

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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 <u>GE AVIATION MECHANICAL SYSTEMS-LOS ANGELES PENSION PLAN FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION</u>	1b Three-digit plan number (PN) ▶ <u>004</u> 1c Effective date of plan <u>05/01/1973</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GE AVIATION SYSTEMS LLC</u> <u>ONE NEUMANN WAY, MD C22</u> <u>CINCINNATI, OH 45215</u>	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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2016</u>	<u>LYNN KOHRS</u>
	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)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFITS COMMITTEE FOR CERTAIN GE AFFILIATED PLANS ONE NEUMANN WAY, MD C22 CINCINNATI, OH 45215		3b Administrator's EIN 31-1651279	
		3c Administrator's telephone number 513-243-2000	
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	345
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)	0
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	77
c Other retired or separated participants entitled to future benefits.....		6c	247
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	324
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e	17
f Total. Add lines 6d and 6e		6f	341
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I 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) ☐ 0 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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ 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 MECHANICAL SYSTEMS-LOS ANGELES PENSION PLAN FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION	B Three-digit plan number (PN) ▶ 004
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 2015			
2 Assets:			
a Market value	2a	10358321	
b Actuarial value	2b	10169915	
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	89	3727747	3727747
b For terminated vested participants	256	5409590	5409590
c For active participants	0	0	0
d Total	345	9137337	9137337
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	6.32 %	
6 Target normal cost	6	399971	

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

SIGN HERE		
Signature of actuary	09/14/2016	Date
AARON L. SENS	14-06808	Most recent enrollment number
HEWITT ASSOCIATES LLC	847-295-5000	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 ☐

Part II	Beginning of Year Carryover and Prefunding Balances
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		(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>5.12</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)		174269
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>6.55</u> %		11415
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.....		185684
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	111.30 %
15	Adjusted funding target attainment percentage	15	111.30 %
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	108.00 %
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	
				Totals ►	18(b)	0	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	0

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
27 If the plan is 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	399971	
b Excess assets, if applicable, but not greater than line 31a	31b	399971	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
<div>A Name of plan</div> <div>GE AVIATION MECHANICAL SYSTEMS-LOS ANGELES PENSION PLAN FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div>	004
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>GE AVIATION SYSTEMS LLC</div>	<div>D Employer Identification Number (EIN)</div> <div>38-2733944</div>	

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	87494	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IVINS PHILLIPS & BARKER CHTD

52-1229560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	34958	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER INVESTMENT MANAGEMENT INC

30-0282430

(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?
16	CONSULTING	23334	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	10500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: KARL K. OMAN	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 HAS 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;">2015</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 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

<p>A Name of plan <u>GE AVIATION MECHANICAL SYSTEMS-LOS ANGELES PENSION PLAN FOR UAW LOCAL 509</u> <u>HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION</u></p>	<p>B Three-digit plan number (PN) ▶ <u>004</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	<p>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)</p>
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a Name of MTIA, CCT, PSA, or 103-12 IE: GENERAL ELECTRIC PENSION TRUST

b Name of sponsor of entity listed in (a): GENERAL ELECTRIC COMPANY

c EIN-PN <u>14-0689340-001</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>9759225</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)
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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)
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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)
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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)
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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)
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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)
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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
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>GE AVIATION MECHANICAL SYSTEMS-LOS ANGELES PENSION PLAN FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION</u>		B Three-digit plan number (PN) <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GE AVIATION SYSTEMS LLC</u>		D Employer Identification Number (EIN) <u>38-2733944</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	0
	(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)	10358321	9759225
	(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	10358321	9759225

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	101415	30348
k Total liabilities (add all amounts in lines 1g through 1j)	1k	101415	30348

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10256906	9728877
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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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		114788
(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		114788

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	430853	
(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)		430853
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)	132952	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	79012	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		211964
j Total expenses. Add all expense amounts in column (b) and enter total	2j		642817

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-528029
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:

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

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

6a Name of trust STATE STREET BANK & TRUST COMPANY	6b Trust's EIN 041867445
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>GE AVIATION MECHANICAL SYSTEMS-LOS ANGELES PENSION PLAN FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION</u>	B Three-digit plan number (PN) ▶ <u>004</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>1</u>

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		14a	
	a The current year		14b	
	b The plan year immediately preceding the current plan year		14c	
	c The second preceding plan year			
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
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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): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION

Financial Statements

December 31, 2015 and 2014

(With Independent Auditors' Report Thereon)

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION

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KPMG LLP
515 Broadway
Albany, NY 12207-2974

Independent Auditors' Report

Plan Administrator
GE Aviation Mechanical Systems – Los Angeles Pension
Plan for UAW Local 509 Hourly Employees of the Duarte, CA, Division:

Report on the Financial Statements

We have audited the accompanying financial statements of the GE Aviation Mechanical Systems – Los Angeles Pension Plan for UAW Local 509 Hourly Employees of the Duarte, CA, Division (the Plan) which comprise the statements of net assets available for plan benefits and of accumulated plan benefits as of December 31, 2015 and 2014, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2015 and 2014, and the changes in its financial status for the years then ended, in accordance with U.S. generally accepted accounting principles.

KPMG LLP

Albany, New York
September 26, 2016

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
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Statements of Net Assets Available for Plan Benefits

December 31, 2015 and 2014

(in thousands)

	<u>2015</u>	<u>2014</u>
Assets:		
Investments at fair value (notes 3 and 4)		
Plan interest in GE Pension Trust	\$ 9,759	\$ 10,358
Liabilities:		
Accrued expenses	<u>30</u>	<u>101</u>
Net assets available for plan benefits	<u>\$ 9,729</u>	<u>\$ 10,257</u>

See accompanying notes to financial statements.

