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. . . . . ▶ [ ]

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
ERC RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1941

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)

GE CAPITAL US HOLDINGS, INC.

ERC RETIREMENT PLAN COMMITTEE
801 MAIN AVE
THE TOWERS AT MERRITT RIVER
NORWALK, CT 06851

2b Employer Identification Number (EIN)
47-4432326

2c Plan Sponsor's telephone number
866-324-5981

2d Business code (see instructions)
525990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2018	MICHAEL J GORMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

ERC RETIREMENT PLAN COMMITTEE

801 MAIN AVENUE
THE TOWERS AT MERRITT RIVER
NORWALK, CT 06851

3b Administrator's EIN: 47-4432326

3c Administrator's telephone number: 866-324-5981

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**	2041
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)**	231
a(2) Total number of active participants at the end of the plan year	**6a(2)**	212
b Retired or separated participants receiving benefits	**6b**	621
c Other retired or separated participants entitled to future benefits	**6c**	1151
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1984
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	47
f Total. Add lines **6d** and **6e**.	**6f**	2031
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:

1A 1I 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**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)** ☐ 0 **A** (Insurance Information)
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☒ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

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

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
ERC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GE CAPITAL US HOLDINGS, INC.

D Employer Identification Number (EIN)
47-4432326

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	226279410
b Actuarial value	**2b**	229735031

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	633	125023001	125023001
b For terminated vested participants	1177	98296529	98296529
c For active participants	231	12114228	12445693
d Total	2041	235433758	235765223

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**	5.92 %
6 Target normal cost	**6**	1700000

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: 09/21/2018

AARON L. SENS — Type or print name of actuary

17-06808 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

847-295-5000 — Telephone number (including area code)

4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 7.20 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		430082
	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 6.11%		26278
	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		456360
	d Portion of (c) to be added to prefunding balance		456360
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	456360

Part III Funding Percentages

14	Funding target attainment percentage	14	97.24%
15	Adjusted funding target attainment percentage	15	97.24%
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	100.13%
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
04/12/2018	691293	0			
07/12/2018	691293	0			
09/12/2018	1200000	0			
			Totals ► 18(b)	2582586	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2364039

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	1700000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	6486552	1065169
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2765169

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		456360	456360

36 Additional cash requirement (line 34 minus line 35)	**36**	2308809
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2364039

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

a Total (excess, if any, of line 37 over line 36)	**38a**	55230
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	55230
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
ERC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
GE CAPITAL US HOLDINGS, INC.

D Employer Identification Number (EIN)
47-4432326

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

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)

AON CONSULTING, INC.

4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13	NONE	323398	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IVINS, PHILLIPS & BARKER

1700 PENNSYLVANIA AVENUE, N.W.
SUITE 600
WASHINGTON DC, DC 20006-4723

52-1229560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	66919	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPMG, LLP

515 BROADWAY
ALBANY, NY 12207

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	28000	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)

STATE STREET RETIREE SERVICES

CORPORATE HEADQUARTERS
8900 FREEDOM COMMERCE PKWY
JACKSONVILLE, FL 04186-7445

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
62 99	NONE	20744	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

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

GENERAL ELECTRIC COMPANY

41 FARNSWORTH STREET
BOSTON, MA 02210

14-0689340

(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?
99	AFFILIATE	5000	Yes [ ] No [X]	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

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(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
ERC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GE CAPITAL US HOLDINGS, INC.

D Employer Identification Number (EIN)
47-4432326

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: GENERAL ELECTRIC PENSION TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
14-6015763-001	M	245087920

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

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
ERC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
GE CAPITAL US HOLDINGS, INC.

D Employer Identification Number (EIN)
47-4432326

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	2582586
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	226362157	245087920
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(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	226362157	247670506
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	62001	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	62001	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	226300156	247670506

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.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2582586	
	(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)		2582586
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)		31824929
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		34407515
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11386779	
(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)		11386779
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)	214984	
(2) Contract administrator fees	2i(2)	203333	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	1232069	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1650386
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13037165
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		21370350
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: KPMG LLP **(2)** EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	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		90000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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 4067098. (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
ERC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
GE CAPITAL US HOLDINGS, INC.

