

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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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	1b Three-digit plan number (PN) ▶ <u>003</u> 1c Effective date of plan <u>09/07/1987</u>		
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	2b Employer Identification Number (EIN) <u>38-2733944</u> 2c Plan Sponsor's telephone number <u>513-243-2000</u> 2d Business code (see instructions) <u>336410</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2015	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 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	5 816
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 152
a(2) Total number of active participants at the end of the plan year	6a(2) 150
b Retired or separated participants receiving benefits	6b 371
c Other retired or separated participants entitled to future benefits.....	6c 150
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 671
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 132
f Total. Add lines 6d and 6e	6f 803
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 1
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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2014			
2 Assets:			
a Market value		2a	33705877
b Actuarial value		2b	31359622
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	507	20177145	20177145
b For terminated vested participants	157	3445096	3445096
c For active participants	152	7031590	7895728
d Total	816	30653831	31517969
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		6.36%
6 Target normal cost	6		626955

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		09/17/2015
Signature of actuary		Date
KARL K. OMAN		14-07459
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) 2014 v. 140124

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>17.93</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		635526
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.20</u> %		39403
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		674929
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	99.49 %
15 Adjusted funding target attainment percentage	15	99.49 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.93 %
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
04/02/2014	300000	0			
07/03/2014	300000	0			
10/14/2014	300000	0			
01/12/2015	225000	0			
04/08/2015	250000	0			
07/02/2015	250000	0			
Totals ▶			18(b)	1625000	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	1542459
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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	626955	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	158347	342862	
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	969817	
	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	969817	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1542459	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	572642	
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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 GE AVIATION SYSTEMS LLC	D Employer Identification Number (EIN) 38-2733944	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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	153057	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 ☐

(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	19895	Yes ☒ No ☐	Yes ☒ No ☐	0	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	17735	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	11110	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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MRA SYSTEMS D/B MASTER TRUST

b Name of sponsor of entity listed in (a): MRA SYSTEMS, INC.

c EIN-PN <u>52-2063267-051</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33268669</u>
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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):

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

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> 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 GE AVIATION SYSTEMS LLC	D Employer Identification Number (EIN) 38-2733944	

Part I Asset and Liability Statement			
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)	1150000	225000
(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)	32590110	33268669
(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	33740110	33493669

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	201061	115477
k Total liabilities (add all amounts in lines 1g through 1j)	1k	201061	115477

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	33539049	33378192
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1125000	
(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)		1125000

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)		
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(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)		1533257
(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		2658257

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2480033	
(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)		2480033
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)	209792	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	11110	
(4) Other.....	2i(4)	118179	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		339081
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2819114

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-160857
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			
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			
e Was this plan covered by a fidelity bond?	X		90000000
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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)
----------------	--

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, 2014 and 2013

(With Independent Auditors' Report Thereon)

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

December 31, 2014 and 2013

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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 and of accumulated plan benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for plan benefits and of changes in accumulated 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, 2014 and 2013, 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 25, 2015

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, 2014 and 2013

(in thousands)

	<u>2014</u>	<u>2013</u>
Assets:		
Investments at fair value as certified by trustee (notes 3 and 4):		
Plan interest in Middle River Master Trust	\$ 33,268	\$ 32,590
Employer contributions receivable (note 7)	<u>225</u>	<u>1,150</u>
Total assets	33,493	33,740
Liabilities:		
Accrued expenses	<u>115</u>	<u>201</u>
Net assets available for plan benefits	<u>\$ 33,378</u>	<u>\$ 33,539</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, 2014 and 2013

(in thousands)	2014	2013
Additions (reductions) to net assets attributed to:		
Investment income as certified by trustee (note 3)		
Net appreciation (depreciation) in fair value of investments	(1,670)	3,009
Dividends and interest income	3,203	1,587
	1,533	4,596
Employer contributions (note 7)	1,125	1,900
Total additions	2,658	6,496
Deductions from net assets attributed to:		
Benefit payments	2,480	2,459
Administrative expenses	339	397
Total deductions	2,819	2,856
Net increase (decrease)	(161)	3,640
Net assets available for plan benefits at:		
Beginning of year	33,539	29,899
End of year	\$ 33,378	\$ 33,539

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 Accumulated Plan Benefits

December 31, 2014 and 2013

(in thousands)

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 19,887	\$ 19,154
Other participants	<u>10,548</u>	<u>9,992</u>
	30,435	29,146
Non-vested benefits	<u>658</u>	<u>823</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 31,093</u></u>	<u><u>\$ 29,969</u></u>

See accompanying notes to financial statements.