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION

Statements of Changes in Net Assets Available for Plan Benefits

Years Ended December 31, 2015 and 2014

(in thousands)

	2015	2014
Additions (reductions) to net assets attributed to:		
Investment income allocated from GE Pension Trust (note 3):		
Interest and dividends	\$ 211	\$ 20
Net depreciation in fair value of investments	(48)	(82)
Net realized and unrealized loss in foreign currency	(2)	(1)
Investment management fees and other expenses (note 7)	(46)	(12)
Investment income prior to transfer to GE Pension Trust (note 4):		
Net appreciation in fair value of investments	—	539
Employer contributions (note 8)	—	180
Total additions	<u>115</u>	<u>644</u>
Deductions from plan assets attributed to:		
Benefit payments	431	347
Administrative expenses (note 7)	<u>212</u>	<u>265</u>
Total deductions	<u>643</u>	<u>612</u>
Net increase (decrease)	(528)	32
Net assets available for plan benefits at:		
Beginning of year	<u>10,257</u>	<u>10,225</u>
End of year	<u>\$ 9,729</u>	<u>\$ 10,257</u>

See accompanying notes to financial statements.

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION

Statements of Accumulated Plan Benefits

December 31, 2015 and 2014

(in thousands)

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 3,499	\$ 3,507
Other participants	<u>4,677</u>	<u>4,783</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 8,176</u>	<u>\$ 8,290</u>

See accompanying notes to financial statements.

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION

Statements of Changes in Accumulated Plan Benefits

Years Ended December 31, 2015 and 2014

(in thousands)

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 8,290	\$ 8,605
Increase (decrease) during the year attributable to:		
Increase for interest due to the decrease in the discount period	606	591
Benefit payments	(431)	(347)
Changes in actuarial assumptions (note 2(e))	(204)	(235)
Experience gains, net	<u>(85)</u>	<u>(324)</u>
Net decrease	<u>(114)</u>	<u>(315)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 8,176</u>	<u>\$ 8,290</u>

See accompanying notes to financial statements.

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
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Notes to Financial Statements

December 31, 2015 and 2014

(1) Description of the Plan

The GE Aviation Mechanical Systems – Los Angeles Pension Plan for UAW Local 509 Hourly Employees of the Duarte, CA 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”). After March 2, 2013, no participant can accrue any additional benefits under the Plan; the Plan was effectively frozen when all eligible employees transferred to Woodward HRT, Inc. in connection with the sale of the Duarte, CA Division of GE Aviation Systems LLC.

The Plan provides benefits to collectively bargained employees of GE Aviation Mechanical Systems – Los Angeles Pension Plan for UAW Local 509 Hourly Employees of the Duarte, CA Division only. 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. All participants who were eligible employees on March 2, 2013 became 100% vested.

Participants are entitled to pension benefits (paid monthly) beginning at normal retirement age (65). The Plan permits early retirement beginning at age 55 if a participant has 5 years of vesting service, or at age 62. If a participant becomes disabled and meets the criteria, the Plan provides for a disability retirement benefit and a disability supplement.

Effective November 30, 2014, the Plan’s assets totaling \$10.5 million were transferred into the GE Pension Trust (the “Trust”). The Trustees of the Trust are officers of GE Asset Management Incorporated (“GEAM”), a wholly owned subsidiary of General Electric Company (“GE”). GEAM is the investment advisor to the Trust and provides investment management and other services. State Street Corporation (“State Street”) is the primary custodian for Trust assets.

This description of the Plan is provided for general information purposes only. The complete terms of the Plan are provided in the GE Aviation Mechanical Systems – Los Angeles Pension Plan for UAW Local 509 Hourly Employees of the Duarte, CA Division Pension Plan document. Information concerning the Plan, including benefits and vesting provisions, is also included in the Summary Plan Description and other material distributed to participants.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Investments

All Plan investment assets are held in the Trust. The Trust’s investments are carried at fair value. See notes 3 and 4 for additional information.

Investment transactions are recorded by the Trust on a trade date basis. Interest income is earned from settlement date and is recognized on an accrual basis. Dividend income is recorded on the ex-dividend date.

Securities for which exchange quotations are readily available are valued at the last sale price, or if no sales occurred on that day, at the quoted bid price. Short-term investments generally maturing within 60 days or less at the time of purchase are valued on the basis of amortized cost, which approximates fair value. Non-publicly traded investments are principally investments in real estate, alternative investment funds and private equity securities. The fair value estimates for these non-publicly traded investments involve subjective judgments and the actual selling price of these investments can only be determined by negotiations between independent third parties in a sales transaction.

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Off-balance-sheet financial instruments and commitments are valued at current market prices and rates, and are included in due from brokers and due to brokers, as applicable, on the statements of net assets of the Trust. The net realized and unrealized gains or losses are included in net appreciation (depreciation) in value of investments in the statements of changes in net assets of the Trust. Futures contracts are valued at the settlement price established each day by the board of trade or exchange on which they principally trade. Forward foreign currency contracts are valued at the closing market price.

Investment income and related expenses, including interest and dividend income, net realized gains (losses) on sale and unrealized appreciation (depreciation) in 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 each month.

(c) Fair Value Measurements

For financial assets and liabilities, fair value is the price the Trust would receive to sell an asset or pay to transfer a liability in an orderly transaction with a market participant at the measurement date. In the absence of active markets for the identical assets or 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.

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 significant value drivers are observable.

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

GE maintains policies and procedures to value investments using the best and most relevant data available. Independent pricing vendors are used to assist in valuing certain investments. In addition, GE performs reviews through assessment of the inputs in the determination of valuation for a representative sample of direct investments in private equity securities and real estate investments to assess reasonableness of the valuations.