D Employer Identification Number (EIN)
47-4432326

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): 14-6015763

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** 4

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: 45.0 % Investment-Grade Debt: 28.0 % High-Yield Debt: 6.0 % Real Estate: 7.0 % Other: 14.0 %

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):

2017 5500, Schedule H, Line 3a

Plan Name: ERC RETIREMENT PLAN

Plan Year Beginning: 01/01/2017 **Plan Year Ending: 12/31/2017**

Employer Identification Number: 47-4432326 **Three-Digit Plan Number: 004**

AUDITORS' REPORT

ERC RETIREMENT PLAN

Financial Statements

December 31, 2017 and 2016

(With Independent Auditors' Report Thereon)

ERC RETIREMENT PLAN

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December 31, 2017 and 2016

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KPMG LLP
515 Broadway
Albany, NY 12207-2974

Independent Auditors' Report

To the Plan Participants and Plan Administrator
ERC Retirement Plan:

Report on the Financial Statements

We have audited the accompanying financial statements of the ERC Retirement Plan (the Plan), which comprise the statements of net assets available for plan benefits and of accumulated plan benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for plan benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2017 and 2016, and the changes in its financial status for the years then ended, in accordance with U.S. generally accepted accounting principles.

KPMG LLP

Albany, New York
September 25, 2018

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ERC RETIREMENT PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2017 and 2016

(in thousands)

	2017	2016
Assets:		
Investments at fair value (notes 3 and 4)		
Plan interest in GE Pension Trust	$ 245,088	$ 226,362
Employer contribution receivable (note 8)	2,583	—
Total assets	247,671	226,362
Liabilities:		
Accrued expenses	—	62
Total liabilities	—	62
Net assets available for plan benefits	$ 247,671	$ 226,300

See accompanying notes to financial statements.

ERC RETIREMENT PLAN

Statements of Changes in Net Assets Available for Plan Benefits

Years Ended December 31, 2017 and 2016

(in thousands)

	2017	2016
Additions (reductions) to net assets attributed to:		
Investment income allocated from GE Pension Trust (note 3):		
Interest and dividends	$ 3,473	$ 4,814
Net appreciation in fair value of investments	29,801	11,886
Investment management fees and other expenses (note 7)	(1,449)	(1,150)
Employer contributions (note 8)	2,583	1,618
Total additions	34,408	17,168
Deductions from plan assets attributed to:		
Benefit payments	11,387	10,752
Administrative expenses (note 7)	1,650	1,647
Total deductions	13,037	12,399
Net increase	21,371	4,769
Net assets available for plan benefits at:		
Beginning of year	226,300	221,531
End of year	$ 247,671	$ 226,300

See accompanying notes to financial statements.

ERC RETIREMENT PLAN

Statements of Accumulated Plan Benefits

December 31, 2017 and 2016

(in thousands)

	2017	2016
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 126,973	$ 114,876
Other participants	93,212	95,254
Total actuarial present value of accumulated plan benefits	$ 220,185	$ 210,130

See accompanying notes to financial statements.

ERC RETIREMENT PLAN

Statements of Changes in Accumulated Plan Benefits

Years Ended December 31, 2017 and 2016

(in thousands)

	2017	2016
Actuarial present value of accumulated plan benefits at beginning of year	$ 210,130	$ 210,020
Increase (decrease) during the year attributable to:		
Increase for interest due to the decrease in the discount period	15,341	15,355
Benefit payments	(11,387)	(10,752)
Changes in actuarial assumptions (note 2(e))	9,355	(1,652)
Experience gains, net	(3,254)	(2,841)
Net increase	10,055	110
Actuarial present value of accumulated plan benefits at end of year	$ 220,185	$ 210,130

See accompanying notes to financial statements.

