

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |            |                                                             |  |                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                             |                                                                     |            |                                                             |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>GENERAL MOTORS PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES</u>                                                                                                                                                                 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>014</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>12/30/1983</u></td> </tr> </table>                                                            | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>014</u> | <b>1c</b> Effective date of plan<br><u>12/30/1983</u>       |  |                                                             |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                             | <u>014</u>                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |            |                                                             |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>12/30/1983</u>                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |            |                                                             |  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>GENERAL MOTORS LLC</u><br><br><u>KEVIN W. COBB</u><br><br><u>300 RENAISSANCE CENTER</u><br><u>MAIL CODE 482-C33-D71</u><br><u>DETROIT, MI 48265-3000</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>27-0383222</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/><u>313-665-1803</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>336100</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>27-0383222</u> |            | <b>2c</b> Sponsor's telephone number<br><u>313-665-1803</u> |  | <b>2d</b> Business code (see instructions)<br><u>336100</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>27-0383222</u>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |            |                                                             |  |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>313-665-1803</u>                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |            |                                                             |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>336100</u>                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |            |                                                             |  |                                                             |  |

**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.

|                                                                                                            |                                                                                                 |                               |                                                                                 |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br><br><b>Signature of plan administrator</b> | <u>10/03/2014</u><br><br>Date | <u>KEVIN COBB</u><br><br>Enter name of individual signing as plan administrator |
| <b>SIGN HERE</b>                                                                                           | <b>Signature of employer/plan sponsor</b>                                                       | Date                          | Enter name of individual signing as employer or plan sponsor                    |
| <b>SIGN HERE</b>                                                                                           | <b>Signature of DFE</b>                                                                         | Date                          | Enter name of individual signing as DFE                                         |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                                                                 |                               | Preparer's telephone number (optional)                                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                        |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                          |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                              |       |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 99726 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 42205 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7608  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 36796 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                   |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 86609 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 413   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 87022 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 83775 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1252  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3F 3H                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2013</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                                                     |                                                                    |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>GENERAL MOTORS PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES</u> | <b>B</b> Three-digit plan number (PN) ▶ <u>014</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GENERAL MOTORS LLC</u>                          | <b>D</b> Employer Identification Number (EIN)<br><u>27-0383222</u> |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                                              |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><u>SEE ATTACHED PDF</u> | <b>FOR COMPLETE SCHEDULE C ALL SECTIONS, MI 00000</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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

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

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

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

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

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

**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)

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                     |                                                                            |            |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>            |                                                                            |            |
| <b>A</b> Name of plan<br><u>GENERAL MOTORS PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES</u> | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>014</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GENERAL MOTORS LLC</u>                          | <b>D</b> Employer Identification Number (EIN)<br><br><u>27-0383222</u>     |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | (a) Beginning of Year | (b) End of Year   |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                   |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                   |
| (1) Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1b(1)</b>                  |                       |                   |
| (2) Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1b(2)</b>                  |                       |                   |
| (3) Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1b(3)</b>                  |                       |                   |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                   |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c(1)</b>                  |                       |                   |
| (2) U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(2)</b>                  |                       |                   |
| (3) Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                       |                   |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(A)</b>               |                       |                   |
| (B) All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(3)(B)</b>               |                       |                   |
| (4) Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                       |                   |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(4)(A)</b>               |                       |                   |
| (B) Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(4)(B)</b>               |                       |                   |
| (5) Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(5)</b>                  |                       |                   |
| (6) Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c(6)</b>                  |                       |                   |
| (7) Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(7)</b>                  |                       |                   |
| (8) Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(8)</b>                  | <u>244455182</u>      | <u>242771599</u>  |
| (9) Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(9)</b>                  |                       |                   |
| (10) Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c(10)</b>                 |                       |                   |
| (11) Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(11)</b>                 | <u>5987077312</u>     | <u>6488189616</u> |
| (12) Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(12)</b>                 |                       |                   |
| (13) Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(13)</b>                 |                       |                   |
| (14) Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(14)</b>                 |                       |                   |
| (15) Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(15)</b>                 |                       |                   |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 6231532494            | 6730961215      |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |            |            |
|-----------------------------------------------------------|-----------|------------|------------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 6231532494 | 6730961215 |
|-----------------------------------------------------------|-----------|------------|------------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 39547056   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 195083091  |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 3550915    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 238181062 |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 8445517    |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 8445517   |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 737898041 |
| (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 <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 984524620 |

**Expenses**

|                                                                                      |       |           |           |
|--------------------------------------------------------------------------------------|-------|-----------|-----------|
| e Benefit payment and payments to provide benefits:                                  |       |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 482042076 |           |
| (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) |           | 482042076 |
| 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) |           |           |
| (2) Contract administrator fees .....                                                | 2i(2) |           |           |
| (3) Investment advisory and management fees .....                                    | 2i(3) |           |           |
| (4) Other .....                                                                      | 2i(4) |           |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |           | 0         |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |           | 482042076 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 502482544 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan .....                                   | 2l(1) |  | 30548     |
| (2) From this plan .....                                 | 2l(2) |  | 3084371   |

**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: **DELOITTE & TOUCHE LLP**

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

**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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....
- 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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----------|
| <b>c</b> 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  |           |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>d</b> 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  |           |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 150000000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 150000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |           |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>g</b> 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  |           |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>h</b> 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  |           |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |           |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |           |
| <b>j</b> 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  |           |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |           |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |           |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |           |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>n</b> 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. ....                                      |     |    |           |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |           |

**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) |
|---------------------------------------------------|--------------|-------------|
| GM RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES | 27-0383222   | 002         |
|                                                   |              |             |
|                                                   |              |             |
|                                                   |              |             |
|                                                   |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                                                     |                                                                    |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>GENERAL MOTORS PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>014</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GENERAL MOTORS LLC</u>                          | <b>D</b> Employer Identification Number (EIN)<br><u>27-0383222</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>04-6568107</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                             | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                 | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**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 lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) 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 line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

General Motors Personal Savings Plan for Hourly-Rate Employees  
Form 5500  
Plan No. – 014  
Plan Year: 01/01/2013 – 12/31/2013

## Auditor's Opinion

The Auditor's Opinion is included with the attached Financial Statements.