The following section describes the valuation methodologies used to measure Trust investments at fair value.

When available, quoted market prices are used to determine fair value of investment securities, and they are included in Level 1. Level 1 securities primarily include publicly traded equity securities.

When quoted market prices are unobservable, pricing information is obtained from independent pricing vendors. The pricing vendors use various pricing models for each asset class that are consistent with what other market participants would use. The inputs and assumptions to the model of the pricing vendors are derived from market observable sources including: benchmark yields, reported trades, broker/dealer quotes, issuer spreads, benchmark securities, bids, offers, and other market-related data. Since many fixed income securities do not trade on a daily basis, the methodology of the pricing vendors use available information as applicable such as benchmark curves, benchmarking of like securities, sector groupings, and matrix pricing. The pricing vendors consider available market observable inputs in determining the evaluation for a security. Thus, certain securities may not be priced using quoted prices, but rather determined from market observable information. These investments are included in Level 2 and primarily comprise the portfolio of corporate fixed

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income, and government, mortgage and asset-backed securities. In infrequent circumstances, pricing vendors may provide valuations that are based on significant unobservable inputs, and in those circumstances the investment securities are classified in Level 3.

Private equity security valuations are reviewed at the end of each reporting period utilizing available market data to determine whether or not any fair value adjustments are necessary. The market data includes recent transactions in the same or similar instruments, completed or pending third-party transactions in the underlying investment or comparable issuers. Unobservable inputs include company specific fundamentals and other third party transactions in that security.

Real estate investments are valued using discounted cash flow techniques on estimated future cash flows generated by the property, market analysis and sales comparison information. Cash flow estimates are based on current market estimates that reflect current and projected lease profiles and available industry information about expected trends in rental, occupancy, and capitalization rates.

The Trust's ownership in the collective funds is carried at fair value based on the investment's net asset value per unit and included in Level 2.

Private equity and real estate partnerships are valued using the net asset values provided by the general partners and updated, if necessary, using analytical procedures and/or inquiry of general partners. The net asset values are determined based upon the fair values of the underlying investments in the funds. Investments in private equity and real estate funds are generally included in Level 3 because they are not redeemable at the measurement date.

The valuation methodology for private equity securities and real estate investments is applied consistently, and is included in Level 3.

Closing prices for derivatives, which are traded either on exchanges or liquid over-the-counter markets are included in Level 1.

Trust securities that are valued using techniques other than market quotations, particularly securities that are "fair valued," are subject to valuation risk. The inputs or methodology used for valuing securities are not an indication of the risk associated with investing in those securities.

Annually, GE conducts a review of the primary pricing vendor to validate that the inputs used in that vendor's pricing process are deemed to be market observable as defined in the standard. While GE is not provided access to proprietary models of the vendor, GE's review has included on-site walkthroughs of pricing processes, methodologies and control procedures for each asset class for which prices were provided. GE's review also includes an examination of the underlying inputs and assumptions for a sample of individual securities across asset classes, credit rating levels and various durations. GE believes that the prices received from the pricing vendor are representative of prices that would be received to sell the assets at the measurement date (exit price).

GE may use non-binding broker quotes as its primary basis for valuation when there is limited, or no, relevant market activity for a specific instrument or for other instruments that share similar characteristics. GE has not adjusted the prices obtained from the brokers. Investment securities priced using non-binding broker quotes are included in Level 3. As is the case with the primary pricing vendor, third-party brokers do not provide access to their proprietary valuation models, inputs and assumptions.

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(d) Management Estimates and Assumptions

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the actuarial present value of accumulated plan benefits and disclosure of contingent assets and liabilities. 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, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated 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 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, 2015 and 2014 were:

(a) expected mortality rates of participants based on mortality tables adjusted for the demographic characteristics of the participants; (b) assumed retirement age ranging from 55 to 70; and (c) interest discount assumption of 7.5%. The assumption changes in 2014 are primarily due to new mortality assumptions and changes in the interest rate. The changes in actuarial assumptions for the year ended December 31, 2015 are due to adjustments to the mortality table.

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.

(f) Benefit Payments

Benefit payments to participants are recorded when paid.

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(3) Summary of Trust Financial Information

- (a) As of November 30, 2014, the Plan's net assets are invested solely in the Trust which has been established to receive employer and employee contributions, invest or reinvest such sums, and pay benefits in accordance with specific provisions for participating plans.
- (b) The Plan's net investment in the Trust rounded to less than 1% of Trust net assets as of December 31, 2015 and 2014, respectively. The net assets and changes in net assets of the Trust follow.

Net Assets:	December 31,	
	2015	2014
	(in thousands)	
Assets:		
Investments (note 4):		
Public equity securities	\$ 22,569,123	\$ 22,779,291
Fixed income securities	14,579,554	15,850,942
Private equity securities	5,119,966	5,408,353
Real estate	3,339,548	3,223,817
Other	2,415,878	2,388,227
Total investments	48,024,069	49,650,630
Cash	17,095	161,097
Receivables:		
Due from brokers	119,080	76,613
Income receivable	145,033	190,947
Other receivables	29,830	30,308
Total receivables	293,943	297,868
Total assets	48,335,107	50,109,595
Liabilities:		
Due to brokers	358,389	326,323
Accounts payable and accrued expenses	56,306	34,658
Total liabilities	414,695	360,981
Net assets of the Trust	\$ 47,920,412	\$ 49,748,614

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Notes to Financial Statements