(1) Description of the Plan

The ERC Retirement Plan (the "Plan") is a frozen defined benefit pension plan for the benefit of eligible employees of Employers Reinsurance Corporation ("ERC") and its participating affiliated companies. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The main Plan provisions provide benefits to certain U.S. employees of ERC and certain affiliates. In addition, employees of HSB Industrial Risk Insurers ("IRI") became participants in the Plan effective January 1, 2002 and the Medical Protective Corporation Employees' Retirement Plan ("MedPro") was merged into the Plan effective December 31, 2002. Thus, the Plan includes three different sets of benefit provisions.

General Electric Company ("GE") sold ERC in June 2006. Substantially all of the then current employees became employees of Swiss Reinsurance Company ("Swiss Re") at the time of the sale and are no longer accruing benefits (although they may grow into early retirement eligibility). The remaining active Plan participants who were employees of ERC affiliates that remained with the GE controlled group ceased benefit accruals when the Plan was frozen as of December 31, 2006 (although they may grow into early retirement eligibility). Effective June 8, 2006, the Plan sponsorship was transferred to General Electric Capital Corporation. On December 2, 2015, the Plan sponsorship was transferred to GE Capital US Holdings, Inc. (the "Company").

The ERC provisions of the Plan include the following: eligible participants are generally entitled to pension benefits (paid monthly) beginning at normal retirement age (65). The ERC provisions also include an unreduced early retirement benefit at age 60 with 15 or more years of service, or reduced early retirement at age 55 with 5 years of service. The ERC benefit is a "wrap" benefit. At retirement, the combination of the benefits from the ERC Plan and the GE Pension Plan equals, but does not exceed, the monthly benefit the participant would have received if the participant had continued accruing benefits solely under the ERC Plan (until the applicable freeze date).

The IRI provisions of the Plan include the following: eligible participants also participate in the Pension Plan for Insurance Organizations ("PPIO") and the GE Pension Plan. The IRI provisions are also a "wrap" benefit based on a distinct benefit structure. Participants are generally entitled to pension benefits (paid monthly) beginning at normal retirement age (65). The Plan also provides for early retirement beginning at age 60.

The MedPro provisions of the Plan include the following: eligible participants' benefits are determined using a formula that includes length of service and certain compensation. Participants are generally entitled to pension benefits (paid monthly or in a lump sum) beginning at normal retirement age (65). The Plan also provides for early retirement beginning at age 55 if a participant has at least 10 years of vesting service.

The Plan invests its funds in the GE Pension Trust (the "Trust"). On July 1, 2016, GE completed the sale of GE Asset Management Incorporated ("GEAM"), a wholly owned subsidiary of GE to State Street Corporation ("State Street"). The net sale proceeds from the transaction of $347 million were deposited into the Trust in 2016 (see also note 8). In connection with the transaction, GE personnel were appointed as Trustees of the Trust, and State Street Global Advisors Trust Company and SSGA Funds Management, Inc., affiliates of State Street, act as investment advisors, providing investment advisory, investment management and related services that GEAM historically provided to the Trust. The investment objectives and policies of the Trust did not change as a result of this transaction. State Street Bank & Trust Company is the primary custodian for Trust assets.

This description of the Plan is provided for general information purposes only. The complete terms of the Plan are provided in the ERC Retirement Plan document. Information concerning the Plan, including benefits and vesting provisions, is also included in the Summary Plan Description ("SPD").

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Investments

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

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

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

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

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

(c) Fair Value Measurements

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

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

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

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

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

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

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

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

When quoted market prices are unobservable, pricing information is obtained from independent pricing vendors. The pricing vendors use various pricing models for each asset class that are consistent with what other market participants would use. The inputs and assumptions to the model of the pricing vendors are derived from market observable sources including: benchmark yields, reported trades, broker/dealer quotes, issuer spreads, benchmark securities, bids, offers, and other market-related data. Since many fixed income securities do not trade on a daily basis, the methodology of the pricing vendors use available information as applicable such as benchmark curves, benchmarking of like securities, sector groupings, and matrix pricing. The pricing vendors consider available market observable inputs in determining the evaluation for a security. Thus, certain securities may not be priced using quoted prices, but rather determined from market observable information. These investments are included in Level 2 and primarily comprise the portfolio of corporate fixed income, and government, mortgage and asset-backed securities. In infrequent circumstances, pricing vendors may provide valuations that are based on significant unobservable inputs, and in those circumstances the investment securities are classified in Level 3.

