:	
Participants currently receiving payments	\$ 1,399,778
Other participants	<u>1,912,425</u>
Total vested plan benefits	3,312,203
Nonvested accrued benefits	<u>164,542</u>
Total actuarial present value of accumulated plan benefits	\$ <u><u>3,476,745</u></u>

The change in the actuarial present value of accumulated plan benefits for the year ended January 11, 2010, as determined by the consulting actuary, is as follows:

	<u>2010</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 3,236,694
Increase/(decrease) during the year attributable to:	
Interest accumulation	256,095
Benefits paid to participants	(121,622)
Increase due to ongoing benefit accruals and others	<u>105,578</u>
Net increase	<u>240,051</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u><u>3,476,745</u></u>

UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR
UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION

Notes to Financial Statements

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The significant actuarial assumptions used in the valuations as of January 10, 2010 were: (a) an average retirement age of 64, (b) assumed mortality rates based on the RP-2000 Combined Healthy Mortality Table projected to 2015 and, (c) interest discount assumption of 8%. The foregoing actuarial assumptions are based on the presumption that the Plan will 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.

(5) Investments in Master Trust as Certified by Trustee

The information presented in this note and the "Fair Value Measurements" note (Note 6) below was compiled from information that was certified as complete and accurate by the Trustee and was not subject to auditing procedures by the Plan's Independent Auditor as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

All of the Plan's investments are in the Middle River Master Trust, which was established for the investment of assets of the Plan. The Trustee directs the investment activities of the Middle River Master Trust and has full discretionary authority for the purchase and sale of investments subject to certain limitations. The Plan's interest in the Master Trust is calculated based on the fair value at the end of the previous period, plus any contributions and income received, less benefit payments and expenses paid for each plan during the period.

At both January 10, 2011 and 2010, the Plan's interest in the net assets of the Middle River Master Trust was 2%. The following table presents the fair values of investments for the Middle River Master Trust:

	<u>2011</u>	<u>2010</u>
Cash		
Investments at fair value:	\$ 775	\$ —
State Street Bank and Trust Short-Term Investment Fund	3,108,578	3,043,567
Registered investment companies:		
GE U.S. Equity Fund	41,380,761	38,308,715
GE S&P Index Fund	6,560,358	5,808,728
GE Strategic Investment Fund	34,498,085	33,921,266
GE International Fund	22,473,541	17,053,991
GE Income Fund	26,209,067	23,612,759
Morgan Stanley Emerging Growth Fund	6,925,376	6,560,616
Total registered investment companies	<u>138,047,188</u>	<u>125,266,075</u>
Net assets of the Middle River Master Trust	<u>\$ 141,156,541</u>	<u>\$ 128,309,642</u>

Investments of the Plan which represent 5% or more of total net assets at January 10, 2011 and 2010 consisted of the Plan's interest in the Middle River Master Trust which totaled \$3,308,319 and \$2,686,285, respectively.

UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR
UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION

Notes to Financial Statements

January 10, 2011 and 2010

The following table presents investment income of the Middle River Master Trust for the years ended January 10, 2011 and 2010, respectively:

	<u>2011</u>	<u>2010</u>
Net appreciation in fair value of investments:		
Registered investment companies:		
GE U.S. Equity Fund	\$ 3,864,988	\$ 9,441,269
GE S&P Index Fund	796,599	1,249,141
GE Strategic Investment Fund	2,733,115	5,598,474
GE International Fund	467,899	3,468,857
GE Income Fund	945,046	1,032,238
Morgan Stanley Emerging Growth Fund	<u>1,554,571</u>	<u>2,076,776</u>
Total net appreciation in fair value of investments	10,362,218	22,866,755
Dividends	2,489,270	2,409,408
Interest income	<u>4,038</u>	<u>32,484</u>
Total investment income of the Middle River Master Trust	<u>\$ 12,855,526</u>	<u>\$ 25,308,647</u>

For the years ended January 10, 2011 and 2010, the amount of investment income allocated to the Plan totaled \$201,150 and \$498,828, respectively.