General Motors Personal Savings Plan for Hourly-Rate Employees  
Form 5500 – Sch. H, Part IV, Line 4i  
Plan No. – 014  
Plan Year: 01/01/2013 – 12/31/2013

## Schedule of Assets Held at End of Year

The Schedule of Assets is included with the attached Financial Statements.

**Application for Extension of Time  
To File Certain Employee Plan Returns**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
► Information about Form 5558 and its instructions is at [www.irs.gov/form5558](http://www.irs.gov/form5558)

OMB No. 1545-0212

**File With IRS Only****Part I Identification**

| <b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions)<br><u>General Motors LLC</u><br>Number, street, and room or suite no. (If a P.O. box, see instructions)<br><u>300 Renaissance Center, MC 482-C16-D25</u><br>City or town, state, and ZIP code<br><u>Detroit, MI 48265-3000</u> | <b>B</b> Filer's identifying number (see instructions)<br>Employer identification number (EIN) (9 digits XX-XXXXXXX)<br><u>27-0383222</u><br>Social security number (SSN) (9 digits XXX-XX-XXXX)                                                                          |             |                   |  |  |    |    |      |              |           |           |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|--|--|----|----|------|--------------|-----------|-----------|-------------|
| <b>C</b> Plan name<br><u>General Motors Personal Savings Plan for Hourly-Rate Employees in the U.S.</u>                                                                                                                                                                                                       | <table border="1"><thead><tr><th rowspan="2">Plan number</th><th colspan="3">Plan year ending—</th></tr><tr><th>MM</th><th>DD</th><th>YYYY</th></tr></thead><tbody><tr><td><u>0 1 4</u></td><td><u>12</u></td><td><u>31</u></td><td><u>2013</u></td></tr></tbody></table> | Plan number | Plan year ending— |  |  | MM | DD | YYYY | <u>0 1 4</u> | <u>12</u> | <u>31</u> | <u>2013</u> |
| Plan number                                                                                                                                                                                                                                                                                                   | Plan year ending—                                                                                                                                                                                                                                                         |             |                   |  |  |    |    |      |              |           |           |             |
|                                                                                                                                                                                                                                                                                                               | MM                                                                                                                                                                                                                                                                        | DD          | YYYY              |  |  |    |    |      |              |           |           |             |
| <u>0 1 4</u>                                                                                                                                                                                                                                                                                                  | <u>12</u>                                                                                                                                                                                                                                                                 | <u>31</u>   | <u>2013</u>       |  |  |    |    |      |              |           |           |             |

**Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA**

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until 1 0 / 1 5 / 2 0 1 4 to file Form 5500 series (see instructions).  
**Note.** A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 1 0 / 1 5 / 2 0 1 4 to file Form 8955-SSA (see instructions).  
**Note.** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

**Part III Extension of Time To File Form 5330 (see instructions)**

- 4 I request an extension of time until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to file Form 5330.  
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax . . . . . ► 

|   |  |
|---|--|
| a |  |
|---|--|
- b Enter the payment amount attached . . . . . ► 

|   |  |
|---|--|
| b |  |
|---|--|
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . . . ► 

|   |  |
|---|--|
| c |  |
|---|--|
- 5 **State in detail why you need the extension:**

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Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

Form 5500 - **Sch. C - Service Provider Information**

For Plan year Beginning 1/1/2013 and Ending 12/31/2013

A. Name of Plan -- GM Personal Savings Plan for Hourly-Rate Employees

C. Plan Sponsor -- General Motors LLC

B. Plan Number -- 014

D. EIN -- 27-0383222

**PART I. 1 INFORMATION ON PERSONS RECEIVING ONLY ELIGIBLE INDIRECT COMPENSATION****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. [ **X** ] Yes [ ] No

**1(b)****Persons Who Provided Disclosures on Eligible Indirect Compensation**

| Name of Party Providing Disclosure Information    | EIN<br>(No SocSec #) | Address<br>(Report if EIN Unknown or for self-employed persons. ) |
|---------------------------------------------------|----------------------|-------------------------------------------------------------------|
| GM Investment Management Corporation              | 38-2903925           |                                                                   |
| State Street Bank & Trust Co.                     | 04-3259743           |                                                                   |
| LSV Asset Management                              |                      | 155 North Wacker Drive, Suite 4600, Chicago, IL 60606             |
| Neuberger Berman Management LLC                   |                      | 605 Third Avenue 2nd Floor, New York, NY 10158                    |
| Ariel Investment LLC                              |                      | 200 East Randolph, Suite 2900, Chicago, IL 60606                  |
| Pacific Investment Management Company LLC (PIMCO) |                      | 840 Newport Center Drive, Suite 100, Newport Beach, CA 92660      |
| Capital Guardian Trust Company                    |                      | 333 South Hope Street, 55th Floor, Los Angeles, CA 9071           |