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

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

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

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

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

GE may use non-binding broker quotes as its primary basis for valuation when there is limited, or no, relevant market activity for a specific instrument or for other instruments that share similar characteristics. GE has not

adjusted the prices obtained from the brokers. Investment securities priced using non-binding broker quotes are included in Level 3. As is the case with the primary pricing vendor, third-party brokers do not provide access to their proprietary valuation models, inputs and assumptions.

Investments in private equity, real estate and collective funds held by the Trust, are generally valued using the net asset value ("NAV") per share as a practical expedient for fair value provided certain criteria are met. The NAVs are determined based on the fair values of the underlying investments in the funds. Investments that are measured at fair value using the NAV as a practical expedient are not classified in the fair value hierarchy.

(d) Management Estimates and Assumptions

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

(e) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are required under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries.

Benefits under the Plan are based on employee's compensation during the sixty highest-paid consecutive months of credited service. The accumulated plan benefits for active employees are based on historical earnings through the date benefits accruals were frozen. Benefits payable as a result of retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

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

The more significant actuarial assumptions used in the valuations as of December 31, 2017 and 2016 were: (a) expected mortality rates of participants are determined using the RP-2014 aggregate base table with a generationally projected longevity improvement by a modified Scale MP-2017 (0.75% ultimate rate) for 2017 and the RP-2014 aggregate base table with a generationally projected longevity improvement by a modified Scale MP-2016 (0.75% ultimate rate) for 2016; (b) average assumed retirement age of approximately age 60; and (c) interest discount assumption of 6.75% and 7.50%, respectively. The assumption changes in 2017 are primarily due to the decrease in the interest discount rate. The changes in actuarial assumptions in 2016 are primarily due to updates to the mortality tables.

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

(f) Benefit Payments

Benefit payments to participants are recorded when paid.

(g) Reclassification

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

(3) Summary of Trust Financial Information

(a) The Plan's net assets are invested solely in the Trust which has been established to receive employer and employee contributions, invest or reinvest such sums, and pay benefits in accordance with specific provisions for participating plans.

(b) The Plan's net investment in the Trust rounded to less than 1% of Trust net assets as of December 31, 2017 and 2016, respectively. The net assets and changes in net assets of the Trust follow.

Net Assets:	December 31,	
	2017	2016
	(in thousands)	
Assets:		
Investments (note 4):		
Global equity (a)	$ 24,252,512	$ 22,365,245
Debt securities (a)	18,098,995	16,096,046
Private equities and other investments (a)	7,479,112	7,052,995
Real estate (a)	3,575,524	3,431,806
Total investments	53,406,143	48,946,092
Cash	32,852	23,255
Receivables:		
Due from brokers	5,911	190,451
Income receivable	143,067	133,689
Other receivables	9,887	29,746
Total receivables	158,865	353,886
Total assets	53,597,860	49,323,233
Liabilities:		
Due to brokers	279,164	669,174
Accounts payable and accrued expenses	79,799	98,044
Total liabilities	358,963	767,218
Net assets of the Trust	$ 53,238,897	48,556,015

(a) Includes direct investments and investment funds.

Changes in Net Assets:	Years Ended December 31,	
	2017	2016
	(in thousands)	
Investment income:		
Interest and dividend income	$ 746,650	$ 1,033,975
Net appreciation (depreciation) in value of investments:		
Global equity	3,811,285	1,420,694
Debt securities	650,690	519,048
Private equities and other investments	1,621,528	293,877
Real estate	342,197	311,378
Total net appreciation	6,425,700	2,544,997
Investment management fees and other expenses	(307,140)	(246,898)
Transfers in:		
Affiliate plans	—	400,554
Employee contributions	103,742	115,775
Employer contributions	1,755,952	386,431
Transfers out:		
Affiliate plans	(38,002)	—
Benefit payments and employee refunds	(3,712,838)	(3,311,365)
Administrative expenses	(291,182)	(287,866)
Net increase	4,682,882	635,603
Net assets of the Trust at:		
Beginning of year	48,556,015	47,920,412
End of year	$ 53,238,897	$ 48,556,015

(c) Investments

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

According to the statute, the aggregate holdings of all qualifying employer securities (e.g. General Electric Company common stock) and qualifying employer real property may not exceed 10% of the fair value of trust assets at the time of purchase. General Electric Company securities represented 1.0% and 2.1% of Trust net assets at December 31, 2017 and 2016, respectively.

