

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 09/07/1987</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 38-2733944</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 513-243-2000</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 336410</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan 09/07/1987		2b Employer Identification Number (EIN) 38-2733944		2c Sponsor's telephone number 513-243-2000		2d Business code (see instructions) 336410	
1b Three-digit plan number (PN) ▶	003										
1c Effective date of plan 09/07/1987											
2b Employer Identification Number (EIN) 38-2733944											
2c Sponsor's telephone number 513-243-2000											
2d Business code (see instructions) 336410											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) GE AVIATION SYSTEMS LLC ONE NEUMANN WAY, MD J-110 CINCINNATI, OH 45215											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2014	LYNN KOHRS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address BENEFITS COMMITTEE FOR CERTAIN GE AFFILIATE PLANS ONE NEUMANN WAY, MD J-110 CINCINNATI, OH 45215		3b Administrator's EIN 31-1651279
		3c Administrator's telephone number 513-243-7509
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 833
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants		6a 152
b Retired or separated participants receiving benefits		6b 381
c Other retired or separated participants entitled to future benefits		6c 153
d Subtotal. Add lines 6a , 6b , and 6c		6d 686
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 130
f Total. Add lines 6d and 6e		6f 816
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan <u>GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GE AVIATION SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>38-2733944</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>29634458</u>
b Actuarial value	2b <u>29875951</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>517</u> <u>20548068</u>
b For terminated vested participants.....	3b <u>169</u> <u>3521942</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>930693</u>
(2) Vested benefits	3c(2) <u>7144803</u>
(3) Total active.....	3c(3) <u>147</u> <u>8075496</u>
d Total.....	3d <u>833</u> <u>32145506</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.20</u> %
6 Target normal cost	6 <u>537271</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/16/2014</u>
	Signature of actuary	Date
<u>AARON L. SENS</u>	Type or print name of actuary	<u>14-06808</u>
		Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	Firm name	<u>847-295-5000</u>
		Telephone number (including area code)
<u>4 OVERLOOK POINT LINCOLNSHIRE, IL 60069</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>10.80</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1169560
b Interest on (a) using prior year's effective interest rate of <u>6.89</u> % except as otherwise provided (see instructions)		80583
c Total available at beginning of current plan year to add to prefunding balance		1250143
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	92.93 %
15 Adjusted funding target attainment percentage	15	92.93 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.39 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/08/2013	250000	0			
07/12/2013	250000	0			
10/04/2013	250000	0			
01/09/2014	250000	0			
08/22/2014	900000	0			
			Totals ►	18(b)	1900000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1777758
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	537271
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		2269555	604961
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	1142232
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36		1142232
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		1777758
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	635526
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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

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

A Name of plan <u>GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GE AVIATION SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>38-2733944</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50	ACTUARIAL	129432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEWITT ENNISKNUPP, INC.

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	84814	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTING	39000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

IVINS, PHILLIPS AND BARKER, CHTD

52-1229560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	35479	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK & TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 25 50	TRUSTEE/CUSTODIAN	16900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: JON HAMBERG	b EIN: 36-2235791
c Position: ENROLLED ACTUARY	
d Address: AON HEWITT 4 OVERLOOK POINT LINCOLNSHIRE, IL 60069	e Telephone: 847-295-5000

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON HEWITT, THE ENROLLED ACTUARY CHANGED.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013					
<div>A Name of plan</div> <div>GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION</div>				<div>B Three-digit plan number (PN)</div> <div>003</div>	
<div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500</div> <div>GE AVIATION SYSTEMS LLC</div>				<div>D Employer Identification Number (EIN)</div> <div>38-2733944</div>	
<div>Part I</div> <div>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</div> <div>(Complete as many entries as needed to report all interests in DFEs)</div>					
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>MRA SYSTEMS D/B MASTER TRUST</div>					
<div>b Name of sponsor of entity listed in (a):</div> <div>MRA SYSTEMS, INC.</div>					
<div>c EIN-PN</div> <div>52-2063267-051</div>		<div>d Entity code</div> <div>M</div>		<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>32590110</div>	
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b Name of sponsor of entity listed in (a):</div>					
<div>c EIN-PN</div>		<div>d Entity code</div>		<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b Name of sponsor of entity listed in (a):</div>					
<div>c EIN-PN</div>		<div>d Entity code</div>		<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b Name of sponsor of entity listed in (a):</div>					
<div>c EIN-PN</div>		<div>d Entity code</div>		<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b Name of sponsor of entity listed in (a):</div>					
<div>c EIN-PN</div>		<div>d Entity code</div>		<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b Name of sponsor of entity listed in (a):</div>					
<div>c EIN-PN</div>		<div>d Entity code</div>		<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b Name of sponsor of entity listed in (a):</div>					
<div>c EIN-PN</div>		<div>d Entity code</div>		<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b Name of sponsor of entity listed in (a):</div>					
<div>c EIN-PN</div>		<div>d Entity code</div>		<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	

