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 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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SMR TECHNOLOGIES, INC. DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1989

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)
B/E AEROSPACE, INC. DBA SMR TECHNOLOGIES, INC.

1400 CORPORATE CENTER WAY
WELLINGTON, FL 33414

2b Employer Identification Number (EIN) 06-1209796

2c Plan Sponsor's telephone number 561-791-5000

2d Business code (see instructions) 326200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/14/2018	ROSA BARONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/14/2018	ROSA BARONE
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ROSA BARONE

ROCKWELL COLLINS, INC.
PO BOX 2837
SEAL BEACH, CA 90740

3b Administrator's EIN: 06-1209796

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	170
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)**	66
a(2) Total number of active participants at the end of the plan year	**6a(2)**	60
b Retired or separated participants receiving benefits	**6b**	77
c Other retired or separated participants entitled to future benefits	**6c**	21
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	158
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	9
f Total. Add lines **6d** and **6e**.	**6f**	167
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	**(1)**	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ Trust
(4)	☐ General assets of the sponsor	**(4)**	☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **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
SMR TECHNOLOGIES, INC. DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
B/E AEROSPACE, INC. DBA SMR TECHNOLOGIES, INC.

D Employer Identification Number (EIN)
06-1209796

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	3570825
b Actuarial value	**2b**	3570825

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	84	2695871	2695871
b For terminated vested participants	20	209859	209859
c For active participants	66	1312883	1346359
d Total	170	4218613	4252089

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**	5.89 %
6 Target normal cost	**6**	0

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 — Date: 07/26/2018

DAN SHACHAK — Type or print name of actuary

Most recent enrollment number: 17-07567

USI CONSULTING GROUP — Firm name

Telephone number (including area code): 212-878-0448

350 FIFTH AVENUE
SUITE 3700
NEW YORK, NY 10118

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

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6194
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	6194
10	Interest on line 9 using prior year's actual return of 3.23 %	0	200
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		22
	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 6.09%		1
	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		23
	d Portion of (c) to be added to prefunding balance		23
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	6417

Part III Funding Percentages

14	Funding target attainment percentage	14	83.82%
15	Adjusted funding target attainment percentage	15	83.82%
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	84.29%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2017	54039				
07/14/2017	54039				
01/11/2018	26234				
07/12/2018	1400000				
			Totals ► 18(b)	1534312	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	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1413255

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
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**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	687681	149235
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	149235

	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**	149235
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1413255

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1264020
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SMR TECHNOLOGIES, INC. DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
B/E AEROSPACE, INC. DBA SMR TECHNOLOGIES, INC.

D Employer Identification Number (EIN)
06-1209796

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BFSG, LLC

20-8532658

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	9046	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 ☐

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

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

(b) 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 ☐

(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

(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

(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

(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

(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

(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:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SMR TECHNOLOGIES, INC. DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
B/E AEROSPACE, INC. DBA SMR TECHNOLOGIES, INC.

D Employer Identification Number (EIN)
06-1209796

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	48012	76374
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	87700	1426234
(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)	208470	110947
(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)		
(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)	3228413	3624586
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	3572595	5238141
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		1374
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	1374
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3572595	5236767

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1534312	
	(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)		1534312
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		394122
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1928434
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	255216	
(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)		255216
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	9046	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		9046
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		264262
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1664172
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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	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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4095170. (See instructions.)

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 sections 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SMR TECHNOLOGIES, INC. DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
B/E AEROSPACE, INC. DBA SMR TECHNOLOGIES, INC.

D Employer Identification Number (EIN)
06-1209796

Part I Distributions

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** 0

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): 42-1558009

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** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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**

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.

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): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

SMR Technologies, Inc. Defined Benefit Pension Plan for Union Employees

Employer ID No: 06-1209796
Plan Number: 002

Financial Statements as of and for the
Years Ended December 31, 2017 and 2016,
Supplemental Schedule as of December 31, 2017,
and Report of Independent Certified Public Accountants

SMR TECHNOLOGIES, INC.
DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
SMR Technologies Pension Plan

Report on the financial statements

We have audited the accompanying financial statements of SMR Technologies Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for 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 accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 3, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entities meet the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from these entities as of December 31, 2017 and 2016, and for the years then ended, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Supplementary information

The supplemental schedule of assets (held at year end) as of December 31, 2017, and the schedule of reportable transactions for the year ended December 31, 2017, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on form and content in compliance with DOL and regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in Note 3, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Minneapolis, Minnesota
August 2, 2018

SMR TECHNOLOGIES, INC.
DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016

	2017	2016
ASSETS:		
Cash	$ 76,374	$ 48,012
Investments - at fair value	3,735,533	3,436,883
Company contributions receivable	1,426,234	87,700
Total Assets	5,238,141	3,572,595
LIABILITIES:		
Other	1,374	—
Total Liabilities	$ 1,374	$ —
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,236,767	$ 3,572,595

See notes to financial statements.