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

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

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

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

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

The Trust had unfunded commitments of $2,590 million and $2,790 million as of December 31, 2017 and 2016, respectively, related to investments in private equity and real estate partnerships.

The derivative contracts entered into by the Trust summarized by primary risk exposure as noted below in the statement of net assets of the Trust as of December 31, 2017 follow.

(in thousands)	Asset Derivative Fair Value	Liability Derivative Fair Value
Derivatives classified in Other investments:		
Options, equity	$ 31,529	$ —
Swaps	—	1,793
Derivatives classified in Due from brokers or Due to brokers:		
Futures:		
Equity index	1	—
Fixed income	1,786	—
Forwards, foreign currency	6	101,602
Swaps	—	25

The effects of derivative instruments classified in the net appreciation (depreciation) in the value of other investments on the statement of changes in net assets of the Trust for the year ended December 31, 2017 are shown below.

(in thousands)	Total Notional/Cost Amount of Derivative Contracts		Realized Gain or (Loss) on Derivatives Recognized in Income	Change in Unrealized Appreciation/ (Depreciation) on Derivatives Recognized in Income
Derivatives	Purchased	Sold		
Options	$ 3,389	$ 43,186	$ 11,606	$ 40,348
Rights	1,929	2,237	308	—
Warrants	—	59	59	—
Futures	484	497	516,912	7,175
Forwards, foreign currency	4,102,226	4,201,428	(69,833)	(174,892)
Swaps	48,311	815	(47,967)	7,941

The derivative contracts entered into by the Trust summarized by primary risk exposure as noted below in the statement of net assets of the Trust as of December 31, 2016 follow.

(in thousands)	Asset Derivative Fair Value	Liability Derivative Fair Value
Derivatives classified in Other investments:		
Options, equity	$ 223	$ 17
Options, foreign currency	19,166	—
Swaps	—	9,263
Derivatives classified in Due from brokers or Due to brokers:		
Futures:		
Equity index	582	787
Fixed income	625	517
Forwards, foreign currency	115,978	42,682
Swaps	—	320

The effects of derivative instruments classified in the net appreciation (depreciation) in the value of other investments on the statement of changes in net assets of the Trust for the year ended December 31, 2016 are shown below.

(in thousands)	Total Notional/Cost Amount of Derivative Contracts		Realized Gain or (Loss) on Derivatives Recognized in Income	Change in Unrealized Appreciation/ (Depreciation) on Derivatives Recognized in Income
Derivatives	Purchased	Sold		
Options	$ 65,968	$ 20,101	$ (57,872)	$ 17,694
Rights	2,175	4,908	—	—
Futures	319	298	18,543	(6,651)
Forwards, foreign currency	(1,005,245)	9,116,128	115,849	22,668
Swaps	5,549,841	5,500,631	(49,478)	19,230

(4) Fair Value Measurements

The Trust's investments measured at fair value on a recurring basis at December 31, 2017 follow.

	Level 1	Level 2	Level 3	Total
		(in thousands)		
Investments:				
Global equity	$ 9,681,302	$ —	$ —	$ 9,681,302
Debt securities				
Fixed income and cash investment funds	—	1,267,904	—	1,267,904
U.S. corporate (a)	—	6,970,464	—	6,970,464
Non-U.S. corporate	—	1,043,652	—	1,043,652
Residential mortgage-backed	—	399,702	18	399,720
U.S. government and federal agency	—	3,431,484	—	3,431,484
Other debt securities (b)	—	645,098	976	646,074
Private equities and other investments	31,529	(1,793)	808,229	837,965
Real estate	—	—	2,245,777	2,245,777
	$ 9,712,831	$ 13,756,511	$ 3,055,000	26,524,342
Investments measured at net asset value (c):				
Global equity				14,571,210
Private equities and other investments				6,641,147
Debt securities				4,339,697
Real estate				1,329,747
Total investments, at fair value				$ 53,406,143
Other assets:				
Derivatives (d)	$ 1,787	$ 6	$ —	$ 1,793
Other liabilities:				
Derivatives (d)	$ —	$ 101,627	$ —	$ 101,627