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

Schedule D (Form 5500) 2013 v. 130118

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GE AVIATION SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>38-2733944</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1400000	1150000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	28665807	32590110
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	30065807	33740110

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	166883	201061
k Total liabilities (add all amounts in lines 1g through 1j)	1k	166883	201061

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	29898924	33539049
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1900000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1900000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		4596030
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6496030

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2459314	
(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)		2459314
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)	209282	
(2) Contract administrator fees.....	2i(2)	11528	
(3) Investment advisory and management fees.....	2i(3)	84815	
(4) Other.....	2i(4)	90966	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		396591
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2855905

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3640125
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **KPMG LLP**

(2) EIN: **13-5565207**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		90000000
4e	X		90000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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)

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)

6a Name of trust STATE STREET BANK & TRUST COMPANY	6b Trust's EIN 041867445
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SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GE AVIATION SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>38-2733944</u>

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

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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	☐ Yes	☐ No

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:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) 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): _____

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Financial Statements

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

December 31, 2013 and 2012

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KPMG LLP
515 Broadway
Albany, NY 12207-2974

Independent Auditors' Report

Plan Administrator
GE Aviation Systems Pension Plan for UAW
Local 330 Union Employees of the Grand Rapids, MI Division:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the GE Aviation Systems Pension Plan for UAW Local 330 Union Employees of the Grand Rapids, MI Division (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for plan benefits for the years then ended, 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 U.S. generally accepted accounting principles; 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 4, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

Albany, New York
September 17, 2014

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Statements of Net Assets Available for Plan Benefits

December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Investments at fair value as certified by trustee (notes 4 and 5):		
Plan interest in Middle River Defined Benefit Master Trust	\$ 32,590,110	\$ 28,665,807
Employer contributions receivable (note 6)	<u>1,150,000</u>	<u>1,400,000</u>
Total assets	<u>33,740,110</u>	<u>30,065,807</u>
Liabilities:		
Accrued expenses	<u>201,061</u>	<u>166,883</u>
Net assets available for plan benefits	<u><u>\$ 33,539,049</u></u>	<u><u>\$ 29,898,924</u></u>

See accompanying notes to financial statements.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Statements of Changes in Net Assets Available for Plan Benefits

Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Additions to net assets attributed to:		
Investment income as certified by trustee (note 4):		
Net appreciation in fair value of investments	\$ 3,009,167	\$ 2,639,715
Dividends and interest income	<u>1,586,863</u>	<u>543,074</u>
	4,596,030	3,182,789
Employer contributions (note 6)	<u>1,900,000</u>	<u>2,300,000</u>
Total additions	<u>6,496,030</u>	<u>5,482,789</u>
Deductions from net assets attributed to:		
Benefit payments	2,459,314	2,426,104
Administrative expenses	<u>396,591</u>	<u>362,230</u>
Total deductions	<u>2,855,905</u>	<u>2,788,334</u>
Net increase	3,640,125	2,694,455
Net assets available for plan benefits at:		
Beginning of year	<u>29,898,924</u>	<u>27,204,469</u>
End of year	<u><u>\$ 33,539,049</u></u>	<u><u>\$ 29,898,924</u></u>

See accompanying notes to financial statements.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2013 and 2012

(1) Description of the Plan

The GE Aviation Systems Pension Plan for UAW Local 330 Union Employees of the Grand Rapids, MI Division (the "Plan") is a noncontributory defined benefit plan sponsored by GE Aviation Systems LLC (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan provides benefits to collectively bargained employees of UAW Local 330 Union Employees of the Grand Rapids, MI Division. Benefits are determined based on length of service and a multiplier that is subject to collective bargaining. Participants are vested upon the earlier of five years of service, or the participant's normal retirement date.