(6) Fair Value Measurements

The following table presents the investments of the Middle River Master Trust measured at fair value on a recurring basis at January 10, 2011:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
	(in thousands)			
State Street Bank and Trust				
Short-Term Investment Fund	\$ 3,109	\$ —	\$ —	\$ 3,109
Registered investment companies:				
GE U.S. Equity Fund	41,381	—	—	41,381
GE S&P Index Fund	6,560	—	—	6,560
GE Strategic Investment Fund	34,498	—	—	34,498
GE International Fund	22,474	—	—	22,474
GE Income Fund	26,209	—	—	26,209
Morgan Stanley Emerging Growth Fund	<u>6,925</u>	<u>—</u>	<u>—</u>	<u>6,925</u>
Total registered investment companies	<u>138,047</u>	<u>—</u>	<u>—</u>	<u>138,047</u>
Total investments, at fair value	<u>\$ 141,156</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 141,156</u>

UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR
UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION

Notes to Financial Statements

January 10, 2011 and 2010

The following table presents the investments of the Middle River Master Trust measured at fair value on a recurring basis at January 10, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
	(in thousands)			
State Street Bank and Trust				
Short-Term Investment Fund	\$ 3,044	\$ —	\$ —	\$ 3,044
Registered investment companies:				
GE U.S. Equity Fund	38,309	—	—	38,309
GE S&P Index Fund	5,809	—	—	5,809
GE Strategic Investment Fund	33,921	—	—	33,921
GE International Fund	17,054	—	—	17,054
GE Income Fund	23,613	—	—	23,613
Morgan Stanley Emerging Growth Fund	6,560	—	—	6,560
Total registered investment companies	<u>125,266</u>	<u>—</u>	<u>—</u>	<u>125,266</u>
Total investments, at fair value	<u>\$ 128,310</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 128,310</u>

Transfers in and out of Levels are considered to occur at the beginning of the period. There were no transfers during the years ended January 10, 2011 and 2010.

(7) Related Party Transactions (Parties in Interest)

Investments of the Middle River Master Trust are shares of registered investment companies advised by GE Asset Management Incorporated ("GEAM"), an affiliate of the Company. GEAM provides investment advisory services for certain investments in the Plan. Fees are paid in accordance with the prospectuses.

(8) Risks and Uncertainties

The Middle River Master Trust's investments are primarily in registered investment companies advised by GEAM. The registered investment companies invest in U.S. equities, international equities, and fixed income securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investments will occur (including in the near term) and that such changes could materially affect amounts reported in the Statements of Net Assets Available for Plan Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR
UNION EMPLOYEES OF THE MOUNTAINTOP, PA DIVISION

Notes to Financial Statements

January 10, 2011 and 2010

(9) Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated October 4, 2002, that the Plan is qualified under IRC Section 401(a) and the trust is tax exempt under IRC 501(a). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting Standards Codification ("ASC") 740, *Income Taxes*, provides guidance for how uncertain tax positions should be recognized, measured, presented, and disclosed in the financial statements. ASC 740 requires evaluation of tax positions taken or expected to be taken in the course of preparing the Master Trust's and Plan's tax returns to determine whether the tax positions are "more likely than not" of being sustained by the applicable tax authority. In applying ASC 740, the management of the Master Trust and Plan concluded that there was no material impact on the Master Trust's and Plan's net assets and financial statements. The Master Trust and Plan's 2007, 2008, 2009, and 2010 calendar year tax returns are still open to examination by the federal and applicable state tax authorities.

(10) Plan Termination

Although it has not expressed any intention to do so, the Plan sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the termination of the Plan:

The Plan provides that the net assets shall be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA, which is generally as follows:

- 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 applicable limitations (discussed below).
- c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- d) All non-vested benefits.

Certain benefits under the Plan are insured by 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 benefits 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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2010, that ceiling, which is adjusted periodically, is \$4,500 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever occurs later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

UNISON ENGINE COMPONENTS HOURLY PENSION PLAN FOR
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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 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.

(11) Subsequent Event

Subsequent events after the balance sheet date through October 14, 2011, the date the financial statements were issued, have been evaluated in the preparation of the financial statements.

On July 14, 2011 the Company was sold along with all assets within the Plan.