December 31, 2015 and 2014

Changes in Net Assets:	Years Ended December 31,	
	2015	2014
	(in thousands)	
Investment income:		
Interest and dividend income	\$ 1,026,496	\$ 928,227
Net appreciation (depreciation) in value of investments:		
Public equity securities	(472,009)	265,048
Fixed income securities	(708,958)	811,621
Private equity securities	640,954	690,853
Real estate	347,708	433,474
Other	(63,404)	114,481
Total net appreciation (depreciation)	(255,709)	2,315,477
Net realized and unrealized loss in foreign currency	(8,612)	(70,111)
Investment management fees and other expenses	(223,693)	(220,095)
Transfers in:		
Affiliate plans	815,213	1,015,948
Employee contributions	156,039	154,648
Employer contributions	17,401	44,430
Transfers out:		
Benefit payments and employee refunds	(3,115,780)	(3,001,091)
Administrative expenses	(239,557)	(135,508)
Net increase (decrease)	(1,828,202)	1,031,925
Net assets of the Trust at:		
Beginning of year	49,748,614	48,716,689
End of year	<u>\$ 47,920,412</u>	<u>\$ 49,748,614</u>

(c) Investments

The Trust invests in U.S. equities, international equities, fixed income securities, private equity securities, real estate, partnerships, and certain other assets. Due to risks associated with certain investments, it is reasonable to expect that changes in the value of investments will occur (including in the near term) and that such changes could materially affect the Trust's investments.

According to the statute, the aggregate holdings of all qualifying employer securities (e.g. General Electric Company common stock) and qualifying employer real property may not exceed 10% of the fair value of trust assets at the time of purchase. General Electric Company securities represented 3.7% and 3.8% of Trust net assets at December 31, 2015 and 2014, respectively.

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(d) Financial Instruments with Off-Balance-Sheet Risk

In the normal course of business, the Trust enters into transactions in various financial instruments with off-balance-sheet risk. These financial instruments involve varying degrees and types of risks, including credit and market risks, which may be in excess of the amounts recognized in the net assets of the Trust.

Credit risk represents the potential loss to the Trust due to possible nonperformance by obligors and counterparties of the terms of their contracts. Counterparty credit risk (the risk that counterparties will default and not make payments to the Trust according to the terms of the applicable agreements) are managed on an individual counterparty basis. There are provisions in the Trust's master agreements that require counterparties to post collateral (typically cash or U.S. Treasury Securities) from time to time depending on stated conditions, for example when the Trust's receivable due from that counterparty, measured at current market value, exceeds a specified limit.

Where there are agreements to net derivative exposures with a counterparty, exposures with that counterparty are netted and applied to the value of collateral posted to the Trust to determine the net exposure. These net exposures are actively monitored against defined limits and appropriate actions are taken in response, including requiring additional collateral. Market risk represents the potential loss to the Trust due to the decrease in the value of an off-balance-sheet financial instrument caused primarily by changes in interest rates or foreign exchange rates, or a combination thereof.

Forward contracts and futures represent agreements to purchase or sell securities, money market instruments or foreign currencies at a future date and at a specified price. Short sells represent commitments to purchase securities at a future date. Options give the holder the right, but not the obligation, to purchase or sell securities at a future date and at a specified price. Both credit and market risks exist with respect to forward contracts. Market risk exists with respect to futures, short sells and options. These positions are carried at current market value, and the unrealized gain or loss is included in due to brokers and due from brokers in the Trust's statements of net assets. Financial futures are marked to market and settled with the broker on a daily basis. With futures contracts, there is minimal counterparty credit risk to the Trust since futures contracts are exchange traded and the exchange's clearinghouse, as counterparty to all traded futures, guarantees the futures against default. The Trust does not anticipate that losses, if any, as a result of credit or market risk would materially affect the net asset position of the Trust. The Trust, to a limited extent, enters into transactions involving other financial instruments and commitments as an integral part of the overall management of the investment portfolio. The Trust has elected to offset the fair value amounts recognized for receivables and payables for derivative positions executed with the same counterparty under the same master netting agreement.

The Trust had unfunded commitments of \$2,988 million and \$2,351 million as of December 31, 2015 and 2014, respectively, related to investments in private equity and real estate partnerships.

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Notes to Financial Statements

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The derivative contracts entered into by the Trust summarized by primary risk exposure as noted below in the statement of net assets of the Trust as of December 31, 2015 follow.

(in thousands)	Asset Derivative Fair Value	Liability Derivative Fair Value
<u>Derivatives classified in Other investments:</u>		
Options, equity	\$ —	\$ 1,751
Options, foreign currency	15,433	—
<u>Derivatives classified in Due from brokers or Due to brokers:</u>		
Futures:		
Equity index	—	114
Fixed income	1,038	1,006
Forwards, foreign currency	45	50,583

The effects of derivative instruments classified in the net appreciation (depreciation) in the value of other investments on the statement of changes in net assets of the Trust for the year ended December 31, 2015 are shown below.

(in thousands)	Total Notional/Cost Amount of Derivative Contracts		Realized Gain or (Loss) on Derivatives Recognized in Income	Change in Unrealized Appreciation/ (Depreciation) on Derivatives Recognized in Income
Derivatives	Purchased	Sold		
Options	\$ 81,687	\$ 41,492	\$ (19,851)	\$ (26,513)
Rights	2,458	1,452	355	(124)
Warrants	70	—	—	(70)
Futures	19,692,164	19,718,594	20,613	2,375
Forwards, foreign currency	1,254,047	1,240,589	67,912	12,447
Swaps	172,924	129,553	16,781	(28,225)

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The derivative contracts entered into by the Trust summarized by primary risk exposure as noted below in the statement of net assets of the Trust as of December 31, 2014 follow.