Participants are entitled to pension benefits (paid monthly) beginning at normal retirement age (65). The Plan permits early retirement beginning at age 60 if a participant has 10 years of vesting service, or as early as age 58 with 30 years of vesting service (if certain criteria are met). If a participant becomes disabled and meets the criteria, the Plan provides for a disability retirement benefit.

The description of the Plan is provided for general information purposes only. The complete terms of the Plan are provided in the GE Aviation Systems Pension Plan for UAW Local 330 Union Employees of the Grand Rapids, MI Division Plan document. Information concerning the Plan, including benefits and vesting provisions, is also included in the Summary Plan Description and other material distributed to participants.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Investments

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

Plan investments are reported at fair value. See notes 4 and 5 for additional information.

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

(c) Fair Value Measurements

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

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

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

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2013 and 2012

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

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

When available, quoted market prices are used to determine the fair value of investment securities, and they are included in Level 1. Level 1 securities include registered investment companies.

See note 5 for additional information.

(d) Management Estimates and Assumptions

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

(e) Benefit Payments

Benefit payments to participants are recorded when paid.

(f) Expenses

All reasonable expenses of the Plan are paid by the Plan, unless paid by the Company at its sole discretion.

(g) Reclassifications

Certain prior year amounts have been reclassified to conform to the current year presentation.

(3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

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

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2013 and 2012

The actuarial present value of accumulated plan benefits as of December 31, 2012 follows.

Vested benefits:

Participants currently receiving payments	\$ 19,308,989
Other participants	10,121,524

29,430,513

Non-vested accrued benefits

896,546

Total actuarial present value of accumulated plan benefits

\$ 30,327,059

The change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2012 follows.

Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>29,421,575</u>
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Increase (decrease) during the year attributable to:

Increase for interest due to the decrease in the discount period	2,117,284
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Benefits paid to participants	(2,426,104)
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Benefit accruals	249,999
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Assumption changes	1,188,269
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Experience losses (gains), net	(223,964)
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Net increase	905,484
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Actuarial present value of accumulated plan benefits at end of year	\$ <u><u>30,327,059</u></u>
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The significant actuarial assumptions used in the valuations as of December 31, 2012 were: (a) retirement age ranging from 58 to 65, (b) life expectancy of participants determined with the RP-2000 mortality table with a generational projection of mortality improvements using scale AA and, (c) interest rate assumption of 7.0%. The effective interest rate decreased to 7.0% from 7.5% as of December 31, 2012. The assumption changes are due to the decrease in the interest rate and a change in the optional payment form election percentage.

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

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2013 and 2012

(4) Summary of Trust Financial Information (Unaudited)

The information presented in this note and the "Fair Value Measurements" note (Note (5)) below was compiled from information that was certified as complete and accurate by the Trustee and was not subject to auditing procedures by the Plan's Independent Auditor as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

All of the Plan's investments are in the Trust, which was established for the investment of assets of the Plan. The Plan Administrator directs the investment of the Plan's assets. The Plan's interest in the Trust is calculated based on the fair value at the end of the previous period, plus any contributions and income received, less benefit payments and expenses paid for each plan during the period.

At December 31, 2013 and 2012, the Plan's interest in the net assets of the Trust was 14.89% and 17.09%, respectively.

The net assets of the Trust at December 31 follow.