## Form 5500 - Sch. C - Service Provider Information

For Plan year Beginning 1/1/2013 and Ending 12/31/2013

A. Name of Plan -- GM Personal Savings Plan for Hourly-Rate Employees

B. Plan Number -- 014

C. Plan Sponsor -- General Motors LLC

D. EIN -- 27-0383222

**PART I. 2 INFORMATION ON OTHER SERVICE PROVIDERS RECEIVING DIRECT OR INDIRECT COMPENSATION**

| 2(a)                                                        |                | 2(b)                                                   | 2(c)         | 2(d)                                    | 2(e)                             |                                                                  | 2(f) |                                                                                                         | 2(g) | 2(h)                                                                                                                                                 |                                                 |      |
|-------------------------------------------------------------|----------------|--------------------------------------------------------|--------------|-----------------------------------------|----------------------------------|------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------|
| Service Providers Receiving Direct or Indirect Compensation |                |                                                        |              |                                         |                                  | Did Provider Receive Indirect Comp (Other than from Plan or GM)? |      | Did Indirect Comp Include Eligible Indirect Comp, for which the Plan Received the Required Disclosures? |      | Total Indirect Compensation. Received by Provider. Excl. Eligible Indirect Compensation, for which "Yes" was answered for 2(f). (If none, enter "0") | Did Provider Give a Formula Instead of an Amt.? |      |
| Name                                                        | EIN            | Address                                                | Service Code |                                         |                                  | (Yes)                                                            | (No) | (Yes)                                                                                                   | (No) |                                                                                                                                                      | (Yes)                                           | (No) |
|                                                             | (No Soc Sec #) | (Report if EIN Unknown or for self-employed persons. ) |              | Relationship to GM (or indicate "None") | Direct Compensation Paid by Plan |                                                                  |      |                                                                                                         |      |                                                                                                                                                      |                                                 |      |
| Fidelity Investments Institutional Operations Co., Inc.     | 04-2647786     |                                                        | 64 & 65      | Recordkeeper                            | 256,356                          | X                                                                |      | X                                                                                                       |      | 0                                                                                                                                                    | X                                               |      |

Form 5500 - **Sch. C - Service Provider Information**

For Plan year Beginning 1/1/2013 and Ending 12/31/2013

A. Name of Plan -- GM Personal Savings Plan for Hourly-Rate Employees

B. Plan Number -- 014

C. Plan Sponsor -- General Motors LLC

D. EIN -- 27-0383222

**PART I, 3 OTHER INDIRECT COMPENSATION INFORMATION**

| 3(a)                                                    | 3(b)         | 3(c)                           | 3(d)                                                |                       | 3(e)                                                                                                     |
|---------------------------------------------------------|--------------|--------------------------------|-----------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------|
| Service Provider Name (As reported on 2(a) )            | Service Code | Amt. of Indirect Compensation. | Name of Source of Indirect Compensation             | EIN<br>(No Soc Sec #) | Address<br>(Report if EIN Unknown or for self-employed persons. )<br><br>Describe Indirect Compensation. |
| Fidelity Investments Institutional Operations Co., Inc. | 60           | 0                              | Ariel Fund Inst - U.S. Bancorp Fund Services. LLC   |                       | P.O. Box 701 Milwaukee, WI 53201<br><br>0.10%                                                            |
| Fidelity Investments Institutional Operations Co., Inc. | 60           | 0                              | NB High Inc Bond IS - State Street Bank & Trust Co. | 04-0025081            | <br><br>0.10%                                                                                            |
| Fidelity Investments Institutional Operations Co., Inc. | 60           | 0                              | NB Socially Resp I -State Street Bank & Trust Co.   | 04-0025081            | <br><br>0.10%                                                                                            |

Form 5500 - **Sch. C - Service Provider Information**

For Plan year Beginning 1/1/2013 and Ending 12/31/2013

A. Name of Plan -- GM Personal Savings Plan for Hourly-Rate Employees

C. Plan Sponsor -- General Motors LLC

B. Plan Number -- 014

D. EIN -- 27-0383222

| PART II. 4 SERVICE PROVIDERS WHO FAIL OR REFUSE TO PROVIDE INFORMATION |                          |                                                                       |                         |                                              |
|------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------|-------------------------|----------------------------------------------|
| 4(a)                                                                   |                          |                                                                       | 4(b)                    | 4(c)                                         |
| Name                                                                   | EIN<br>(No Soc<br>Sec #) | Address<br><br>(Report if EIN Unknown or for self-employed persons. ) | Nature<br>of<br>Service | Describe Info. Provider Failed<br>to Provide |
| N/A                                                                    |                          |                                                                       |                         |                                              |
|                                                                        |                          |                                                                       |                         |                                              |
|                                                                        |                          |                                                                       |                         |                                              |
|                                                                        |                          |                                                                       |                         |                                              |
|                                                                        |                          |                                                                       |                         |                                              |



**THE GENERAL MOTORS PERSONAL SAVINGS  
PLAN FOR HOURLY-RATE EMPLOYEES  
IN THE UNITED STATES**

**EIN 27-0383222**

**PLAN 014**

Financial Statements as of December 31, 2013 and 2012  
and for the year ended December 31, 2013,  
Supplemental Schedule as of December 31, 2013  
and Independent Auditors' Report

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



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## **INDEPENDENT AUDITORS' REPORT**

To the General Motors Personal Savings Plan for  
Hourly-Rate Employees in the United States

We have audited the accompanying financial statements of the General Motors Personal Savings Plan for Hourly-Rate Employees in the United States (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the General Motors Personal Savings Plan for Hourly-Rate Employees in the United States as of December 31, 2013 and 2012, and the changes in net assets available for benefits for the year ended December 31, 2013 in accordance with accounting principles generally accepted in the United States of America.

## Report on Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets (Held at End of Year) as of December 31, 2013 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This schedule is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The schedule has been subjected to the auditing procedures applied in our audits of the financial statements and certain additional procedures, including comparing and reconciling such schedule directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedule is fairly stated in all material respects in relation to the financial statements as a whole.

*Deloitte + Touche LLP*

October 3, 2014

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2013 AND 2012  
(dollars in thousands)**

|                                                                                                   | <u>2013</u>               | <u>2012</u>               |
|---------------------------------------------------------------------------------------------------|---------------------------|---------------------------|
| <b>Assets</b>                                                                                     |                           |                           |
| Investment in General Motors Savings Plans                                                        |                           |                           |
| Master Trust:                                                                                     |                           |                           |
| Investments at fair value                                                                         | \$6,488,190               | \$5,987,077               |
| Participant notes receivable                                                                      | 242,771                   | 244,455                   |
| Adjustment from fair value to contract value for<br>fully benefit-responsive investment contracts | <u>(29,178)</u>           | <u>(90,596)</u>           |
| <b>Net assets available for benefits</b>                                                          | <u><u>\$6,701,783</u></u> | <u><u>\$6,140,936</u></u> |

See accompanying notes to financial statements.