SMR TECHNOLOGIES, INC
DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017 AND 2016

	2017	2016
ADDITIONS:		
Contributions:		
Employer contributions	$ 1,534,312	$ 246,580
Investment income:		
Net appreciation in fair value of investments	318,878	60,412
Interest and dividend income	75,244	31,229
Net investment income	394,122	91,641
Total additions	1,928,434	338,221
DEDUCTIONS:		
Benefits paid to participants	255,216	243,147
Administrative expenses	9,046	503
Total deductions	264,262	243,650
INCREASE IN NET ASSETS	1,664,172	94,571
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	3,572,595	3,478,024
End of year	$ 5,236,767	$ 3,572,595

See notes to financial statements.

SMR TECHNOLOGIES, INC.
DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

---

1. DESCRIPTION OF THE PLAN

This brief description of the SMR Technologies, Inc. Defined Benefit Pension Plan for Union Employees (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General - The Plan is a defined benefit pension plan covering full-time hourly employees of SMR Technologies, Inc. (the "Company") that are members of the Local Union No. 874, United Steel Workers of America, pursuant to the Collective Bargaining Agreement between the Company and Local Union No. 874 effective June 5, 1997. The Compensation Committee of the Company controls and manages the operation and administration of the Plan. Effective September 1, 2016, Charles Schwab Bank (the "Trustee") serves as the trustee of the Plan, and together with several investment managers, manages the Plan's investments. Prior to September 1, 2016, Matrix Trust (formerly Wilmington Trust until acquired by Matrix Trust on April 10, 2015) served as the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective January 31, 2015, the Company amended the Plan to cease benefit accruals and freeze participation. Any employee who was not a participant in the Plan on January 31, 2015 is not eligible to participate in the Plan.

On April 13, 2017, the acquisition of the Company by Rockwell Collins, Inc. (“Rockwell Collins”) was consummated and as a result, B/E Aerospace became a wholly owned subsidiary of Rockwell Collins. At this time, it has not been determined whether the Plan will be merged with any of the Company's other Plans.

Pension Benefits - At normal retirement age of 65, a participant with five or more years of credited service, or currently employed at age 65, is entitled to a monthly pension benefit equal of a specified factor multiplied by the participant's years of benefit service. Years of benefit service start with the later of the participant's date of hire or January 1, 1989.

The Plan allows a participant with 10 or more years of credited service to elect early retirement at any time between ages 55 to 64.

Participants with five or more years of credited service who become disabled receive a monthly pension of the applicable benefit rate multiplied by the years of benefit service.

Retirement benefits are normally payable in the form of a single-life annuity with a five-year term certain for an unmarried participant and a reduced qualified joint and survivor annuity for a married participant.

A nonspouse beneficiary may elect to rollover an eligible distribution into an individual retirement account or annuity under the Internal Revenue Code section 408(a) and 408(b), respectively.

Death Benefits - Participants with a surviving spouse may be eligible for a Qualified Preretirement Survivor Annuity. Unless an optional form of benefit was selected, if the participant dies after the earliest retirement age of 55, the spouse would receive the same benefit as if the participant retired the day prior to death. If the participant dies on or before age 55, the spouse will receive the same benefit as if the participant had:

a. Separated from service on the earlier of the actual time of separation or the date of death,

b. Survived to the earliest retirement age

c. Retired with an immediate joint and survivor annuity at the earliest retirement age, and

d. Died on the day after age 55.

The spouse can elect to receive payment the month after the deceased would have reached age 55. If no such election was made, payments will commence at the time the deceased would have reached the later of the normal retirement age, age 62, or later, if the spouse elects. However, distributions must begin before the later of:

a. December 31 of the calendar year immediately following the calendar year of death, or

b. December 31 of the calendar year in which the deceased would have reached age 70 1/2.