	2013	2012
Investments at fair value:		
Short-term investments	\$ 2,549,220	\$ 2,554,152
Registered investment companies		
GE U.S. Equity Fund	76,324,855	52,082,568
GE S&P Index Fund	12,488,276	7,671,338
GE Strategic Investment Fund	41,645,793	37,475,389
GE International Fund	36,370,753	27,266,211
GE Income Fund	34,759,779	31,848,328
Morgan Stanley Emerging Growth Fund	14,765,103	8,798,641
Total registered investment companies	216,354,559	165,142,475
Total investments at fair value	218,903,779	167,696,627
Interest receivable	—	207
Net assets of the Trust	<u>\$ 218,903,779</u>	<u>\$ 167,696,834</u>

Investments of the Plan which represent 5% or more of total net assets at December 31, 2013 and 2012 consisted of the Plan's interest in the Trust which totaled \$32,590,110 and \$28,665,807 respectively.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2013 and 2012

The Trust's changes in net assets for the years ended 2013 and 2012 follows.

	2013	2012
Changes in Net Assets:		
Investment income:		
Net appreciation (depreciation) in fair value of investments:		
Registered investment companies		
GE U.S. Equity Fund	\$ 14,046,171	\$ 6,081,364
GE S&P Index Fund	2,630,681	898,460
GE Strategic Investment Fund	4,015,924	3,431,802
GE International Fund	5,736,257	3,689,902
GE Income Fund	(1,139,264)	1,055,234
Morgan Stanley Emerging Growth Fund	4,247,003	854,209
Total net appreciation	29,536,772	16,010,971
Dividends	9,921,762	3,212,795
Interest income	494	10,311
Transfers in:		
Employer contributions	21,610,000	21,526,695
Transfers out:		
Benefit payments	(8,743,431)	(7,303,444)
Administrative expenses	(1,118,652)	(1,005,623)
Net increase	51,206,945	32,451,705
Net assets of the Trust		
Beginning of year	167,696,834	135,245,129
End of year	\$ 218,903,779	\$ 167,696,834

For the years ended December 31, 2013 and 2012, the amount of investment appreciation allocated to the Plan totaled \$3,009,167 and \$2,639,715, respectively. Dividends and interest allocated to the Plan for the years ended December 31, 2013 and 2012 were \$1,586,863 and \$543,074, respectively.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2013 and 2012

(5) Fair Value Measurements

The investments of the Trust measured at fair value on a recurring basis at December 31, 2013 follow.

	Level 1	Level 2	Level 3	Total
Short-term investments	\$ —	\$ 2,549,220	\$ —	\$ 2,549,220
Registered investment companies	<u>216,354,559</u>	<u>—</u>	<u>—</u>	<u>216,354,559</u>
Total investments at fair value	<u>\$ 216,354,559</u>	<u>\$ 2,549,220</u>	<u>\$ —</u>	<u>\$ 218,903,779</u>

The investments of the Trust measured at fair value on a recurring basis at December 31, 2012 follow.

	Level 1	Level 2	Level 3	Total
Short-term investments	\$ —	\$ 2,554,152	\$ —	\$ 2,554,152
Registered investment companies	<u>165,142,475</u>	<u>—</u>	<u>—</u>	<u>165,142,475</u>
Total investments at fair value	<u>\$ 165,142,475</u>	<u>\$ 2,554,152</u>	<u>\$ —</u>	<u>\$ 167,696,627</u>

Transfers in and out of levels are considered to occur at the beginning of the period. There were no transfers during 2013 or 2012.

(6) Funding Policy

It is the Company's policy to contribute amounts sufficient to meet minimum funding requirements as set forth in employee benefit and tax laws plus such additional amounts as the Company may determine appropriate. The Company contributed \$3,185,000 in 2012 and \$2,150,000 in 2013. In addition, the Company had a formal commitment to contribute \$1,150,000 in 2014 as of December 31, 2013.

(7) Related Party Transactions (Parties in Interest)

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

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions may be transactions with parties in interest under ERISA. KPMG LLP, the auditor of the Plan's financial statements, is also a party in interest.

(8) Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION

Notes to Financial Statements

December 31, 2013 and 2012

to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(9) Tax Status

The Internal Revenue Service has notified the Company by a letter dated October 13, 2011, that the Plan is qualified under the appropriate sections of the Internal Revenue Code. The Plan has been amended since that letter was issued. However, Plan management and legal counsel for the Plan have no reason to believe that those amendments have adversely affected the validity of the determination letter.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

(10) Plan Termination

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

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

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

Whether all participants will receive their benefits should the Plan so terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and level of benefits guaranteed by the PBGC. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2014, that ceiling, which is adjusted periodically, is \$4,943 per month.