(in thousands)	Asset Derivative Fair Value	Liability Derivative Fair Value
<u>Derivatives classified in Other investments:</u>		
Rights	\$ 237	\$ —
<u>Derivatives classified in Due from brokers or Due to brokers:</u>		
Futures:		
Equity index	—	278
Fixed income	2,749	1,191
Forwards, foreign currency	113	42,170

The effects of derivative instruments classified in the net appreciation (depreciation) in the value of other investments on the statement of changes in net assets of the Trust for the year ended December 31, 2014 are shown below.

(in thousands)	Total Notional/Cost Amount of Derivative Contracts		Realized Gain or (Loss) on Derivatives Recognized in Income	Change in Unrealized Appreciation/ (Depreciation) on Derivatives Recognized in Income
Derivatives	Purchased	Sold		
Options	\$ 170,383	\$ 280,943	\$ (10)	\$ 27,575
Rights	4,216	—	155	124
Warrants	1,376	1,376	569	—
Futures	19,134,956	19,813,130	576	1,833
Forwards, foreign currency	2,977,524	2,922,228	(23,863)	85,437
Credit default swaps	278,301	—	4,599	951

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Notes to Financial Statements

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Summary of Financial Information Prior to November 30, 2014

Prior to November 30, 2014, the Plan investments were held in the Middle River Defined Benefit Master Trust (the "former Trust") under an agreement with State Street Bank and Trust (the "former Trustee"). The Plan Administrator directed the investment of the Plan's assets. The Plan's interest in the former Trust was 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.

The former Trust's changes in net assets for the year ended December 31, 2014 follows.

Changes in Net Assets:	2014
	(in thousands)
Investment income:	
Net appreciation (depreciation) in fair value of investments:	
Registered investment companies	
GE U.S. Equity Fund	\$ 4,896
GE S&P Index Fund	1,579
GE Strategic Investment Fund	(1,066)
GE International Fund	(2,369)
GE Income Fund	1,101
Morgan Stanley Emerging Growth Fund	(2,383)
Total net appreciation	1,758
Interest and dividends	10,797
Transfers in:	
Employer contributions	12,575
Transfers out:	
GE Pension Trust*	(111,845)
Benefit Payments	(8,969)
Administrative expenses	(1,334)
	(97,018)
Net assets of the Trust:	
Beginning of year	218,904
End of year	\$ 121,886

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

Investment appreciation allocated to the Plan for the period ended November 30, 2014, the date that all assets were transferred to the GE Pension Trust, was \$0.5 million.

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION

Notes to Financial Statements

December 31, 2015 and 2014

(4) Fair Value Measurements

The Trust's investments measured at fair value on a recurring basis at December 31, 2015 follow.

	Level 1	Level 2	Level 3	Total
	(in thousands)			
<u>Investments:</u>				
Public equity securities				
U.S. equity securities (a)	\$ 11,261,635	\$ 1,783,087	\$ —	\$ 13,044,722
Non-U.S. equity securities (a)	6,787,348	2,734,242	2,811	9,524,401
Fixed income securities				
Fixed income and cash investment funds	226,497	3,181,515	—	3,408,012
U.S. corporate (b)	—	5,794,409	—	5,794,409
Non-U.S. corporate	—	821,123	—	821,123
Residential mortgage-backed	—	957,040	45	957,085
U.S. government and federal agency	—	2,391,863	—	2,391,863
Other debt securities (c)	—	1,205,211	1,851	1,207,062
Private equity securities (a)	—	16,380	5,103,586	5,119,966
Real estate (a)	—	—	3,339,548	3,339,548
Other (d)	—	13,684	2,402,194	2,415,878
Total investments	<u>\$ 18,275,480</u>	<u>\$ 18,898,554</u>	<u>\$ 10,850,035</u>	<u>\$ 48,024,069</u>
<u>Other assets:</u>				
Derivatives (e)	<u>\$ 1,038</u>	<u>\$ 45</u>	<u>\$ —</u>	<u>\$ 1,083</u>
<u>Other liabilities:</u>				
Derivatives (e)	\$ 1,120	\$ 50,583	\$ —	\$ 51,703

- (a) Included direct investments and investment funds.
- (b) Primarily represented investment grade bonds of U.S. issuers from diverse industries.
- (c) Primarily represented investments in state and municipal debt, non-U.S. government bonds and commercial mortgage-backed securities.
- (d) Substantially all represented hedge fund investments.
- (e) Primarily represented futures and foreign currency forward exchange contracts.

There were no significant transfers between Level 1 and Level 2 during 2015.

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION

Notes to Financial Statements

December 31, 2015 and 2014

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)			
<u>Investments:</u>				
Public equity securities				
U.S. equity securities (a)	\$ 11,841,518	\$ 1,507,798	\$ —	\$ 13,349,316
Non-U.S. equity securities (a)	7,233,641	2,196,334	—	9,429,975
Fixed income and cash investment funds				
Fixed income and cash investment funds	253,049	4,383,689	—	4,636,738
U.S. corporate (b)	—	5,309,035	1,916	5,310,951
Residential mortgage-backed	—	1,151,637	1,211	1,152,848
U.S. government and federal agency	—	2,542,545	—	2,542,545
Other debt securities (c)	—	2,204,600	3,260	2,207,860
Private equity securities (a)	—	33,372	5,374,981	5,408,353
Real estate (a)	—	—	3,223,817	3,223,817
Other (d)	—	73,220	2,315,007	2,388,227
Total investments	<u>\$ 19,328,208</u>	<u>\$ 19,402,230</u>	<u>\$ 10,920,192</u>	<u>\$ 49,650,630</u>
<u>Other assets:</u>				
Derivatives (e)	<u>\$ 2,749</u>	<u>\$ 113</u>	<u>\$ —</u>	<u>\$ 2,862</u>
<u>Other liabilities:</u>				
Derivatives (e)	<u>\$ 1,469</u>	<u>\$ 42,170</u>	<u>\$ —</u>	<u>\$ 43,639</u>

- (a) Included direct investments and investment funds.
- (b) Primarily represented investment grade bonds of U.S. issuers from diverse industries.
- (c) Primarily represented investments in state and municipal debt, non-U.S. corporate bonds, non-U.S. government bonds and commercial mortgage-backed securities.
- (d) Substantially all represented hedge fund investments.
- (e) Primarily represented futures and foreign currency forward exchange contracts.