For unmarried participants who die following retirement, the benefit would be payable to the designated beneficiary in accordance with the same provisions as described above, except that the requirement that distributions commence within one calendar year of death does not apply.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan utilizes various investment options, including mutual funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

Investment Valuation and Income Recognition - Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for description of valuation methods.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently management fees and operating expenses are reflected as a reduction of investment return for such investments.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Administrative Expenses - Administrative expenses of the Plan are paid either by the Plan or by the Company as provided in the Plan document.

3. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan as of December 31, 2017 and 2016, and for the years then ended, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by Charles Schwab Bank, the trustee of the Plan for the period September 1, 2016 to December 31, 2017, and Matrix Trust, the trustee of the Plan for the period January 1, 2016 to August 31, 2016, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustees that such information is complete and accurate.

Statement of Net Assets Available for Benefits	**2017**	**2016**
Investments at fair value	$ 3,735,533	$ 3,436,883

Statement of Changes in Net Assets Available for Benefits	**2017**	**2016**
Net appreciation in fair value of investments	$ 318,878	60,412
Interest and dividend income	75,244	31,229

4. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2017 and 2016.

5. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary. The amount 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted. During 2017 and 2016, there were no amendments to the Plan which resulted in a change in actuarial assumptions.

The actuarial present value of accumulated plan benefits as of December 31, 2017 and 2016 (as calculated by the Plan's actuary as of January 1, 2018 and 2017), is as follows:

	2017	**2016**
Vested benefits:		
Participants currently receiving payments	$ 2,567,412	$ 2,462,689
Other participants	1,331,890	1,357,843
Total vested benefits	$ 3,899,302	$ 3,820,532
Nonvested benefits	80,340	28,589
Total actuarial present value of accumulated benefits	$ 3,979,642	$ 3,849,121

The changes in the actuarial present value of the Plan's accumulated plan benefits for the years ended December 31, 2017 and 2016 (as calculated by the Plan's actuary for the years ended January 1, 2018 and 2017), are as follows:

	2017	2016
Actuarial present value of accumulated benefits - beginning of year	$ 3,849,121	$ 3,839,768
Increase (decrease) during year attributable to:		
Change in Plan assumptions	35,483	(48,658)
Actuarial losses	90,065	40,884
Benefits paid	(255,216)	(243,147)
Interest due to the decrease in discount period	260,189	260,274
Net increase	130,521	9,353
Actuarial present value of accumulated benefits - end of year	$ 3,979,642	$ 3,849,121

The significant actuarial assumptions used in the January 1, 2018 and 2017 valuations are as follows: The 2017 and 2016 discount rate was 7% compounded annually. Mortality for 2017 was based on the RP-2014 table without collar adjustments and an adjusted MP-2016 mortality scale. Mortality for 2016 was based on the RP-2014 blue collar mortality table and the MP-2016 mortality scale. The 2017 and 2016 weighted average retirement age was 64 for both years.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might 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.

6. FAIR VALUE MEASUREMENTS

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

Level 1 - quoted prices in active markets for identical assets and liabilities

Level 2 - quoted prices for identical assets and liabilities in markets that are not active, or observable inputs other than quoted prices in active markets for identical assets and liabilities

Level 3 - unobservable inputs in which there is little or no market data available, which require the reporting entity to develop its own assumptions

Asset Valuation Techniques-Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Mutual Funds - Equity and bond funds are valued at the net asset value of shares held by the Plan at year-end. The net asset value is a quoted price in an active market.

Cash equivalents - Cash equivalents are valued at cost, which approximates fair value.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets that are measured at fair value as of December 31, 2017 and 2016.

	December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 3,624,586	$ —	$ —	$ 3,624,586
Cash Equivalents	110,947	—	—	110,947
Total investments measured at fair value	$ 3,735,533	$ —	$ —	$ 3,735,533

	December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 3,228,413	$ —	$ —	$ 3,228,413
Cash Equivalents	208,470	—	—	208,470
Total investments measured at fair value	$ 3,436,883	$ —	$ —	$ 3,436,883

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Charles Schwab Bank, the Trustee of the Plan, and therefore these transactions qualify as exempt party-in-interest transactions.

8. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated October 11, 2017, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). The Plan has amended since receiving the determination letter. The Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and the related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the U.S. federal, state, or local tax authorities. Plan management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2017, there are no uncertain tax positions taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

9. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

SUBSEQUENT EVENTS

Management has evaluated all subsequent events and transactions through August 2, 2018, the date the financial statements were available to be issued.

On September 4, 2017, the Company entered into a merger agreement providing for the acquisition of Rockwell Collins by United Technologies Corporation (UTC). If the UTC merger is consummated, the Company will become a wholly owned subsidiary of UTC. The transaction is subject to the satisfaction of customary closing conditions and approval by certain regulators. At this time, the Plan Sponsor has not determined whether the Plans will be merged.

SUPPLEMENTAL SCHEDULES

SMR TECHNOLOGIES, INC.
DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

EMPLOYER ID NO: 06-1209796
PLAN NUMBER: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2017

	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Schwab Retirement Government Money Fund	Cash equivalent	$ 110,947	$ 110,947
	Vanguard Total International Stock Index Fund Admiral Shares	Mutual fund - equity	324,523	382,442
	Vanguard 500 Index Fund Admiral Shares	Mutual fund - equity	279,671	339,927
	Vanguard Dividend Appreciation Index Fund Admiral Shares	Mutual fund - equity	223,369	265,182
	Vanguard Emerging Markets Stock Fund Admiral Shares	Mutual fund - equity	185,512	191,578
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual fund - equity	129,149	152,684
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual fund - equity	64,207	76,587
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual fund - bond	1,706,037	1,662,078
	Vanguard Short-Term Bond Index Fund Admiral Shares	Mutual fund - bond	562,956	554,108
	Total		3,586,371	3,735,533

* Party-in-interest

SMR TECHNOLOGIES, INC.

DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

EMPLOYER ID NO: 06-1209796

PLAN NUMBER: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2017 CATEGORY (i) SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS

Identity of Party	Description of Asset	No. of Transactions	Purchase Price	Selling Price	Cost of Asset	Net Gain (Loss)
Vanguard	Vanguard Dividend Appreciation Index Fund Admiral Shares	1		201,186	170,527	30,659
Vanguard	Vanguard Emerging Markets Stock Fund Admiral Shares	1	184,633			
Vanguard	Vanguard Total Bond Market Index Fund Admiral Shares	1	342,254			
Vanguard	Vanguard 500 Index Fund Admiral Shares	1		181,563	149,871	31,692

SMR TECHNOLOGIES, INC.

DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

EMPLOYER ID NO: 06-1209796

PLAN NUMBER: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2017 CATEGORY (iii) SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS

Identity of Party	Description of Asset	No. of Transactions	Purchase Price	Selling Price	Cost of Asset	Net Gain (Loss)
Vanguard	Vanguard Dividend Appreciation Index Fund Admiral Shares	1		201,186	170,527	30,659
Vanguard	Vanguard Dividend Appreciation Index Fund Admiral Shares	4	7,611			
Vanguard	Vanguard Emerging Markets Stock Fund Admiral Shares	2	185,512			
Vanguard	Vanguard Total Bond Market Index Fund Admiral Shares	14	376,255			
Vanguard	Vanguard 500 Index Fund Admiral Shares	1		181,563	149,871	31,692
Vanguard	Vanguard 500 Index Fund Admiral Shares	4	8,340			

Schedule SB Part V-Statement of Actuarial Assumptions/Methods

In accordance with the Pension Protection Act of 2006 (PPA), the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

ACTUARIAL ASSUMPTIONS

Mortality (as mandated by PPA 2006 and modified by HATFA)
Non- Disabled- IRS 2017 Combined Static Mortality Table
Disabled- IRS 2017 Combined Static Mortality Table

Interest Rate (as mandated by PPA 2006 and modified by HATFA)
Liabilities for Maximum Tax Deductible Contribution are valued using the 3 segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for November 2016:

1st Segment Rate (0 to 4 years)	1.53%
2nd Segment Rate (5 to 19 years)	3.76%
3rd Segment Rate (20+ years)	4.74%
Effective Rate:	4.07%

Liabilities for Minimum Required Contributions and AFTAP are valued using adjusted 24-month Segment Rates using 25- Year Average Segment Rate Corridors (90%/110%) under MAP-21, further adjusted by BBA 2015 for Plan Year Beginning in 2017:

1st Segment Rate (0 to 4 years)	4.16%
2nd Segment Rate (5 to 19 years)	5.72%
3rd Segment Rate (20+ years)	6.48%
Effective Rate:	5.89%

Rate of Retirement:

Age	Rate
62	25%
63	10%
64	10%
65	100%

The average retirement age was computed as age 64. This was determined as follows:

Age	Exposure	Probability	No. of Exits
62	100.00	.25	25.00
63	75.00	.10	7.50
64	67.50	.10	6.75
65	60.75	1.00	60.75

Sum of exits x age = 6403.25
Sum divided by 100 = 64.03

Retirement Age- 65

Schedule SB Part V-Statement of Actuarial Assumptions/Methods (Continued)

Employee Withdrawal Rates: Rates have been assumed which vary by attained age. These rates are illustrated for selected ages below:

Age	Probability of Withdrawal (Table T-3)
25	5.27%
30	4.83
35	4.47
40	3.84
45	3.21
50	1.52
55	0.33
60	0.00

Credit Balances: Excess contributions for the 2016 plan year in the amount of $23 were elected to be added to the prefunding balance.
Voluntary reduction of the carryover balance was $0.
Voluntary reduction of the prefunding balance was $0.

Disablement Rates: 1974-78 Society of Actuaries Study on Long Term Disability.

Expense Load: “Plan related” expenses are assumed to be $0.

Benefit Form: 5- Year Certain & Life Annuity.

Top-Heavy Plan Years: The plan is not top-heavy. Actuarial costs assume that all future plan years are not top-heavy.

Percent Married: 80% of males and 20% of females were assumed to be married.

Age of Spouse: The female spouse is assumed to be 3 years younger than the male spouse.

Asset Valuation Basis: Market Value of plan assets plus discounted contribution receivables. Asset data was supplied by the Plan Trustee.

Data: Census data were supplied by the Plan Sponsor. While a review was made for reasonableness and consistency, the valuation fully relied on the providers for the accuracy and comprehensiveness of the data.

Schedule SB Part V
SUMMARY OF PRINCIPAL PLAN PROVISIONS

Original Effective Date:		January 1, 1989
Last Restatement:		Effective Date January 1, 2016
Eligibility:		All employees of the company who are covered by the collective Bargaining Agreement with Local 874, URW. Effective January 31, 2015, all participation into the plan is frozen.
Credited Service For:		
a.	Accrual of Benefits:	Aggregate periods of employment after January 1, 1989, with 1/12 of a year credited for each month.
b.	Accrual of Vesting:	Service is accrued based on elapsed periods of employment (including service prior to 1989 with B.F. Goodrich) Employees laid off between May 1, 2001 and August 31, 2002 are fully vested regardless of service. Effective January 31, 2015 service accruals are frozen.
Contributions:		Employer pays the entire cost of the plan.
Retirement Dates:		
a.	Normal:	First Day of the month coincident with or next following the participant's 65th birthday or completion of 5 years of service if later.
b.	Deferred Vested:	Completed at least 5 years of credited service for accrual of vesting (Employees laid off between May 1, 2001 and August 31, 2002 are fully vested).
c.	Early Retirement:	Age 55 with 10 years of vesting service.
d.	Disability:	Completed at least 5 years of vesting service and is deemed to be totally disabled so as to prevent the ability to meet the requirements of any job in the plant. Such disability must continue for at least 5 months and be presumed by a qualified physician to be permanent and continuous for the remainder of the employee's life.

Schedule SB Part V
SUMMARY OF PRINCIPAL PLAN PROVISIONS
(Continued)

Retirement Benefits (and Form):

a. Normal: The monthly normal retirement pension of an employee eligible for each year of benefit service is based on the following schedule:

Date of Termination Or Retirement	Rate
Before 05/08/1993	$ 9.00
05/08/1993 – 05/07/1994	10.00
05/08/1994 – 05/07/1995	10.50
05/08/1995 – 05/07/1996	11.00
05/08/1996 – 05/07/1997	11.50
05/08/1997 – 05/07/1998	12.00
05/08/1998 – 05/07/1999	13.00
05/08/1999 – 05/07/2000	13.50
05/08/2000 – 05/07/2001	14.00
05/08/2001 – 05/07/2002	14.50
05/08/2002 – 05/07/2003	15.50
05/08/2003 – 05/07/2004	16.50
05/08/2004 – 05/07/2005	18.00
05/08/2005 – 05/07/2006	18.50
05/08/2006 – 05/07/2007	19.00
05/08/2007 – 05/07/2008	19.50
05/08/2008 – 05/07/2009	20.00
05/08/2009 and later	21.00

Effective January 31, 2015, all accrued benefits are frozen.