Schedule SB Attachment (Form 5500)—2010 Plan Year
 Unison Engine Components Hourly Pension Plan
 EIN: 38-2733944 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 11, 2010

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		2								
25-29		5								
30-34		12	6	1						
35-39		14	5	4						
40-44		8	1							
45-49		4		5			1			
50-54		2	1	4			1	7		
55-59				1				3	2	
60-64				1				3	4	
65-69								1	1	
70+										

N-99

Schedule SB Attachment (Form 5500)—2010 Plan Year
 Unison Engine Components Hourly Pension Plan
 EIN: 38-2733944 PN: 002

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

Interest Rates	Based on segment rates with a four-month lookback (as of September 2009).
1st Segment Rate	5.03%.
2nd Segment Rate	6.73%.
3rd Segment Rate	6.82%.
Optional Payment Form Election Percentage	100% elect the normal form of payment of a life annuity.
Optional Payment Form Conversion Interest Rate	N/A.
Optional Payment Form Conversion Mortality	N/A.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy and Disabled	2010 Static Mortality Table for Annuitants and Non-Annuitants per§1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
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 \$195,000.
Valuation of Plan Assets	<p>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.</p> <p>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).</p>

Schedule SB Attachment (Form 5500)—2010 Plan Year
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Expected Return on Assets

2008 Plan Year

6.43%.

2009 Plan Year

6.69%.

Trust Expenses Included in Target Normal Cost

Prior year's administrative expenses plus estimated PBGC premium. \$100,755 for 2010.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 11, 2010.

Schedule SB Attachment (Form 5500)—2010 Plan Year
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Table 1

Retirement Rates

Age	Rate
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	7.00%
61	7.00%
62	15.00%
63	15.00%
64	15.00%
65	30.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2010 Plan Year
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Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	9.94%	40	7.75%
16	9.94%	41	7.52%
17	9.94%	42	7.26%
18	9.94%	43	6.98%
19	9.94%	44	6.68%
20	9.94%	45	6.35%
21	9.89%	46	6.01%
22	9.84%	47	5.62%
23	9.79%	48	5.20%
24	9.73%	49	4.73%
25	9.67%	50	4.22%
26	9.61%	51	3.68%
27	9.54%	52	3.12%
28	9.47%	53	2.57%
29	9.39%	54	2.03%
30	9.30%	55	1.55%
31	9.21%	56	1.12%
32	9.10%	57	0.77%
33	8.98%	58	0.49%
34	8.85%	59	0.29%
35	8.71%	60	0.15%
36	8.55%	61	0.06%
37	8.37%	62+	0.02%
38	8.18%		
39	7.98%		

Schedule SB Attachment (Form 5500)—2010 Plan Year
 Unison Engine Components Hourly Pension Plan
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Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.05%	40	0.16%
16	0.05%	41	0.17%
17	0.05%	42	0.18%
18	0.06%	43	0.20%
19	0.07%	44	0.21%
20	0.08%	45	0.22%
21	0.08%	46	0.24%
22	0.09%	47	0.26%
23	0.09%	48	0.28%
24	0.10%	49	0.31%
25	0.10%	50	0.35%
26	0.10%	51	0.40%
27	0.11%	52	0.45%
28	0.11%	53	0.53%
29	0.11%	54	0.61%
30	0.11%	55	0.71%
31	0.12%	56	0.84%
32	0.12%	57	0.93%
33	0.12%	58	1.04%
34	0.12%	59	1.14%
35	0.13%	60	1.26%
36	0.13%	61	1.42%
37	0.14%	62	1.62%
38	0.15%	63	1.91%
39	0.16%	64	2.30%
		65+	0.00%

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/11/2010 and ending 01/10/2011

► **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 Unison Engine Components Hourly Pension Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GE Aviation Systems LLC	D Employer Identification Number (EIN) 38-2733944	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>11</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a		3,155,420
b Actuarial value.....	2b		3,336,512
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	17	1,564,864
b For terminated vested participants.....	3b	27	268,752
c For active participants:			
(1) Non-vested benefits.....	3c(1)		201,681
(2) Vested benefits.....	3c(2)		2,070,969
(3) Total active.....	3c(3)	99	2,272,650
d Total.....	3d	143	4,106,266
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.70 %	
6 Target normal cost.....	6	252,615	