(11) Subsequent Events

Subsequent events after the statement of net assets available for plan benefits through September 17, 2014, the date the financial statements were issued, have been evaluated in the preparation of the financial statements.

Effective September 30, 2014, the Plan assets are expected to be transferred into the GE Pension Trust. The Trustees of the GE Pension Trust are officers of GEAM, a wholly owned subsidiary of General Electric Company.

Schedule SB Attachment (Form 5500)—2013 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2013

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		1								
25-29		3	4							
30-34	1	1	8							
35-39	2	1	4							
40-44	1	1	3	1						
45-49	1	2	5	1			3			
50-54	1	2	7	1		1	5	8	1	
55-59	5	2	6	2			2	15	17	
60-64	1		4	1			2	6	8	1
65-69		1						1	2	
70+				1				1		

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Schedule SB Attachment (Form 5500)—2013 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	4.94%
2nd Segment Rate	6.15%
3rd Segment Rate	6.76%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2012), without regard to the MAP-21 interest rate corridor
1st Segment Rate	1.75%
2nd Segment Rate	4.62%
3rd Segment Rate	5.72%
Optional Payment Form Election Percentage	70% elect a single life annuity and 30% elect a 55% joint and survivor annuity
Optional Payment Form Conversion Interest Rate	N/A
Optional Payment Form Conversion Mortality	N/A
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2013 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
of the Grand Rapids, MI Division
EIN: 38-2733944 PN: 003

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$205,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2011 Plan Year	6.57%
2012 Plan Year	7.50%
Trust Expenses Included in Target Normal Cost	Prior year's administrative expenses plus current year estimated PBGC premiums (\$273,770 for 2013)
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2013

Schedule SB Attachment (Form 5500)—2013 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Table 1

Retirement Rates

Age	Years of Service	
	0-29	30+
58	0.00%	12.50%
59	0.00%	14.29%
60	7.00%	16.67%
61	7.00%	20.00%
62	15.00%	25.00%
63	15.00%	33.00%
64	15.00%	50.00%
65	30.00%	50.00%
66	20.00%	100.00%
67	20.00%	100.00%
68	20.00%	100.00%
69	20.00%	100.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	9.9384%	40	7.7543%
16	9.9384%	41	7.5151%
17	9.9384%	42	7.2556%
18	9.9384%	43	6.9760%
19	9.9384%	44	6.6758%
20	9.9384%	45	6.3540%
21	9.8898%	46	6.0053%
22	9.8398%	47	5.6227%
23	9.7877%	48	5.2000%
24	9.7331%	49	4.7337%
25	9.6742%	50	4.2247%
26	9.6114%	51	3.6823%
27	9.5438%	52	3.1228%
28	9.4704%	53	2.5661%
29	9.3906%	54	2.0347%
30	9.3031%	55	1.5488%
31	9.2065%	56	1.1247%
32	9.1000%	57	0.7718%
33	8.9820%	58	0.4939%
34	8.8511%	59	0.2879%
35	8.7062%	60	0.1465%
36	8.5466%	61	0.0594%
37	8.3717%	62	0.0152%
38	8.1815%	63+	0.0000%
39	7.9756%		

Schedule SB Attachment (Form 5500)—2013 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.0315%	45	0.3833%
16	0.0338%	46	0.4208%
17	0.0360%	47	0.4650%
18	0.0390%	48	0.5153%
19	0.0413%	49	0.5685%
20	0.0450%	50	0.6285%
21	0.0488%	51	0.6983%
22	0.0525%	52	0.7800%
23	0.0578%	53	0.8805%
24	0.0638%	54	0.9983%
25	0.0705%	55	1.1235%
26	0.0780%	56	1.2443%
27	0.0855%	57	1.3508%
28	0.0930%	58	1.4288%
29	0.1013%	59	1.5045%
30	0.1103%	60	1.5803%
31	0.1200%	61	1.6568%
32	0.1298%	62	1.7378%
33	0.1410%	63	1.8323%
34	0.1523%	64	1.9328%
35	0.1643%	65	2.0385%
36	0.1770%	66	2.1518%
37	0.1928%	67	2.2718%
38	0.2093%	68	2.3993%
39	0.2273%	69	2.5328%
40	0.2468%	70+	0.0000%
41	0.2693%		
42	0.2948%		
43	0.3218%		
44	0.3510%		

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

► File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2013**This Form is Open to Public Inspection**

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

► Round off amounts to nearest dollar.