(a) Primarily represented investment grade bonds of U.S. issuers from diverse industries.
(b) Primarily represented investments in state and municipal debt, non-U.S. government bonds and commercial mortgage-backed securities.
(c) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient are not classified in the level hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for plan benefits.
(d) Primarily represents futures and forwards.

There were no significant transfers between the fair value levels during 2017. Transfers between fair value levels are considered to occur at the beginning of the period.

The Trust's investments measured at fair value on a recurring basis at December 31, 2016 follow.

	Level 1	Level 2	Level 3	Total
		(in thousands)		
Investments:				
Global equity	$ 16,380,018	$ —	$ 2,668	$ 16,382,686
Debt securities				
Fixed income and cash investment funds	—	1,123,073	—	1,123,073
U.S. corporate (a)	—	5,556,066	—	5,556,066
Non-U.S. corporate	—	810,573	—	810,573
Residential mortgage-backed	—	1,053,630	26	1,053,656
U.S. government and federal agency	—	2,815,123	—	2,815,123
Other debt securities (b)	—	678,463	1,580	680,043
Private equities and other investments	18,814	(8,705)	679,136	689,245
Real estate	—	—	1,964,073	1,964,073
	$ 16,398,832	$ 12,028,223	$ 2,647,483	31,074,538
Investments measured at net asset value (c):				
Private equities and other investments				6,363,750
Global equity				5,982,559
Debt securities				4,057,512
Real estate				1,467,733
Total investments, at fair value				$ 48,946,092
Other assets:				
Derivatives (d)	$ 1,207	$ 115,978	$ —	$ 117,185
Other liabilities:				
Derivatives (d)	$ 1,304	$ 43,002	$ —	$ 44,306

(a) Primarily represented investment grade bonds of U.S. issuers from diverse industries.
(b) Primarily represented investments in state and municipal debt, non-U.S. corporate bonds, non-U.S. government bonds and commercial mortgage-backed securities.
(c) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient are not classified in the level hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for plan benefits.
(d) Primary represents futures and forwards.

There were no significant transfers between level 1 and level 2 during 2016. Transfers between fair value levels are considered to occur at the beginning of the period.

The changes in Level 3 investments measured on a recurring basis for the year ended December 31, 2017 follow.

(in thousands)	January 1, 2017	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2017
Debt securities							
Residential mortgage-backed	$ 26	$ —	$ 50	$ —	$ (58)	$ —	$ 18
Other debt securities	1,580	(29)	(112)	487	(950)	—	976
Global equity	2,668	—	(757)	—	(1,911)	—	—
Private equities and other investments	679,136	(14,079)	11,357	210,924	(79,069)	(40)	808,229
Real estate	1,964,073	64,083	163,225	265,065	(210,669)	—	2,245,777
	$ 2,647,483	$49,975	$ 173,763	$ 476,476	$ (292,657)	$ (40)	$ 3,055,000

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

The changes in Level 3 investments measured on a recurring basis for the year ended December 31, 2016 follow.

(in thousands)	January 1, 2016	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2016
Debt securities							
Residential mortgage-backed	$ 45	$ —	$ 156	$ —	$ (175)	$ —	$ 26
Other debt securities	1,851	68	(318)	863	(1,009)	125	1,580
Global equity	2,811	(3,384)	4,392	49	(1,200)	—	2,668
Private equities and other investments	578,535	(41,99)	67,357	3,435,939	(3,360,677)	(21)	679,136
Real estate	2,028,363	96,727	106,255	298,457	(565,729)	—	1,964,073
	$2,611,605	$51,414	$ 177,842	$3,735,308	$ (3,928,790)	$ 104	$ 2,647,483

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

Information related to the significant unobservable inputs used in the valuation of Level 3 investments as of December 31, 2017 follows.