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

SIGN HERE	 Signature of actuary	<u>10/07/2011</u> Date
<u>Jon E. Hamberg</u> Type or print name of actuary		<u>11-06624</u> Most recent enrollment number
<u>Hewitt Associates LLC</u> Firm name		<u>(847) 295-5000</u> Telephone number (including area code)
<u>100 Half Day Road</u> Address of the firm		
<u>Lincolnshire</u> Address of the firm		
<u>IL 60069</u> Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2010 v.092308.1

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 (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>18.50%</u>		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		368,412
b	Interest on (a) using prior year's effective rate of <u>8.16%</u>		30,062
c	Total available at beginning of current plan year to add to prefunding balance		398,474
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	81.25 %
15	Adjusted funding target attainment percentage.....	15	81.25 %
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	80.28 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2010	75,000				
07/12/2010	75,000				
10/12/2010	75,000				
01/11/2011	75,000				
03/17/2011	425,000				
			Totals ▶	18(b)	725,000
				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 contribution 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 681,864
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 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
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost			
21 Discount rate:			
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
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 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
27 If the plan is eligible for (and is using) 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 contribution for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)			29 0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)			30 0
Part VIII Minimum required contribution for current year			
31 Target normal cost, adjusted, if applicable (see instructions)			31 252,615
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		605,503	110,799
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 (item 31 + item 32a + item 32b - item 33)			34 363,414
		Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0	0
36 Additional cash requirement (item 34 minus item 35)			36 363,414
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)			37 681,864
38 Interest-adjusted excess contributions for current year (see instructions)			38 318,450
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)			39 0
40 Unpaid minimum required contribution for all years			40 0

Schedule SB Attachment (Form 5500)—2010 Plan Year
Unison Engine Components Hourly Pension Plan
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Schedule SB, Part V—Summary of Plan Provisions

The most recent amendment reflected in the following plan provisions was effective July 30, 2007.

Covered Employees	All hourly-rate employees of the Mountaintop Division who are represented by the collective bargaining unit.
Participation date	The date the employee completes one month of eligibility service.
Definitions	
Vesting Service	One year or each 1,000-hour plan year of employment.
Credited service	One year of Credited Service is earned for each plan year during which 1,500 hours or more are credited. In years during which fewer than 1,500 hours are credited, partial years of service are determined by the following table.

Hours	Years of Service
< 1,000	0.0
1,000 – 1,099	0.5
1,100 – 1,199	0.6
1,200 – 1,299	0.7
1,300 – 1,399	0.8
1,400 – 1,499	0.9
1,500 or more	1.0

Normal Retirement Date	The first day of the month coinciding with or next following the later of age 65 or the fifth anniversary of the date the employee first became a participant in the plan.
Monthly Pension Benefit	One-twelfth of the sum of (a) through (i) a. \$7.00 times Credited Service completed prior to January 11, 1974; b. \$24.00 times Credited Service completed on and after January 11, 1974 and prior to January 11, 1999;

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- c. (1) or (2) or (3) or (4) below, whichever is applicable:
1. \$26.00 times Credited Service on or after January 11, 1999 if participant's last day of employment is between January 11, 1999 and January 11, 2000.
 2. \$28.00 times Credited Service on or after January 11, 1999 if participant's last day of employment is between January 11, 2000 and January 11, 2001.
 3. \$30.00 times Credited Service on or after January 11, 1999 and prior to January 11, 2002; if participant's last day of employment is on or after January 11, 2001.
 4. \$33.00 times Credited Service on or after January 11, 1999 and prior to January 11, 2002; if participant's last day of employment is on or after January 11, 2005.
- d. \$31.00 times Credited Service completed on and after January 11, 2002 and prior to January 11, 2003;
- e. \$32.00 times Credited Service completed on and after January 11, 2003 and prior to January 11, 2004;
- f. \$33.00 times Credited Service completed on and after January 11, 2004 and prior to January 11, 2005;
- g. \$34.00 times Credited Service completed on and after January 11, 2005 and prior to January 11, 2006;
- h. \$36.00 times Credited Service completed on and after January 11, 2006 and prior to January 11, 2007;
- i. \$38.00 times Credited Service completed on and after January 11, 2007 and prior to May 25, 2008.