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

A Name of plan		B Three-digit plan number (PN) ►	003
GE Aviation Systems Pension Plan for UAW Local 330 Union Employees of			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Identification Number (EIN)	
GE Aviation Systems LLC		38-2733944	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a 29,634,458
b Actuarial value	2b 29,875,951
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 517 20,548,068
b For terminated vested participants	3b 169 3,521,942
c For active participants:	
(1) Non-vested benefits	3c(1) 930,693
(2) Vested benefits	3c(2) 7,144,803
(3) Total active	3c(3) 147 8,075,496
d Total	3d 833 32,145,506
4 If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 6.20 %
6 Target normal cost	6 537,271

Statement by Enrolled Actuary

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

SIGN HERE	<u>Aaron L. Sens</u> (ALS)	09/16/2014
Signature of actuary		Date
Aaron L. Sens		14-06808
Type or print name of actuary		Most recent enrollment number
Hewitt Associates LLC		(847) 295-5000
Firm name		Telephone number (including area code)
4 Overlook Point		
Lincolnshire IL 60069		
Address of the firm		

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

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

Schedule SB (Form 5500) 2013
v. 130118

(b) Prefunding balance

7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.80</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,169,560
	b Interest on (a) using prior year's effective interest rate of <u>6.89</u> % except as otherwise provided (see instructions)		80,583
	c Total available at beginning of current plan year to add to prefunding balance		1,250,143
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

14	Funding target attainment percentage.....	14	92.93 %
15	Adjusted funding target attainment percentage	15	92.93 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	94.39 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/08/2013	250,000						
07/12/2013	250,000						
10/04/2013	250,000						
01/09/2014	250,000						
08/22/2014	900,000						
			Totals ►	18(b)	1,900,000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,777,758

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code):			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	537,271										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>2,269,555</td> <td>604,961</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	2,269,555	604,961	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	2,269,555	604,961										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	1,142,232										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	0									
36 Additional cash requirement (line 34 minus line 35)	36	1,142,232										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,777,758										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	635,526										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42
43 Excess installment acceleration amount to be carried over to future plan years	43

Schedule SB Attachment (Form 5500)—2013 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

Date	Amount	Days to Discount to 1/1/2013 at 6.20%	Interest Adjusted Contribution
April 8, 2013	\$ 250,000	97	\$ 246,035
July 12, 2013	250,000	192	242,213
October 4, 2013	250,000	276	238,883
January 9, 2014	250,000	373	235,095
August 22, 2014	<u>900,000</u>	598	<u>815,532</u>
Total Contribution	\$ 1,900,000		\$ 1,777,758

Schedule SB Attachment (Form 5500)—2013 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
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Schedule SB, line 22—Description of Weighted Average Retirement Age

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

Participants with Less than 30 Years of Service at Retirement			
(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
58.5	0.00%	1.0000	0.00
59.5	0.00%	1.0000	0.00
60.5	7.00%	1.0000	4.24
61.5	7.00%	0.9300	4.00
62.5	15.00%	0.8649	8.11
63.5	15.00%	0.7352	7.00
64.5	15.00%	0.6249	6.05
65.5	30.00%	0.5312	10.44
66.5	20.00%	0.3718	4.95
67.5	20.00%	0.2974	4.02
68.5	20.00%	0.2380	3.26
69.5	20.00%	0.1904	2.65
70	100.00%	0.1523	10.66
	Weighted Average		65.38
Participants with 30 or More Years of Service at Retirement			
(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
58.5	12.50%	1.0000	7.31
59.5	14.29%	0.8750	7.44
60.5	16.67%	0.7500	7.56
61.5	20.00%	0.6249	7.69
62.5	25.00%	0.5000	7.81
63.5	33.00%	0.3750	7.86
64.5	50.00%	0.2512	8.10
65.5	50.00%	0.1256	4.11
66	100.00%	0.0628	4.15
	Weighted Average		62.03