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

Statements of Changes in Accumulated Plan Benefits

Years Ended December 31, 2014 and 2013

(in thousands)

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 29,969	\$ 30,327
Increase (decrease) during the year attributable to:		
Benefits accumulated	250	253
Increase for interest due to the decrease in the discount period	2,012	2,038
Benefit payments	(2,480)	(2,459)
Changes in actuarial assumptions (note 2(e))	345	—
Plan amendments	970	—
Experience gains (losses), net	27	(190)
Net increase (decrease)	<u>1,124</u>	<u>(358)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 31,093</u>	<u>\$ 29,969</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, 2014 and 2013

(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 Presentation

The accompanying financial statements 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 3 and 4 for additional information.

Investment transactions are recorded on a trade date basis. Interest 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 Trust net assets at the beginning of the 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, 2014 and 2013

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 4 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) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that will be required under the Plan's provisions based on the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable as a result of 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 that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, termination of employment, and retirement) between the valuation date and the expected date of payment.

The more significant actuarial assumptions used in the valuations as of December 31, 2014 and 2013 were: (a) expected mortality rates of participants based on mortality tables adjusted for the demographic characteristics of the participants; (b) retirement age ranging from 58 to 65 and, (c) interest discount assumption of 7.5% and 7.00%, respectively. In 2014, the Society of Actuaries issued new mortality tables projecting longer life expectancies. As a result, the Plan updated its mortality tables at December 31, 2014. The changes in actuarial assumptions for the year ended December 31, 2014 are primarily due to new mortality assumptions and changes in the interest rate. The plan amendment reflects an increase in the benefit multiplier for each year of credited service for active participants through the year 2019.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue indefinitely. If the Plan was expected 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, 2014 and 2013

(f) Benefit Payments

Benefit payments to participants are recorded when paid.

(g) Expenses

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

(h) Reclassification

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

(3) Summary of Trust Financial Information (Unaudited)

The information presented in this note and the "Fair Value Measurements" note (note (4)) below was derived 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 Plan investments are held 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, 2014 and 2013, the Plan's interest in the net assets of the Trust was 27.29% and 14.89%, respectively.

The net assets of the Trust at December 31, 2014 and 2013 follows.

	2014	2013
	(in thousands)	
Investments at fair value:		
Short-term investments	\$ 1,274	\$ 2,549
Registered investment companies		
GE U.S. Equity Fund	39,208	76,325
GE S&P Index Fund	6,601	12,488
GE Strategic Investment Fund	32,586	41,646
GE International Fund	15,607	36,371
GE Income Fund	20,372	34,760
Morgan Stanley Emerging Growth Fund	6,238	14,765
Total registered investment companies	120,612	216,355
Total investments at fair value	\$ 121,886	\$ 218,904

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

Notes to Financial Statements

December 31, 2014 and 2013

The Trust's changes in net assets for the years ended December 31, 2014 and 2013 follows.

Changes in Net Assets:	2014	2013
	(in thousands)	
Investment income:		
Net appreciation (depreciation) in fair value of investments:		
Registered investment companies		
GE U.S. Equity Fund	\$ 4,896	\$ 14,046
GE S&P Index Fund	1,579	2,631
GE Strategic Investment Fund	(1,066)	4,016
GE International Fund	(2,369)	5,736
GE Income Fund	1,101	(1,139)
Morgan Stanley Emerging Growth Fund	(2,383)	4,247
Total net appreciation	1,758	29,537
Interest and dividends	10,797	9,922
Transfers in:		
Employer contributions	12,575	21,610
Transfers out:		
GE Pension Trust*	(111,845)	—
Benefit Payments	(8,969)	(8,743)
Administrative expenses	(1,334)	(1,119)
Net increase (decrease)	(97,018)	51,207
Net assets of the Trust:		
Beginning of year	218,904	167,697
End of year	\$ 121,886	\$ 218,904

* During 2014, three defined benefit plans in the Trust transferred their plan assets to the GE Pension Trust.