There were no significant transfers between Level 1 and Level 2 during 2014.

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION

Notes to Financial Statements

December 31, 2015 and 2014

The changes in Level 3 investments measured on a recurring basis for the year ended December 31, 2015 follow.

	January 1, 2015	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2015
	(in thousands)						
Fixed income securities							
U.S. corporate	\$ 1,916	\$ 36	\$ (4)	\$ —	\$ (1,085)	\$ (863)	\$ —
Residential							
mortgage-backed	1,211	(2,963)	2,847	—	(1,050)	—	45
Other debt securities	3,260	(754)	227	1,406	(2,404)	116	1,851
Non-U.S. equity securities	—	(654)	(3,339)	3,783	(2,999)	6,020	2,811
Private equity securities	5,374,981	452,797	198,182	652,932	(1,575,306)	—	5,103,586
Real estate	3,223,817	127,873	258,073	665,131	(986,357)	51,011	3,339,548
Other	2,315,007	24,036	(50,900)	306,061	(192,010)	—	2,402,194
	<u>\$ 10,920,192</u>	<u>\$ 600,371</u>	<u>\$ 405,086</u>	<u>\$ 1,629,313</u>	<u>\$ (2,761,211)</u>	<u>\$ 56,284</u>	<u>\$ 10,850,035</u>

(a) Transfers in and out of Level 3 are considered to occur at the beginning of the period.

The transfers into Level 3 are primarily due to the movement of certain assets into real estate and non-U.S. equity securities.

The changes in Level 3 investments measured on a recurring basis for the year ended December 31, 2014 follow.

	January 1, 2014	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2014
	(in thousands)						
Fixed income securities							
U.S. corporate	—	\$ (1)	\$ (7)	\$ 1,930	\$ (6)	\$ —	\$ 1,916
Residential							
mortgage-backed	—	(491)	2,694	—	(992)	—	1,211
Other debt securities	371	(8,250)	8,131	3,008	—	—	3,260
Private equity securities	6,322,443	610,598	(55,083)	524,804	(2,002,250)	(25,531)	5,374,981
Real estate	3,383,323	36,663	343,901	424,918	(964,988)	—	3,223,817
Other	1,635,505	48,870	87,301	405,256	(170,262)	308,337	2,315,007
	<u>\$ 11,341,642</u>	<u>\$ 687,389</u>	<u>\$ 386,937</u>	<u>\$ 1,359,916</u>	<u>\$ (3,138,498)</u>	<u>\$ 282,806</u>	<u>\$ 10,920,192</u>

(a) Transfers in and out of Level 3 are considered to occur at the beginning of the period.

The transfers into of Level 3 are primarily due to the movement of certain assets into a hedge fund structure.

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION

Notes to Financial Statements

December 31, 2015 and 2014

Information related to the significant unobservable inputs used in the valuation of Level 3 investments as of December 31, 2015 follows.

(in thousands)					
Investment	Fair Value December 31, 2015	Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
Private equity	\$ 4,496,825	Net asset value	Third party valuation	N/A	N/A
	123,542	Market comparables	EBITDA multiple Book value multiple	11.2X .8X	7.0X - 14.8X .8X
	83,617	Private transaction	EBITDA multiple Recent acquisitions	9.1X N/A	9.1X N/A
	22,317	Income approach	Discount rate	13.7%	10.0% - 30.0%
Real estate	1,508,040	Discounted cash flow	Capitalization rate Discount rate	6.4% 7.5%	5.0% - 8.5% 6.5%-10.0%
	1,311,202	Net asset value	Third party valuation	N/A	N/A
Shares in hedge fund	2,402,194	Net asset value	Third party valuation	N/A	N/A
Other (a)	902,298	Other	Other	N/A	N/A
Total	<u>\$ 10,850,035</u>				

- (a) Fair value measurements classified as Other are assets from the above investment types that were individually insignificant and utilize a number of different unobservable inputs.
- (b) Discount rates are determined based on inputs that market participants would use when pricing investments, including credit and liquidity risk. An increase in the discount rate would result in a decrease in the fair value.
- (c) Capitalization rates represent the rate of return on net operating income which is considered acceptable for an investor and is used to determine a real estate investment capitalized value. An increase in the capitalization rate would result in a decrease in the fair value.

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION

Notes to Financial Statements

December 31, 2015 and 2014

Information related to the significant unobservable inputs used in the valuation of Level 3 investments as of December 31, 2014 follows.

(in thousands)

Investment	Fair Value December 31, 2014	Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
Private equity	\$ 4,677,568	Net asset value	Third party valuation	N/A	N/A
	166,480	Market comparables	EBITDA multiple	10.6X	7.5X - 12.5X
			Revenue multiple	2.9X	1.9X - 3.9X
			Book value multiple	1.1X	1.1X
	71,437	Private transaction	EBITDA multiple	7.7X	7.7X
			Recent financing	N/A	N/A
			Recent acquisitions	N/A	N/A
	174,996	Income approach	Discount rate	17.1%	10.0% - 30.0%
Real estate	1,543,032	Discounted cash flow	Capitalization rate	6.7%	5.0% - 8.5%
			Discount rate	7.7%	6.8% - 11.0%
	1,402,742	Net asset value	Third party valuation	N/A	N/A
Shares in hedge fund	2,315,007	Net asset value	Third party valuation	N/A	N/A
Other (a)	568,930	Other	Other	N/A	N/A
Total	<u>\$ 10,920,192</u>				

- (a) Fair value measurements classified as Other are assets from the above investment types that were individually insignificant and utilize a number of different unobservable inputs.
- (b) Discount rates are determined based on inputs that market participants would use when pricing investments, including credit and liquidity risk. An increase in the discount rate would result in a decrease in the fair value.
- (c) Capitalization rates represent the rate of return on net operating income which is considered acceptable for an investor and is used to determine a real estate investment capitalized value. An increase in the capitalization rate would result in a decrease in the fair value.