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2013  
(dollars in thousands)**

**Additions**

|                                                 |                  |
|-------------------------------------------------|------------------|
| Income from General Motors Savings Plans        |                  |
| Master Trust:                                   |                  |
| Net investment gain                             | \$ 799,316       |
| Interest income on participant notes receivable | 8,446            |
| Contributions:                                  |                  |
| Participant                                     | 198,634          |
| Employer                                        | <u>39,547</u>    |
| Total additions                                 | <u>1,045,943</u> |

**Deductions**

|                               |                  |
|-------------------------------|------------------|
| Distributions to participants | (482,042)        |
| Transfers, net                | <u>(3,054)</u>   |
| Total deductions              | <u>(485,096)</u> |
| Net increase                  | 560,847          |

**Net assets available for benefits**

|                   |                            |
|-------------------|----------------------------|
| Beginning of year | <u>6,140,936</u>           |
| End of year       | <u><u>\$ 6,701,783</u></u> |

See accompanying notes to financial statements.

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**NOTES TO FINANCIAL STATEMENTS**

**Note 1. Description of the Plan**

The following is a brief description of The General Motors Personal Savings Plan for Hourly-Rate Employees in the United States ("Plan") and provides only general information. The Plan sponsor is General Motors LLC ("GM LLC," "GM" or "Company"), an indirect wholly-owned subsidiary of General Motors Company. Participants should refer to the Plan document for a complete description of the Plan's provisions.

***General***

The Plan is a defined contribution plan and provides for the accumulation of retirement savings by eligible hourly-rate employees of GM LLC, its participating directly or indirectly wholly-owned subsidiaries and certain affiliates. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code ("IRC"), as amended.

The GM Employee Benefit Plans Committee is the named fiduciary for general administration of the Plan. State Street Bank and Trust Company ("State Street" or "Trustee") is the Trustee of the General Motors Savings Plans Master Trust ("Master Trust"), and of the GMAM Trust which holds the Income Fund ("IF") as described in Note 3. General Motors Investment Management Corporation ("GMIMCo") is the named fiduciary for investment purposes. GMIMCo is an indirect wholly-owned subsidiary of General Motors Company. Fidelity Investments Institutional Operations Company serves as participant record keeper and is a wholly-owned subsidiary of FMR Corp. ("Fidelity"). Certain affiliates of State Street and Fidelity serve as manager and custodian for various Plan investments.

***Eligibility***

Hourly-rate full-time and part-time employees are eligible to participate and accumulate savings under the Plan commencing on the first day of the first pay period following the attainment of seniority, as defined in the Plan. Hourly employees represented by a labor organization that has not signed an agreement adopting the Plan are not eligible to participate.

***Participant Contributions***

Effective September 20, 2013, an eligible participant may elect to contribute from 1% to 100% (previously 60%) of eligible weekly earnings (less all legally required deductions) as defined in the Plan, on an individual or combined basis, as follows: 1) on a tax-deferred basis pursuant to IRC section 401(k) ("Deferred Savings"), 2) on an after-tax basis ("After-Tax Savings") or 3) on an after-tax basis pursuant to IRC section 402A ("Roth Savings").

All new-hires are automatically enrolled in the Plan to contribute Deferred Savings at a rate of 3% unless such employee specifically declines participation in the Plan. The sum of Deferred Savings, After-Tax Savings and Roth Savings cannot exceed 100% of eligible weekly earnings. The combined amount of Deferred Savings and Roth Savings is further subject to an annual Federal limit of \$17,500 in 2013 ("Federal Limit").

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**NOTES TO FINANCIAL STATEMENTS**

**Note 1. Description of the Plan (continued)**

Employees age 50 or older, or who will attain age 50 by the end of the calendar year, may be eligible to make "catch-up" contributions to their accounts. A catch-up contribution can only be made on Deferred Savings or Roth Savings up to the annual statutory limit of \$5,500 in 2013, and only after the Federal Limit has been attained for the calendar year.

In lieu of receiving a distribution from The General Motors Profit Sharing Plan for Hourly-Rate Employees in the United States, eligible employees may elect to have GM contribute up to 100% (less all legally required deductions), in 1% increments, of any such profit sharing payment as Deferred Savings up to the applicable Federal Limit.

Contributions are invested at the employee's discretion in 10% increments in any of the Plan's currently available investment options.

***Employer Contributions***

GM contributions described below are credited to a participant's account and invested pursuant to each employee's discretionary elections. Participants who do not make employee contributions and/or do not provide investment direction have their contributions invested in the Plan's default investment option which is one of the target retirement date funds coinciding with the year that the participant attains the age of 65.

- \$1 per hour GM contributions – GM contributes, on behalf of eligible employees hired on or after October 15, 2007, an amount per pay period equal to \$1 per hour for each eligible weekly compensated hour worked (including certain compensated hours not worked).
- GM Retirement Contributions – Effective January 2, 2012, entry level employees hired on or after October 15, 2007 but before October 3, 2011 are eligible to receive a retirement contribution equal to 6.4% of eligible weekly earnings. Entry level employees hired on or after October 3, 2011 receive a retirement contribution equal to 4% of eligible weekly earnings. In all instances, eligible weekly earnings are limited to 40 compensated hours per week at the straight time pay rate.

Combined GM and participant contributions may not exceed \$51,000 in 2013.

***Vesting***

Employee contributions and related earnings thereon vest immediately. GM contributions and accumulated earnings vest upon the participant attaining three years of service, as defined in the Plan. In the event the employee separates from the Company with less than three years of service, any GM contributions and earnings thereon will be forfeited and allocated pro-rata to eligible active employees. If the employee is rehired within 60 months following the month of separation, forfeited GM contributions will be restored to the employee's account.