Schedule SB Attachment (Form 5500)—2013 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
of the Grand Rapids, MI Division
EIN: 38-2733944 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	Effective September 4, 1987, most recently restated August 1, 1998. The most recent amendment reflected in the following plan provisions was effective December 17, 2010.
Predecessor Plan	Instrument Division of Lear Siegler, Inc.—UAW Retirement Income Plan as in effect on September 3, 1987. On November 30, 1994, all benefits of the predecessor plan that relate to participants of this plan were transferred into this plan.
Eligibility	Immediate participation for each employee covered by the collectively bargaining agreement.
Definitions	
Benefit Service	For employment after September 4, 1987, 1/10 of a year of benefit service for each 170 hours of service during a plan year, not to exceed one year of benefit service for any plan year.
Combined Benefit Service	The sum of years of benefit service under this plan and years of benefit service under the predecessor plan.
Vesting Service	All years of vested service credited under the predecessor plan and one year of vested service for each plan year in which a participant has 1,000 or more hours of service. For less than 1,000 hours in a plan year, 1/10 of a year of vested service is credited for each 170 hours of service.
Actuarial Equivalence	1984 Unisex Pensioner's Mortality Table for participants and beneficiaries and an interest rate of 7%.

Schedule SB Attachment (Form 5500)—2013 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Normal Retirement Benefits

Eligibility

Age 65.

Benefit

Monthly benefit equals combined benefit service multiplied by the appropriate benefit rate from the table below:

Participant's Retirement Date	Benefit Rate
4/1/1998 – 3/31/1999	\$19.60
4/1/1999 – 3/31/2000	\$19.90
4/1/2000 – 3/31/2002	\$21.00
4/1/2002 – 3/31/2003	\$22.00
4/1/2003 – 3/31/2004	\$23.00
4/1/2004 – 3/31/2007	\$24.00
4/1/2007 – 3/31/2008	\$25.00
4/1/2008 – 3/31/2009	\$26.50
4/1/2009 – 3/31/2010	\$28.00
4/1/2010 – 3/31/2011	\$30.00
4/1/2011 – 3/31/2012	\$32.00
4/1/2012 – 3/31/2013	\$34.00
4/1/2013 – 3/31/2014	\$35.00
4/1/2014 and later	\$36.00

Normal Form of Benefit

Single life annuity.

Optional Forms of Benefit

50% contingent annuitant, 55% contingent annuitant or 75% contingent annuitant.

Regular Early Retirement Benefits

Eligibility

Age 60 and 10 years of vesting service.

Benefit

Monthly benefit computed as in normal retirement benefits above, but based on years of combined benefit service and benefit rate at actual retirement date, reduced by 1/2 of 1% for each month that benefit commencement precedes age 62 (age 65 for participants hired after April 1, 2000).

Schedule SB Attachment (Form 5500)—2013 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
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Special Early Retirement Benefit

Eligibility

Participants who were hired prior to April 1, 2000 who attain age 58 with 30 years of vesting service.

Benefit

Monthly benefit computed as in normal retirement benefit above, but based on years of combined benefit service and the benefit rate at actual retirement date. For retirement prior to age 62, a participant also receives a supplemental benefit such that his total monthly benefit is \$1,000. This supplemental benefit shall cease upon attainment of age 62.

Disability Benefits

Eligibility

Total and permanent disability after 10 years of combined benefit service.

Amount

Monthly benefit computes as in normal retirement benefits above, but based on combined benefit service and the benefit rate in effect at date of disability. Such benefit, payable as a life annuity, shall commence one year after disability. Upon attainment of age 65, such benefit shall cease, and a normal retirement benefit, computed as in normal retirement benefit above, based on years of combined benefit service and the benefit rate in effect at date of disability, shall be payable for life.

Schedule SB Attachment (Form 5500)—2013 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
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Termination Benefits

Eligibility

Five years of vesting service.