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION

Notes to Financial Statements

December 31, 2015 and 2014

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

As described in Note 7, 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 December 30, 2015, that the Plan is qualified under the appropriate sections of the Internal Revenue Code ("IRC") and that the related trust is tax-exempt. The Plan has not 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.

The Plan satisfies the non-discrimination requirements of IRC sections 401(a)(4) and 410(b). To the extent the Trust recognizes any "unrelated business taxable income" as defined in Sections 512 through 514 of the IRC, the Trust is required to pay tax on any such income. For the years ended December 31, 2015 and 2014, the Trust recorded current income tax provisions of \$5.3 million and \$31.9 million, respectively. For the years ended December 31, 2015 and December 31, 2014, the Trust recorded no deferred tax liabilities.

U.S. generally accepted accounting 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, 2015 and 2014, 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 2012.

(7) Expenses

Pursuant to the Plan document, the Plan incurs certain administrative expenses and the Plan's proportionate share of other Trust expenses. Administrative expenses consist primarily of premiums paid to the Pension Benefit Guaranty Corporation ("PBGC"), direct recordkeeping and transaction processing costs. The Plan's proportionate share of the other Trust expenses is primarily associated with investment management fees. All reasonable expenses of the Plan are paid by the Plan, unless paid by the Company at its sole discretion.

Expenses for the Plan for the years ended December 31, 2015 and 2014 follow.

	2015	2014
	(in thousands)	
Administrative expenses	\$ 212	\$ 265
Investment management fees and other expenses	46	12
Total expenses	<u>\$ 258</u>	<u>\$ 277</u>

GE AVIATION MECHANICAL SYSTEMS - LOS ANGELES PENSION PLAN
FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION

Notes to Financial Statements

December 31, 2015 and 2014

(8) 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 to be appropriate. The Company made no contributions in 2015. The Company contributed \$1.5 million in 2014. In addition, the Company had no formal contribution commitment to fund in 2016 as of December 31, 2015.

(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 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 2016, that ceiling, which is adjusted periodically, is \$5,011 per month.

(10) Subsequent Events

Subsequent events after the statement of net assets available for plan benefits through September 26, 2016, the date the financial statements were issued, have been evaluated in the preparation of the financial statements.

On July 1, 2016, GE completed the sale of GEAM to State Street for proceeds of \$436 million. The net sale proceeds from the transaction will be deposited into the Trust. In connection with the transaction, GE personnel were appointed as Trustees of the Trust, and State Street Global Advisors, a division of State Street, and SSGA Funds Management, Inc. an affiliate of State Street, were appointed as investment advisors, providing investment advisory, investment management and related services that GEAM historically provided to the Trust. The investment objectives and policies of the Trust will not change as a result of this transaction.

Schedule SB Attachment (Form 5500)—2015 Plan Year
 GE Aviation Mechanical Systems - Los Angeles Pension Plan for UAW
 Local 509 Hourly Employees of the Duarte, CA Division.
 EIN: 38-2733944 PN: 004

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 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Optional Payment Form Election Percentage	20% elect a 5-year certain and life annuity 50% elect a single life annuity 10% elect a 10-year certain and life annuity and; 20% elect a 100% 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	2015 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 90% of males and 90% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2015 Plan Year
GE Aviation Mechanical Systems - Los Angeles Pension Plan for UAW
Local 509 Hourly Employees of the Duarte, CA Division.
EIN: 38-2733944 PN: 004

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2013 Plan Year	7.00%, limited to 6.76%
2014 Plan Year	7.00%, limited to 6.99%
Trust Expenses Included in Target Normal Cost	Prior year's administrative expenses plus current year estimated PBGC premiums (\$399,971 for 2015)
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
GE Aviation Mechanical Systems - Los Angeles Pension Plan for UAW
Local 509 Hourly Employees of the Duarte, CA Division.
EIN: 38-2733944 PN: 004

Table 1

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
 GE Aviation Mechanical Systems - Los Angeles Pension Plan for UAW
 Local 509 Hourly Employees of the Duarte, CA Division.
 EIN: 38-2733944 PN: 004

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%	64	0.0000%
		65+	0.0000%

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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 MECHANICAL SYSTEMS-LOS ANGELES PENSION PLAN FOR UAW LOCAL 509 HOURLY EMPLOYEES OF THE DUARTE, CA DIVISION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN)</td> <td style="width: 40%; text-align: center;">004</td> </tr> </table>	B Three-digit plan number (PN)	004
B Three-digit plan number (PN)	004		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GE AVIATION SYSTEMS LLC	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 38-2733944</td> </tr> </table>	D Employer Identification Number (EIN) 38-2733944	
D Employer Identification Number (EIN) 38-2733944			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	10,358,321	
b Actuarial value	2b	10,169,915	
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	89	3,727,747	3,727,747
b For terminated vested participants	256	5,409,590	5,409,590
c For active participants	0	0	0
d Total	345	9,137,337	9,137,337
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	6.32%	
6 Target normal cost	6	399,971	