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**NOTES TO FINANCIAL STATEMENTS**

**Note 1. Description of the Plan (continued)**

***Participant Loans***

Participants may borrow once per year from the vested assets in their accounts, except for the assets attributable to GM contributions which are not available for loans until such are vested and the participant terminates employment. The amount and terms of the loans are limited under the Plan. The loan interest rate is the prime lending rate published in The Wall Street Journal as of the last business day of the calendar quarter immediately preceding the date on which the loan request is received. Loan repayments are generally made through after-tax payroll deductions and are invested in the same discretionary investment options that the participant currently selected for their savings contributions. Interest paid on a loan is credited back to the borrowing employee's account in the Plan. Partial and total prepayment of loans is permitted at any time without penalty. Loans not repaid within the loan term are deemed to be distributions from participants' accounts. Outstanding loans may not exceed the lesser of \$50,000 or one half of the participant's vested account balance. The outstanding balances of participant loans, including any accrued but unpaid interest thereon, amounted to approximately \$243 million and \$244 million as of December 31, 2013 and 2012, respectively.

***Participant Withdrawals***

Participants may withdraw the vested assets in their accounts, except for GM contributions, at any time after attaining age 59 ½. GM contributions may only be withdrawn following separation from employment, including retirement. Prior to age 59 ½, After-Tax Savings may be withdrawn at any time; however, Deferred Savings and Roth Savings may only be withdrawn upon termination of employment, retirement, death, total and permanent disability or financial hardship. The amount that may be withdrawn for a financial hardship is limited as defined in the Plan. The reason for a hardship distribution must conform to the requirements of the IRC. A participant who receives a hardship withdrawal is suspended from contributing to the Plan for a period of six months following the withdrawal.

***Roth Conversions***

Participants can at any time make an election to convert all or a portion of their non-Roth assets to in-plan Roth assets. Converted Roth assets may qualify to be distributed tax free (including accumulated earnings thereon). The amount that may be converted is the amount that may otherwise be withdrawn or distributed from the Plan. Participants have the option of taking a separate Roth distribution if they are otherwise eligible for a Plan withdrawal or distribution.

***Payment of Benefits***

Upon severance from employment, participants may elect to leave their assets in the Plan or take a distribution in accordance with Plan provisions equal to the value of the participant's vested assets in his or her account. The Plan automatically and entirely distributes retired or terminated participant balances of \$1,000 or less.

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**NOTES TO FINANCIAL STATEMENTS**

**Note 2. Summary of Significant Accounting Policies**

The significant accounting policies followed in the preparation of the accompanying financial statements are as follows:

***Basis of Accounting***

The financial statements of the Plan are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

***Use of Estimates***

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

***Participant Notes Receivable***

Participant notes receivable are reported at their unpaid principal balance plus any accrued but unpaid interest.

***Payment of Benefits***

Distributions to participants are recorded when paid.

***Plan Expenses***

GM pays certain costs of Plan administration and such costs are not reflected in the financial statements.

***Risks and Uncertainties***

The Master Trust holds numerous investment securities that are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the participants' account balances and the amounts reported in the financial statements.

***Investment Valuation***

The investments held by the Master Trust are stated at fair value, except for the IF which is recorded at fair value and adjusted to contract value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**NOTES TO FINANCIAL STATEMENTS**

**Note 2. Summary of Significant Accounting Policies (continued)**

***Fair Value Hierarchy***

Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures* ("ASC 820"), as amended, established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below.

- Level 1    Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2    Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly; and
- Level 3    Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The Master Trust's policy is to transfer investments between the levels of the fair value hierarchy at the beginning of the year based upon changes to observable inputs that are significant to the overall fair value measurements.

**Note 3. Investment in the Master Trust**

***Master Trust***

All of the Plan's investments are held in the Master Trust. The Master Trust was established pursuant to a trust agreement with State Street in order to permit the commingling of trust assets of multiple employee benefit plans for investment and administrative purposes. Only the Plan and the General Motors Retirement Savings Plan for Salaried Employees in the United States participated in the Master Trust at December 31, 2013 and 2012.

Each participating employee benefit plan has a divided interest in the assets and changes therein of each of the Master Trust investment options in which the respective plan participates. As of December 31, 2013 and 2012, the Plan had approximately a 38.0% and 39.7% interest in the Master Trust, respectively. The net investment income (loss) of the Master Trust investment funds is allocated by the Trustee to each participating plan based on that plan's interest in each investment fund, as compared with the total interest of all the participating plans in each investment fund. Security transactions are recorded on a trade-date basis. Investment income (loss) is recognized as earned based on the terms of the investments and the periods during which the investments are held by the Master Trust.

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**NOTES TO FINANCIAL STATEMENTS**

**Note 3. Investment in the Master Trust (continued)**

The net assets available for benefits of the Master Trust at December 31, 2013 and 2012 were as follows (dollars in thousands):

|                                                                                                   | <u>2013</u>                 | <u>2012</u>                 |
|---------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>Assets</b>                                                                                     |                             |                             |
| Investments at fair value:                                                                        |                             |                             |
| Common Collective Trusts:                                                                         |                             |                             |
| Income Fund*                                                                                      | \$ 5,523,581                | \$ 5,691,066                |
| State Street Global Advisors Large Cap Index*                                                     | 1,537,211                   | 1,217,213                   |
| Other common collective trusts                                                                    | 5,211,527                   | 4,372,255                   |
| Total                                                                                             | <u>12,272,319</u>           | <u>11,280,534</u>           |
| Mutual Funds:                                                                                     |                             |                             |
| Fidelity Contra Fund*                                                                             | 1,437,817                   | 1,093,697                   |
| Fidelity Growth Company Fund - Class K*                                                           | 933,864                     | 775,580                     |
| Fidelity Low-Priced Stock Fund - Class K**                                                        | 902,030                     | 659,190                     |
| Other mutual funds                                                                                | 1,725,653                   | 1,436,275                   |
| Total                                                                                             | <u>4,999,364</u>            | <u>3,964,742</u>            |
| Total investments at fair value                                                                   | 17,271,683                  | 15,245,276                  |
| Participant notes receivable                                                                      | 409,365                     | 406,767                     |
| Adjustment from fair value to contract value for<br>fully benefit-responsive investment contracts | <u>(61,314)</u>             | <u>(185,833)</u>            |
| <b>Net assets available for benefits</b>                                                          | <u><u>\$ 17,619,734</u></u> | <u><u>\$ 15,466,210</u></u> |

\* Represents five percent or more of Master Trust net assets available for benefits.