For the years ended December 31, 2014 and 2013, the amount of investment appreciation (depreciation) allocated to the Plan totaled (\$1.7) million and \$3.0 million, respectively. Dividends and interest allocated to the Plan for the years ended December 31, 2014 and 2013 were \$3.2 million and \$1.6 million, respectively.

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

Notes to Financial Statements

December 31, 2014 and 2013

(4) Fair Value Measurements

The Trust's investments measured at fair value on a recurring basis at December 31, 2014 follow.

	Level 1	Level 2	Level 3	Total
	(in thousands)			
Short-term investments	\$ —	\$ 1,274	\$ —	\$ 1,274
Registered investment companies	120,612	—	—	120,612
Total investments at fair value	<u>\$ 120,612</u>	<u>\$ 1,274</u>	<u>\$ —</u>	<u>\$ 121,886</u>

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

	Level 1	Level 2	Level 3	Total
	(in thousands)			
Short-term investments	\$ —	\$ 2,549	\$ —	\$ 2,549
Registered investment companies	216,355	—	—	216,355
Total investments at fair value	<u>\$ 216,355</u>	<u>\$ 2,549</u>	<u>\$ —</u>	<u>\$ 218,904</u>

Transfers in and out of levels are considered to occur at the beginning of the period. There were no transfers during 2014 and 2013.

(5) Related Party Transactions (Parties-in-Interest)

Investments of the Plan include shares of a registered investment company advised by GE Asset Management ("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 who are parties in interest under ERISA, including KPMG LLP, the auditor of the Plan's financial statements.

(6) 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 ("IRC") and that the related trust is tax exempt. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's counsel believe that the Plan's current design and operations comply in all material respects with the applicable requirements of the IRC, and that the letter remains valid.

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

Notes to Financial Statements

December 31, 2014 and 2013

U.S. generally accounting accepted principles 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. For the years ended December 31, 2014 and 2013, the Plan has not recognized a tax liability (or asset) related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions and its administrator believes it is no longer subject to income tax examinations for years prior to 2011.

(7) Funding

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 \$2.2 million in 2013 and \$2.1 million in 2014. In addition, the Company had a formal commitment to contribute \$0.2 million in 2015 as of December 31, 2014.

(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 investment securities will occur (including in the near term) and that such changes could materially affect amounts reported in the statements of net assets available for plan benefits.

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

(9) 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 2015, that ceiling, which is adjusted periodically, is \$5,011 per month.

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

Notes to Financial Statements

December 31, 2014 and 2013

(10) Subsequent Events

Subsequent events after the statement of net assets available for plan benefits date through September 25, 2015, the date the financial statements were issued, have been evaluated in the preparation of the financial statements.

Effective February 28, 2015, the Middle River Trust assets were transferred to the GE Pension Trust. The Trustees of the GE Pension Trust are officers of GE Asset Management Incorporated, a wholly owned subsidiary of General Electric Company. State Street Bank and Trust remains the Trustee for the Middle River Trust.

Schedule SB Attachment (Form 5500)—2014 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, 2014

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	1	1								
25-29	1	2	3							
30-34	3	2	8	1						
35-39	2	1	4							
40-44	2	4	4							
45-49	1	3	2	2			2			
50-54		2	9	1			6	1	1	
55-59	1	4	6	3	1		2	3	29	3
60-64		3	5	1	1		1	1	11	2
65-69			1						2	1
70+				1					1	

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Schedule SB Attachment (Form 5500)—2014 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 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
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	2014 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.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Schedule SB Attachment (Form 5500)—2014 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
of the Grand Rapids, MI Division
EIN: 38-2733944 PN: 003

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2012 Plan Year

7.50%

2013 Plan Year

7.00% limited to 6.76%

Trust Expenses Included in Target Normal Cost

Prior year's administrative expenses plus current year estimated PBGC premiums (\$366,731 for 2014)

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2014

Schedule SB Attachment (Form 5500)—2014 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%	12.50%
59	0%	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)—2014 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)—2014 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ 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</u>	B Three-digit plan number (PN) ▶ <u>003</u> D Employer Identification Number (EIN) <u>38-2733944</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GE Aviation Systems LLC</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>1</u> Day <u>1</u> Year <u>2014</u>				
2 Assets:				
a Market value	2a	33,705,877		
b Actuarial value	2b	31,359,622		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment.....	507	20,177,145	20,177,145	
b For terminated vested participants.....	157	3,445,096	3,445,096	
c For active participants.....	152	7,031,590	7,895,728	
d Total.....	816	30,653,831	31,517,969	
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	6.36%		
6 Target normal cost	6	626,955		