The standard form of benefit is a life annuity with 5 year certain.

b. Deferred Vested: The accrued benefit payable at age 65, or as early as age 55 on an actuarially reduced basis from age 65 based on the UP1984 table, age set back of 2 years, with interest at 7%.

c. Early Retirement: The amount of the benefit is the amount accrued at retirement date reduced by .4% for each month by which the early retirement date precedes age 62.

d. Disability: An immediate monthly pension equal to the accrued benefit (unreduced for early commencement).

Accrued Benefit: The portion of normal retirement benefit, accrued at any point in time, measured as service to the date of calculation, times the applicable in-force benefit multiplier.

Pre-Retirement Death Benefit: Employer paid 50% pre-retirement surviving spouse benefit payable (to an eligible surviving spouse) if death occurs prior to retirement in the case of any vested active or terminated participant. Payable at participant's early (with reduction) or normal retirement date.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **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
SMR TECHNOLOGIES, INC. DB PENSION PLAN FOR UNION EES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
B/E AEROSPACE, INC.

D Employer Identification Number (EIN)
06-1209796

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2017

2 Assets:

a Market value	**2a**	3,570,825
b Actuarial value	**2b**	3,570,825

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	84	2,695,871	2,695,871
b For terminated vested participants	20	209,859	209,859
c For active participants	66	1,312,883	1,346,359
d Total	170	4,218,613	4,252,089

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**	5.89 %
6 Target normal cost	**6**	0

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

Dan Shachak — Signature of actuary

7/26/2018 — Date

Dan Shachak — Type or print name of actuary

17-07567 — Most recent enrollment number

USI CONSULTING GROUP — Firm name

(212) 878-0448 — Telephone number (including area code)

350 Fifth Avenue
Suite 3700
NEW YORK NY 10118
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

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6,194
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	6,194
10 Interest on line 9 using prior year's actual return of 3.23%	0	200
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		22
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 6.09 %		1
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		23
d Portion of (c) to be added to prefunding balance		23
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	6417

Part III Funding Percentages

14 Funding target attainment percentage	14	83.82%
15 Adjusted funding target attainment percentage	15	83.82%
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	84.29%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2017	54,039				
07/14/2017	54,039				
01/11/2018	26,234				
07/12/2018	1,400,000				
			Totals ► 18(b)	1,534,312	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,413,255

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.16 %	5.72 %	6.48 %	

b Applicable month (enter code)	**21b**	2
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**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	687,681	149,235
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	149,235

	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**	149,235
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,413,255
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1,264,020
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**	

Plan Name: SMR Technologies, Inc. Defined Benefit Pension Plan for Union Employees
EIN: 06-1209796
PN: 002
Plan Year: 01/01/2017- 12/31/2017
Schedule SB, Line 32 - Schedule of Amortization Bases

SCHEDULE OF AMORTIZATION BASES

Type of Base	Base Establishment Date	Present Value of Remaining Installment Amount	Remaining Installment Period	Amortization Installment
Shortfall	1/1/2011	43,747	1	43,747
Shortfall	1/1/2012	(66,354)	2	(33,853)
Shortfall	1/1/2013	91,981	3	31,918
Shortfall	1/1/2014	(100,454)	4	(26,669)
Shortfall	1/1/2015	174,845	5	37,876
Shortfall	1/1/2016	315,164	6	58,652
Shortfall	1/1/2017	228,752	7	37,564
Total		687,681		149,235

Plan Name: SMR Technologies, Inc. Defined Benefit Pension Plan for Union Employees
Plan Year: 01/01/2017 - 12/31/2017
EIN:06-1209796 PN: 002

Schedule SB line 22 - Description of Weighted Average Retirement Age

The assumed rates of retirement listed below indicate what percentage of the surviving lives at the specified age are assumed to retire. The Weighted Average Retirement Age is determined by calculating the average age at retirement of a 100 life population retiring in accordance with the assumed rates.