\*\* The fund exceeded the five percent or more of Master Trust net assets available for benefits threshold in 2013, but not in 2012.

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**NOTES TO FINANCIAL STATEMENTS**

**Note 3. Investment in the Master Trust (continued)**

The net investment gain of the Master Trust and interest income earned on participant notes receivable for the year ended December 31, 2013 are summarized as follows (dollars in thousands):

|                                                 |                     |
|-------------------------------------------------|---------------------|
| Interest, dividends and other income, net       | <u>\$ 297,128</u>   |
| Net appreciation of investments:                |                     |
| Common Collective Trusts:                       |                     |
| Income Fund                                     | 128,094             |
| State Street Global Advisors Large Cap Index    | 386,384             |
| Other common collective trusts                  | 683,408             |
| Mutual Funds:                                   |                     |
| Fidelity Contra Fund                            | 265,356             |
| Fidelity Growth Company Fund - Class K          | 194,346             |
| Fidelity Low-Priced Stock Fund - Class K        | 169,729             |
| Other mutual funds                              | <u>188,761</u>      |
| Total net appreciation of investments           | <u>2,016,078</u>    |
| Total net investment gain                       | <u>\$ 2,313,206</u> |
| Interest income on participant notes receivable | <u>\$ 14,104</u>    |

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**NOTES TO FINANCIAL STATEMENTS**

**Note 3. Investment in the Master Trust (continued)**

The following tables present by level within the fair value hierarchy the Master Trust's investments at fair value by major category as of December 31, 2013 and 2012 (dollars in thousands). Investments are classified in their entirety based on the lowest level input that is significant to the fair value measurement.

| 2013                             |                     |                      |             |                      |
|----------------------------------|---------------------|----------------------|-------------|----------------------|
|                                  | Level 1             | Level 2              | Level 3     | Total                |
| Equity funds                     |                     |                      |             |                      |
| Domestic - large capitalization  | \$ 2,483,354        | \$ 2,173,523         | \$ -        | \$ 4,656,877         |
| Domestic - medium capitalization | 1,292,849           | -                    | -           | 1,292,849            |
| Domestic - small capitalization  | -                   | 1,203,281            | -           | 1,203,281            |
| Foreign and emerging markets     | 578,340             | 489,936              | -           | 1,068,276            |
| Fixed income funds               |                     |                      |             |                      |
| Stable value                     | -                   | 5,523,581            | -           | 5,523,581            |
| Bonds - high yield               | 419,021             | -                    | -           | 419,021              |
| Bonds - high quality             | -                   | 540,883              | -           | 540,883              |
| Bonds - other                    | 225,800             | 150,067              | -           | 375,867              |
| Target retirement date funds     | -                   | 1,963,544            | -           | 1,963,544            |
| Real estate funds                | -                   | 227,504              | -           | 227,504              |
| Total investments at fair value  | <u>\$ 4,999,364</u> | <u>\$ 12,272,319</u> | <u>\$ -</u> | <u>\$ 17,271,683</u> |

| 2012                             |                     |                      |             |                      |
|----------------------------------|---------------------|----------------------|-------------|----------------------|
|                                  | Level 1             | Level 2              | Level 3     | Total                |
| Equity funds                     |                     |                      |             |                      |
| Domestic - large capitalization  | \$ 1,932,607        | \$ 1,488,120         | \$ -        | \$ 3,420,727         |
| Domestic - medium capitalization | 774,571             | -                    | -           | 774,571              |
| Domestic - small capitalization  | -                   | 740,498              | -           | 740,498              |
| Foreign and emerging markets     | 495,671             | 496,007              | -           | 991,678              |
| Fixed income funds               |                     |                      |             |                      |
| Stable value                     | -                   | 5,691,066            | -           | 5,691,066            |
| Bonds - high yield               | 369,187             | -                    | -           | 369,187              |
| Bonds - high quality             | -                   | 732,135              | -           | 732,135              |
| Bonds - other                    | 392,706             | 341,388              | -           | 734,094              |
| Target retirement date funds     | -                   | 1,497,665            | -           | 1,497,665            |
| Real estate funds                | -                   | 293,655              | -           | 293,655              |
| Total investments at fair value  | <u>\$ 3,964,742</u> | <u>\$ 11,280,534</u> | <u>\$ -</u> | <u>\$ 15,245,276</u> |

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**NOTES TO FINANCIAL STATEMENTS**

**Note 3. Investment in the Master Trust (continued)**

All Level 1 investments are mutual funds that were traded in active markets and valued at the closing prices on the last reported business day. Investments categorized as Level 2 represent holdings of common collective trusts and commingled pools. These fund investments were valued using the net asset value (or its equivalent) determined by the respective investment manager based on the fair values of the underlying investments. Under procedures prescribed by the funds which make up each Plan investment option, periodic reviews of the valuation methodology used by each manager are conducted to ascertain that they utilize readily available market values and otherwise follow fair value procedures that the managers reasonably believe are consistent with those set forth in the funds' own valuation policies and procedures in determining net asset value. None of the funds held by the Master Trust have redemption restrictions. Subject to the Plan's excessive trading policy, participants can readily redeem fund shares or units without notice.

There were no transfers of investments between the fair value hierarchy levels during 2013.

***Wrapper Contracts***

One of the participant directed investment options is the IF. The Plan invests in the IF through a separate pool within the Master Trust. The IF is a common collective trust fund and invests primarily in U.S. investment grade corporate bonds, U.S. government/agency bonds, mortgage and other asset-backed securities and other fixed income securities, as well as derivative instruments, coupled with negotiated contracts ("Wrappers") issued by three insurance companies (the "Issuers"). The Issuers are ING Life Insurance and Annuity Company, Pacific Life Insurance Company and Monumental Life Insurance Company. The Plan participates in the IF together with other employee benefit plans sponsored by GM. All plans of an employer that offer the IF as an investment option are referred to as a "Plan Group." During 2013, the only Plan Group participating in the IF was the GM Plan Group.