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- j. \$40.00 times Credited Service completed on and after May 25, 2008 and prior to May 25, 2009.
- k. \$42.00 times Credited Service completed on and after May 25, 2009 and prior to May 25, 2010.
- l. \$44.00 times Credited Service completed on and after May 25, 2010 and prior to May 25, 2011.
- m. \$46.00 times Credited Service completed on and after May 25, 2011 and prior to May 25, 2012.
- n. \$48.00 times Credited Service completed on and after May 25, 2012.

Vested Interest

A participant's Vested Interest in his monthly pension benefit is determined based on the following schedule:

Years of Vesting Service	Vesting Interest
< 3	0%
3, but less than 4	20%
4, but less than 5	40%
5, but less than 6	60%
6, but less than 7	80%
7 or more	100%

Monthly Preretirement Spouse Benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Actuarial Equivalence

1951 Group Annuity Table male rates projected to 1970 by Scale C with a zero year setback for participants and a five year setback for beneficiaries and an interest rate of 6%.

Schedule SB Attachment (Form 5500)—2010 Plan Year
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Eligibility for Benefits

Normal Retirement	Retirement on Normal Retirement Date.
Early Retirement	Retirement before Normal Retirement Date and on or after both attaining age 55 and completing seven years of Credited Service.
Deferred vested	Termination for reasons other than death or retirement after completing five years of Vesting Service with a Vested Interest in their pension benefits.
Preretirement Spouse Benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Monthly Benefits Paid Upon the Following Events

Normal Retirement	Monthly pension benefit determined as of Normal Retirement Date.
Early Retirement	Monthly pension benefit determined as of Early Retirement Date, reduced by 1/2 of 1% for each month payment precedes Normal Retirement Date.
Postponed Retirement	Monthly pension benefit determined as of actual retirement date or an actuarial increase on Normal Retirement Benefit, if greater.
Disability Retirement	Monthly pension benefit determined as of disability, payable without reduction for early retirement.
Termination with Deferred Vested Benefit	Monthly pension benefit determined as of termination date, reduced for payment before the participant's Normal Retirement Date as described for early retirement.
Death with Preretirement Spouse Benefits	Monthly preretirement spouse benefit is payable.

Other Plan Provisions

Normal Form of Benefit	Single life annuity.
Optional Forms of Benefit	Ten-year certain and life, 50% contingent annuitant, 75% contingent annuitant, 100% contingent annuitant.
Maximum on Benefits and Pay	All benefits for any calendar may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Schedule SB Attachment (Form 5500)—2010 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.

Schedule SB Attachment (Form 5500)—2010 Plan Year
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Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$411,485	January 11, 2009	6	\$78,147
Shortfall	\$194,018	January 11, 2010	7	\$32,652

Schedule SB Attachment (Form 5500)—2010 Plan Year
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2010

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 13, 2010	\$ 75,000	6.70%	\$ 73,784
July 12, 2010	75,000	6.70%	72,614
October 12, 2010	75,000	6.70%	71,436
January 11, 2011	75,000	6.70%	70,291
March 17, 2011	425,000	6.70%	393,739
Total Contribution	\$ 725,000		\$ 681,864

Schedule SB Attachment (Form 5500)—2010 Plan Year
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Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following method change:

- A change in the interest rate basis from the full yield curve with a two-month lookback (as of October 2008) to segment rates with a four-month lookback (5.03%, 6.73%, and 6.82% as of September 2009).

This change has automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2010 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	2.50%	1.0000	1.39
56.5	2.50%	0.9750	1.38
57.5	2.50%	0.9506	1.37
58.5	2.50%	0.9269	1.36
59.5	2.50%	0.9037	1.34
60.5	7.00%	0.8811	3.73
61.5	7.00%	0.8194	3.53
62.5	15.00%	0.7621	7.14
63.5	15.00%	0.6478	6.17
64.5	15.00%	0.5506	5.33
65.5	30.00%	0.4680	9.20
66.5	20.00%	0.3276	4.36
67.5	20.00%	0.2621	3.54
68.5	20.00%	0.2097	2.87
69.5	20.00%	0.1677	2.33
70	100.00%	0.1342	9.39
Weighted Average			64.43