Amount

Monthly benefit equals combined benefit service multiplied by the appropriate benefit rate from the table below, reduced by 1/2 of 1% for each month that benefit commencement precedes normal retirement.

Termination Date	Benefit Rate
9/4/1987 – 3/31/1988	\$15.25
4/1/1988 – 3/31/1989	\$16.00
4/1/1989 – 3/31/1990	\$16.75
4/1/1990 – 3/31/1991	\$17.50
4/1/1991 – 3/31/1992	\$17.75
4/1/1992 – 3/31/1993	\$18.25
4/1/1993 – 3/31/1997	\$19.00
4/1/1997 – 3/31/1998	\$19.30
4/1/1998 – 3/31/1999	\$19.60
4/1/1999 – 3/31/2000	\$19.90
4/1/2000 – 3/31/2002	\$21.00
4/1/2002 – 3/31/2003	\$22.00
4/1/2003 – 3/31/2004	\$23.00
4/1/2004 – 3/31/2007	\$24.00
4/1/2007 – 3/31/2008	\$25.00
4/1/2008 – 3/31/2009	\$26.50
4/1/2009 – 3/31/2010	\$28.00
4/1/2010 – 3/31/2011	\$30.00
4/1/2011 – 3/31/2012	\$32.00
4/1/2012 – 3/31/2013	\$34.00
4/1/2013 – 3/31/2014	\$35.00
4/1/2014 and later	\$36.00

Medicare Reimbursement Benefits

The monthly pension benefit of a participant who was hired prior to April 1, 2000 and who retires under the normal, regular early, special early or disability retirement provisions of this plan shall be increased by the direct cost of Medicare Part B coverage.

Effective subsequent to the 1993 collective bargaining, the reimbursement for the cost of this coverage was frozen at the 1993 level for participants who had not yet retired.

Schedule SB Attachment (Form 5500)—2013 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
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Preretirement Death Benefits
Early Survivor Annuity

Unless waived, on death of a married participant after 10 years of vesting service, monthly benefits computed as if the participant terminated on the date of death or, if earlier, the date of actual termination, survived until the later of the date of death or earliest retirement age, then retired with a 55% joint and survivor annuity. If the participant had less than 30 years of vesting service and was younger than age 62 (age 65 for participants hired after April 1, 2000) at death, the benefit is actuarially reduced for each month, after the later of the date of death or age 60, by which benefit commencement precedes age 62 (age 65 for participants hired after April 1, 2000).

Benefits payable under this plan shall be reduced on account of this coverage by the amounts shown below:

Age	Reduction Factor
Over 59	0
55-59	1/24 of 1% per month
45-54	15/100 of 1% per year
35-44	5/100 of 1% per year
Under 35	0

Transition Survivor Income

Qualified beneficiaries of active and disabled employees who died with 10 years of vesting service receive a monthly benefit of \$150 commencing on the first of the month following the participant's death and ending on the earlier of the death of all eligible surviving beneficiaries or the receipt of 24 monthly payments.

Bridge Survivor Income

Spouse of deceased participants who are at least age 50 at the participant's death and have received 24 transition payments receive a monthly benefit of \$150 commencing on the first of the month following the final transition payment and ending on the earliest of the spouse's remarriage, attainment of age 62 or eligibility for Social Security disability benefits.

Schedule SB Attachment (Form 5500)—2013 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
of the Grand Rapids, MI Division
EIN: 38-2733944 PN: 003

Lump Sum Benefit

Upon attainment of earliest retirement age or total and permanent disability after completion of 10 years of combined benefit service, a lump sum benefit of \$2,000.

The transition survivor income, bridge survivor income and lump sum benefits are not available to participants who were hired after April 1, 2000.

Maximum Benefit Limitation

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Changes Since the Prior Year

A change in the benefit multiplier from \$34 to \$35.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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

Schedule SB Attachment (Form 5500)—2013 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$1,051,100	January 1, 2010	4	\$282,075
Shortfall	\$3,684,175	January 1, 2011	5	\$809,549
Shortfall	(\$3,409,781)	January 1, 2012	6	(\$644,219)
Shortfall	\$944,061	January 1, 2013	7	\$157,556