The Wrappers, as amended in August 2009, contain general obligations of the Issuers to pay under certain circumstances the amount, if any, by which the fair value of certain assets of the IF is less than the IF's contract value, which is the participant's original investment plus accrued interest thereon, based on a rate of return ("Crediting Rate"). The Wrappers enable gains or losses on the wrapped assets to generally be amortized over the duration of the portfolio, thereby leveling out changes in the IF's income and value with respect to these assets. The GMAM Trust holds the net assets of the IF and the Wrappers.

The Wrappers provide that the Crediting Rate will not be less than zero. The Crediting Rate is typically reset quarterly. The IF assets not covered by the Wrappers are generally invested in short-term investments and cash equivalents to provide necessary liquidity for participant withdrawals and exchanges. The Crediting Rate is affected by many factors, including market performance of the wrapped investments and purchases and redemptions by participants.

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**NOTES TO FINANCIAL STATEMENTS**

**Note 3. Investment in the Master Trust (continued)**

The Crediting Rate is determined based upon factors such as the rate of return set by formula for the relevant periods on the wrapped assets by the Issuers and confirmed by GMIMCo, the anticipated return of the IF's other assets for the relevant time period and anticipated liquidity needs.

The average annual yields for 2013 and 2012 were as follows:

|                                 | <b>Year Ended</b>          |                    |
|---------------------------------|----------------------------|--------------------|
|                                 | <b><u>December 31,</u></b> |                    |
|                                 | <b><u>2013</u></b>         | <b><u>2012</u></b> |
| Average actual portfolio yields | 2.33%                      | 2.73%              |
| Average Crediting Rates         | 2.40%                      | 2.76%              |

The Crediting Rates as of December 31, 2013 and 2012 were 1.92% and 2.90%, respectively.

In the event of the insolvency of one of the Issuers, or the non-payment on, or the termination of, a Wrapper by the respective Issuers for reasons specified in the Wrapper, GM, GMIMCo, the GMAM Trust, the IF's managers, the Trustee, and the investment advisors (collectively, the "Fund-Related Parties") are not required to fulfill any of the Issuers' obligations under the Wrappers. The Fund-Related Parties do not guarantee either the units or the underlying assets or any Crediting Rate of return. Participants that invest in the IF bear the risk of this Plan investment option. Units of the IF are not insured by the Federal Deposit Insurance Corporation.

The IF and the supporting Wrappers are designed to pay all participant-initiated transactions at contract value. Participant-initiated transactions are those transactions allowed by the Plan. Typically, this would include withdrawals for benefits, loans or transfers to non-competing funds within the Plan.

The Wrappers may limit the ability of participants to transact at contract value upon the occurrence of an employer initiated event ("EIE"), where the cumulative value of net withdrawal activity by all Plans within the affected Plan Group during a defined time period exceeds a specified threshold value of such Plan Group's total investment in the IF. EIEs are determined by relevant Plan Group and include the following:

- Merger, consolidation, sale of assets or other events (e.g., spin-offs or restructurings) within the control of a Plan Group sponsor;
- Certain layoff or early retirement incentive programs of a Plan Group sponsor;
- The filing of a petition in bankruptcy by a Plan Group sponsor;
- An involuntary termination or take over by the Pension Benefit Guaranty Corporation of a Plan Group sponsor's defined benefit pension plans; and
- Elimination of the majority of a Plan Group sponsor's subsidy to its primary post-retirement medical benefits program.

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**NOTES TO FINANCIAL STATEMENTS**

**Note 3. Investment in the Master Trust (continued)**

The measurement principles for purposes of determining a Plan Group sponsor's net withdrawal threshold following an EIE, are as follows:

- The measurement period for each fiscal year is from July 1 to June 30;
- The cumulative value of net withdrawal activity related to a specific Plan Group equals or exceeds 18% of the IF book value for such Plan Group as of the prior June 30; and
- Net withdrawals include a specified percentage of full and partial withdrawals and loan drawdowns by participants, netted against the full amount of contributions, loan repayments and rollovers into the IF for the respective Plan Group during the twelve months after an EIE. Participant exchanges into and out of the IF are not included in the calculations of net withdrawals.

If the net withdrawal thresholds are exceeded, benefit payments to all participants in the Plan Group would be made at fair value for the remainder of the measurement period. Benefit payments for Plan Groups other than the affected Plan Group would continue to be paid at contract value.

The Issuers have the right to terminate the Wrappers at any time without cause, after which benefit payments would continue to be made to all participants at contract value, subject to the terms of the Wrappers, for a period through a maturity date equal to the duration of the wrapped assets (which may be extended). On the maturity date, the Issuers would pay the amount, if any, by which the contract value exceeded either the fair value of the wrapped assets, or the liquidation proceeds from the sale of the wrapped assets, as selected by the GMAM Trust.

The Issuers have the right to terminate the Wrappers for cause upon the occurrence of the following events (either with respect to the applicable Plan Group, in the case of the first four events described below, or all Plan Groups in the other cases):

- A participating plan is disqualified by the Internal Revenue Service ("IRS") or is terminated and its assets are distributed to participants;
- A participating plan adds a competing fund to its investment options without the Issuers' approval (subject to a 30 day cure period);
- A participant communication is delivered, other than non-biased factual information regarding investment options or otherwise legally required communications, designed to induce participants to transfer into or out of the fund in a manner that materially and adversely impacts the Issuers;
- A participating plan is amended or its administration altered, thereby effecting a change which the Issuers reasonably determine will materially and adversely impact their obligations under the Wrappers (subject to a 30 day cure period);
- The GMAM Trust ceases to meet its material obligations under the Wrapper and fails to meet such obligation within 30 days following receipt of notification of the failure;

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES**

**NOTES TO FINANCIAL STATEMENTS**

**Note 3. Investment in the Master Trust (continued)**

- The GMAM Trust, without the Issuers' consent, attempts to assign its interest in the Wrapper;
- GMIMCo is terminated as investment manager, and a successor that is reasonably acceptable to the Issuers is not appointed within 30 days from the termination date;
- The GMAM Trust changes the investment guidelines without the Issuers' written agreement;
- Investment discretion over the wrapped investments is exercised by or granted to anyone other than GMIMCo or a sub-advisor appointed by GMIMCo (or its successor) (subject to a 30 day cure period); and
- The GMAM Trust engages in any act of fraud, misrepresentation of material facts or deceit relating to the Wrappers.