Statement by Enrolled Actuary

To the best of my knowledge, the information shown 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	<div style="text-align: center;"> Aaron L. Sens </div>	<div style="text-align: center;"> 09/14/2016 Date 1406808 Most recent enrollment number 847-295-5000 Telephone number (including area code) </div>
Signature of actuary Aaron L. Sens Type or print name of actuary Hewitt Associates LLC Firm name		

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) 2015
v. 150123

	(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>5.12%</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).....		174,269
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>6.55%</u>		11,415
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.....		185,684
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

14	Funding target attainment percentage	14	111.30%
15	Adjusted funding target attainment percentage	15	111.30%
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	108.00%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

[illegible]

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	0

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)	21b		4
22 Weighted average retirement age	22		64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
27 If the plan is 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	399,971	
b Excess assets, if applicable, but not greater than line 31a	31b	399,971	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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)—2015 Plan Year
 GE Aviation Mechanical Systems - Los Angeles Pension Plan for UAW
 Local 509 Hourly Employees of the Duarte, CA Division.
 EIN: 38-2733944 PN: 004

Schedule SB, line 22—Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.50%	1.0000	1.39
56.5	2.50%	0.9750	1.38
57.5	2.50%	0.9506	1.37
58.5	2.50%	0.9269	1.36
59.5	2.50%	0.9037	1.34
60.5	7.00%	0.8811	3.73
61.5	7.00%	0.8194	3.53
62.5	15.00%	0.7621	7.14
63.5	15.00%	0.6478	6.17
64.5	15.00%	0.5506	5.33
65.5	30.00%	0.4680	9.20
66.5	20.00%	0.3276	4.36
67.5	20.00%	0.2621	3.54
68.5	20.00%	0.2097	2.87
69.5	20.00%	0.1677	2.33
70	100.00%	0.1342	9.39
Weighted Average			64.43

Schedule SB Attachment (Form 5500)—2015 Plan Year
GE Aviation Mechanical Systems - Los Angeles Pension Plan for UAW
Local 509 Hourly Employees of the Duarte, CA Division.
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Schedule SB, Part V—Summary of Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted January 28, 2015.

Covered Employees	All hourly-rate employees who are represented by the collective bargaining unit.
Participation date	January 1 or July 1 after completing one year of service. No one may become a participant after the transfer date.
Definitions	
Transfer Date	March 2, 2013. The date the Duarte, CA Division of GE Aviation Systems LLC was sold to Woodward HRT, Inc. in accordance with the terms of the Asset Purchase Agreement between GE Aviation Systems LLC, General Electric Company, Woodward HRT, Inc. and Woodward, Inc., dated as of December 27, 2012. After the transfer date, no employees remained with GE Aviation but the plan remained with GE Aviation.
Vesting Service	One year for each 1,000-hour plan year of employment measured from date of hire.
Credited service	Years and months of service where one-twelfth of a year is credited for a month in which at least one hour of service is performed. No credited service shall be earned by any participant after the transfer date.
Normal Retirement Date	First of the month coinciding with or next following the attainment of age 65 and five years of service.
Monthly Pension Benefit	Credited service multiplied by the benefit level in effect on the participant's last day of employment:

Date	Benefit Level
06/01/1997–05/17/2003	\$22.00
05/18/2003–05/31/2005	\$23.00
06/01/2005–05/31/2008	\$23.75
06/01/2008–05/31/2009	\$24.75
06/01/2009–05/31/2010	\$25.75
06/01/2010–05/31/2011	\$26.75
06/01/2011–05/31/2012	\$27.75
06/01/2012 and later	\$28.75

Schedule SB Attachment (Form 5500)—2015 Plan Year
 GE Aviation Mechanical Systems - Los Angeles Pension Plan for UAW
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 EIN: 38-2733944 PN: 004

Monthly Preretirement Spouse Benefit	Fifty-percent of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment prior to participant's age 65.
Actuarial Equivalence	1984 Unisex Pensioner's Mortality Table for participants and beneficiaries and an interest rate of 6%.
Eligibility for Benefits	
Normal Retirement	Retirement on normal retirement date.
Early Retirement	Retirement before normal retirement date and on or after both attaining age 55 and completing five years of vesting service or age 62 if earlier.
Postponed Retirement	Retirement after normal retirement date.
Disability Retirement	Total and permanent disability after seven months of disability.
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service. All participants shall be vested 100% in, and have a nonforfeitable right to his accrued benefit if he is an employee as of the transfer date.
Preretirement Spouse Benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse and five years of service.
Monthly Benefits Paid Upon the Following Events	
Normal Retirement	Monthly pension benefit determined as of normal retirement date.
Early Retirement	Monthly pension benefit determined as of early retirement date, reduced by 5/9 of 1% for first 60 months, 5/18 of 1% for next 60 months.
Postponed Retirement	Monthly pension benefit determined as of actual retirement date.
Disability Retirement	Monthly pension benefit determined as of disability, reduced actuarially before age 55.
Termination With Deferred Vested Benefit	Monthly pension benefit determined as of termination date, reduced 5/9 of 1% for first 60 months; 5/18 of 1% for next 60 months before the participant's normal retirement date.

Schedule SB Attachment (Form 5500)—2015 Plan Year
GE Aviation Mechanical Systems - Los Angeles Pension Plan for UAW
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Death With Preretirement Spouse Benefits	Monthly preretirement spouse benefit is payable immediately as a 50% joint and survivor if eligible for early retirement, or as of participant's earliest retirement date if the participant dies before becoming eligible for an early retirement benefit.
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Other Plan Provisions

Normal Form of Benefit	Five years certain and life annuity.
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Optional Forms of Benefit	Single life annuity, 50% contingent annuitant or 75% contingent annuitant.
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Maximum on Benefits	All benefits for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.
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Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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.