(1) Assumed Retirement Age	(2) Lives Remaining	(3) Assumed Rate of Retirement	(4) Lives Retiring	(5) Weighted Retirement Age [(1) x (4)]
62	100.00	25.00%	25.00	1550.00
63	75.00	10.00%	7.50	472.50
64	67.50	10.00%	6.75	432.00
65	60.75	100.00%	60.75	3948.75

Weighted Average Retirement Age [sum of column (5)/100]: 64.03

* Column (4) = Column (3) x [number of lives not yet retired]

Plan Name: SMR Technologies, Inc. Defined Benefit Pension Plan for Union Employees EIN: 06-1209796
PN: 002
Plan Year: 01/01/2017- 12/31/2017

Schedule SB, Line 26 - Schedule of Active Participant Data

Years of credited service

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained											
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	3	0	0	0	0	0	0	0	0	3
25 to 29	0	3	1	0	0	0	0	0	0	0	4
30 to 34	0	1	0	2	0	0	0	0	0	0	3
35 to 39	0	1	1	2	0	0	0	0	0	0	4
40 to 44	0	2	1	4	3	1	0	0	0	0	11
45 to 49	0	2	1	6	0	0	0	0	0	0	9
50 to 54	0	2	0	1	2	0	2	0	0	0	7
55 to 59	0	1	0	6	1	0	6	0	0	0	14
60 to 64	0	0	0	3	0	1	5	0	0	0	9
65 to 69	0	0	0	1	0	0	1	0	0	0	2
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	15	4	25	6	2	14	0	0	0	66

SMR TECHNOLOGIES, INC.
DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

EMPLOYER ID NO: 06-1209796
PLAN NUMBER: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2017

	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Schwab Retirement Government Money Fund	Cash equivalent	$ 110,947	$ 110,947
	Vanguard Total International Stock Index Fund Admiral Shares	Mutual fund - equity	324,523	382,442
	Vanguard 500 Index Fund Admiral Shares	Mutual fund - equity	279,671	339,927
	Vanguard Dividend Appreciation Index Fund Admiral Shares	Mutual fund - equity	223,369	265,182
	Vanguard Emerging Markets Stock Fund Admiral Shares	Mutual fund - equity	185,512	191,578
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual fund - equity	129,149	152,684
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual fund - equity	64,207	76,587
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual fund - bond	1,706,037	1,662,078
	Vanguard Short-Term Bond Index Fund Admiral Shares	Mutual fund - bond	562,956	554,108
	Total		3,586,371	3,735,533

* Party-in-interest

SMR TECHNOLOGIES, INC.

DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

EMPLOYER ID NO: 06-1209796

PLAN NUMBER: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2017 CATEGORY (i) SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS

Identity of Party	Description of Asset	No. of Transactions	Purchase Price	Selling Price	Cost of Asset	Net Gain (Loss)
Vanguard	Vanguard Dividend Appreciation Index Fund Admiral Shares	1		201,186	170,527	30,659
Vanguard	Vanguard Emerging Markets Stock Fund Admiral Shares	1	184,633			
Vanguard	Vanguard Total Bond Market Index Fund Admiral Shares	1	342,254			
Vanguard	Vanguard 500 Index Fund Admiral Shares	1		181,563	149,871	31,692

SMR TECHNOLOGIES, INC.

DEFINED BENEFIT PENSION PLAN FOR UNION EMPLOYEES

EMPLOYER ID NO: 06-1209796

PLAN NUMBER: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2017 CATEGORY (iii) SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS

Identity of Party	Description of Asset	No. of Transactions	Purchase Price	Selling Price	Cost of Asset	Net Gain (Loss)
Vanguard	Vanguard Dividend Appreciation Index Fund Admiral Shares	1		201,186	170,527	30,659
Vanguard	Vanguard Dividend Appreciation Index Fund Admiral Shares	4	7,611			
Vanguard	Vanguard Emerging Markets Stock Fund Admiral Shares	2	185,512			
Vanguard	Vanguard Total Bond Market Index Fund Admiral Shares	14	376,255			
Vanguard	Vanguard 500 Index Fund Admiral Shares	1		181,563	149,871	31,692
Vanguard	Vanguard 500 Index Fund Admiral Shares	4	8,340			