In the event of a termination for cause, contract value benefit payments will cease and benefits will be paid at fair value. If benefit payments with respect to one or more but less than all Plan Groups are to be made at fair value, GMIMCo (or its successor) may deem it appropriate to restructure the Wrappers and/or the IF. It is possible that this could result in a temporary disruption of the IF's normal investment, admission and withdrawal activity.

Ratings of the Issuers could be reduced below their current level. In the event one of the Issuers defaults in the performance of its obligations, circumstances might be such that it would not be feasible to replace the Issuer, and that the other Issuers would thereby be obligated to accept a share of the terminated or defaulting Issuer's obligations, up to certain limits, for a period of up to six months.

Throughout 2013 and through the date this report was available to be issued, the IF continued to transact at contract value with Plan participants. Plan management believes that it is probable that any event or events which would limit the IF's ability to transact at contract value with Plan participants will not occur. Accordingly, the IF and the Plan's *Statements of Net Assets Available For Benefits* are stated at fair value and adjusted to contract value in accordance with U.S. GAAP to reflect the IF's fully benefit responsiveness to conduct transactions with Plan participants at contract value. The Plan's share of the adjustment to contract value appears in the Plan's *Statements of Net Assets Available For Benefits* as of December 31, 2013, and 2012.

**Note 4. Termination**

Although it has not expressed any intent to do so, GM has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, a participant's account balance in the Plan is non-forfeitable.

**THE GENERAL MOTORS PERSONAL SAVINGS PLAN  
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**NOTES TO FINANCIAL STATEMENTS**

**Note 5. Federal Income Tax Status**

By letter dated July 10, 2013, the IRS has determined and informed GM that the Plan is a tax-qualified employee benefit plan meeting the requirements of Sections 401(a) and 401(k) of the IRC, and the Master Trust established thereunder was determined to be exempt from United States Federal income taxes under Section 501(a) of the IRC. The Plan's management, fiduciary and tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Plan management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions. There are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to audit for periods prior to the 2010 plan year.

**Note 6. Related Party-Transactions**

The Plan and Master Trust have certain related-party relationships as described in Note 1 and enter into certain related-party transactions. These generally include investments with State Street, Fidelity, fund managers, GM and its subsidiaries. The fair value of investments held in the Master Trust sponsored by State Street, Fidelity and GMIMCo aggregated \$14.6 billion and \$13.1 billion as of December 31, 2013 and 2012, respectively. Such transactions are within the scope of the investment guidelines and Plan provisions.

**Note 7. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits presented in the financial statements to the Form 5500 for the Plan years ended December 31, 2013 and 2012 (dollars in thousands):

|                                                                                                   | <u>2013</u>        | <u>2012</u>        |
|---------------------------------------------------------------------------------------------------|--------------------|--------------------|
| Net assets available for benefits presented in the financial statements                           | \$6,701,783        | \$6,140,936        |
| Adjustment from contract value to fair value<br>for fully benefit-responsive investment contracts | 29,178             | 90,596             |
| Net assets available for benefits presented in the Form 5500                                      | <u>\$6,730,961</u> | <u>\$6,231,532</u> |

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**NOTES TO FINANCIAL STATEMENTS**

**Note 7. Reconciliation of Financial Statements to Form 5500 (continued)**

The following is a reconciliation of total net investment income from the Master Trust presented in the financial statements to the Form 5500 for the Plan year ended December 31, 2013 (dollars in thousands):

|                                                                                                                                 |                   |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Net investment gain from Master Trust<br>presented in the financial statements                                                  | \$ 799,316        |
| Add: Adjustment from contract value to fair value<br>for fully benefit-responsive investment contracts at<br>December 31, 2013  | 29,178            |
| Less: Adjustment from contract value to fair value<br>for fully benefit-responsive investment contracts at<br>December 31, 2012 | <u>(90,596)</u>   |
| Total investment income presented in the Form 5500                                                                              | <u>\$ 737,898</u> |

**Note 8. Subsequent Events**

Subsequent events have been evaluated through October 3, 2014, which is the date these financial statements were available to be issued.

*Investment Options Change*

Certain investment options under the Plan were changed in April 2014. The State Street Global Advisors (SSgA) Target Retirement Funds replaced the Pyramis Active Lifecycle Funds as the target retirement date investment option. The SSgA Target Retirement Funds also became the Plan's "Qualified Default Investment Alternative." The Pyramis Small Cap Fund was substituted with the Pyramis Small Cap Core Fund – Class B and the Frontier Small Cap Growth Fund was removed as an investment option. Participants with account balances invested in any of the affected funds had the option of either changing their investment election or having their invested account balances automatically mapped (transferred) to a fund, including a newly added fund, with a similar investment objective.

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**SUPPLEMENTAL SCHEDULE**

Form 5500, SCHEDULE H, Part IV, Line 4i-  
Schedule of Assets (Held at End of Year)  
as of DECEMBER 31, 2013  
(dollars in thousands)

| (a) (b) (c)<br>Identity of Issuer, Borrower, Lessor or Similar Party                            | (e)<br>Current Value |
|-------------------------------------------------------------------------------------------------|----------------------|
| * Participant loans, maturing through<br>January 2024 with rates ranging<br>from 3.25% to 9.50% | <u>\$242,771</u>     |

\* Denotes parties-in-interest