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>KARL K. OMAN KKO.</u> Signature of actuary	<u>09/17/2015</u> Date
	<u>Karl K. Oman</u> Type or print name of actuary	<u>14-07459</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</u> <u>Lincolnshire</u> Address of the firm	<u>IL 60069</u>

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) 2014
v. 140124

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>17.93%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		635526
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.20%</u>		39403
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		674929
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	99.49 %
15 Adjusted funding target attainment percentage	15	99.49 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.93 %
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
04/02/2014	300,000				
07/03/2014	300,000				
10/14/2014	300,000				
01/12/2015	225,000				
04/08/2015	250,000				
07/02/2015	250,000				
Totals ▶			18(b)	1,625,000	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	1,542,459

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: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ 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	626,955
b Excess assets, if applicable, but not greater than line 31a.....		31b	0
32 Amortization installments:		Outstanding Balance Installment	
a Net shortfall amortization installment.....		158,347	342,862
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	969,817
		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	969,817
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	1,542,459
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36).....		38a	572,642
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)—2014 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.36%	Interest Adjusted Contribution
April 2, 2014	\$ 300,000	91	\$ 295,423
July 3, 2014	300,000	183	290,868
October 14, 2014	300,000	286	285,850
January 12, 2015	225,000	376	211,153
April 8, 2015	250,000	462	231,231
July 2, 2015	250,000	547	227,934
Total Contributions	\$ 1,625,000		\$ 1,542,459

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Schedule SB, line 22—Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
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) Age	(b) Rate	(c) Weight	(d) 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

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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%.

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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
04/01/1998–03/31/1999	\$19.60
04/01/1999–03/31/2000	\$19.90
04/01/2000–03/31/2002	\$21.00
04/01/2002–03/31/2003	\$22.00
04/01/2003–03/31/2004	\$23.00
04/01/2004–03/31/2007	\$24.00
04/01/2007–03/31/2008	\$25.00
04/01/2008–03/31/2009	\$26.50
04/01/2009–03/31/2010	\$28.00
04/01/2010–03/31/2011	\$30.00
04/01/2011–03/31/2012	\$32.00
04/01/2012–03/31/2013	\$34.00
04/01/2013–03/31/2014	\$35.00
04/01/2014 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).

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.

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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.

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
09/04/1987–03/31/1988	\$15.25
04/01/1988–03/31/1989	\$16.00
04/01/1989–03/31/1990	\$16.75
04/01/1990–03/31/1991	\$17.50
04/01/1991–03/31/1992	\$17.75
04/01/1992–03/31/1993	\$18.25
04/01/1993–03/31/1997	\$19.00
04/01/1997–03/31/1998	\$19.30
04/01/1998–03/31/1999	\$19.60
04/01/1999–03/31/2000	\$19.90
04/01/2000–03/31/2002	\$21.00
04/01/2002–03/31/2003	\$22.00
04/01/2003–03/31/2004	\$23.00
04/01/2004–03/31/2007	\$24.00
04/01/2007–03/31/2008	\$25.00
04/01/2008–03/31/2009	\$26.50
04/01/2009–03/31/2010	\$28.00
04/01/2010–03/31/2011	\$30.00
04/01/2011–03/31/2012	\$32.00
04/01/2012–03/31/2013	\$34.00
04/01/2013–03/31/2014	\$35.00
04/01/2014 and later	\$36.00

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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.

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.

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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.

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

The funding valuation reflects the following plan change:

- A change in the benefit multiplier from \$35 to \$36.

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.

As a result of an internal change in assignments at Aon Hewitt, the Enrolled Actuary has changed.

Schedule SB Attachment (Form 5500)—2014 Plan Year
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 806,643	January 1, 2010	3	\$ 282,075
Shortfall	\$ 3,014,565	January 1, 2011	4	\$ 809,549
Shortfall	\$ (2,929,118)	January 1, 2012	5	\$ (644,219)
Shortfall	\$ 832,345	January 1, 2013	6	\$ 157,556
Shortfall	\$ (1,566,088)	January 1, 2014	7	\$ (262,099)