Investment	(in thousands) Fair Value December 31, 2017	Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
Private equity	$ 216,949	Market comparables	EBITDA multiple	11.8X	7.4X - 14.1X
			Book value multiple	.8X	.8X
			Revenue	4.5X	1.7X - 6.8
	71,026	Private transaction	Recent financing	N/A	N/A
	18,457	Income approach	Discount rate	16.0%	6.8% - 31.8%
Real estate	1,877,249	Discounted cash flow	Capitalization rate	6.13%	4.50%-8.00%
			Discount rate	7.25%	6.50%-9.50%
Other (a)	871,319	Other	Other	N/A	N/A
Total	$ 3,055,000				

(a) Fair value measurements classified as Other are assets from the above investment types that were individually insignificant and utilize a number of different unobservable inputs.

(b) Discount rates are determined based on inputs that market participants would use when pricing investments, including credit and liquidity risk. An increase in the discount rate would result in a decrease in the fair value.

(c) Capitalization rates represent the rate of return on net operating income which is considered acceptable for an investor and is used to determine a real estate investment capitalized value. An increase in the capitalization rate would result in a decrease in the fair value.

Information related to the significant unobservable inputs used in the valuation of Level 3 investments as of December 31, 2016 follows.

Investment	(in thousands) Fair Value December 31, 2016	Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
Private equity	$ 68,024	Market comparables	EBITDA multiple	11.5X	7.9X - 12.4X
			Book value multiple	.7X	.7X
			Revenue	22.1X	1.0X - 36.8
	111,565	Private transaction	EBITDA multiple	9.2X	9.2X
			Recent acquisitions	N/A	N/A
			Recent financing	N/A	N/A
	38,005	Income approach	Discount rate	10.7%	10.0% - 30.0%
Real estate	1,701,943	Discounted cash flow	Capitalization rate	6.23%	4.75% - 9.25%
			Discount rate	7.32%	6.50%-10.25%
Other (a)	727,946	Other	Other	N/A	N/A
Total	$ 2,647,483				

(a) Fair value measurements classified as Other are assets from the above investment types that were individually insignificant and utilize a number of different unobservable inputs.

(b) Discount rates are determined based on inputs that market participants would use when pricing investments, including credit and liquidity risk. An increase in the discount rate would result in a decrease in the fair value.

(c) Capitalization rates represent the rate of return on net operating income which is considered acceptable for an investor and is used to determine a real estate investment capitalized value. An increase in the capitalization rate would result in a decrease in the fair value.

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

As described in Note 7, the Plan paid certain expenses related to Plan operations and investment activity to various service providers who are parties in interest under ERISA, including KPMG LLP, the auditor of the Plan's financial statements.

(6) Tax Status

The Internal Revenue Service has notified the Company by a letter dated September 14, 2017, that the Plan is qualified under the appropriate sections of the Internal Revenue Code ("IRC") and that the related trust is tax-exempt. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's counsel believe that the Plan's current design and operations comply in all material respects with the applicable requirements of the IRC, and that the letter remains valid.

The Plan satisfies the non-discrimination requirements of IRC sections 401(a)(4) and 410(b). To the extent the Trust recognizes any "unrelated business taxable income" as defined in Sections 512 through 514 of the IRC, the Trust is required to pay tax on any such income. For the years ended December 31, 2017 and 2016, the Trust recorded a current income tax benefit of $0.6 million and $2.4 million, respectively. For the years ended December 31, 2017 and December 31, 2016, the Trust recorded no deferred tax liabilities.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. For the years ended December 31, 2017 and 2016, the Plan has not recognized a tax liability (or asset) related to uncertain tax positions.

Plan is subject to routine audits by taxing jurisdictions and its administrator believes it is no longer subject to income tax examinations for years prior to 2014.

(7) Expenses

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

Expenses for the Plan for the years ended December 31, 2017 and 2016 follow.

	2017	2016
	(in thousands)	
Administrative expenses	$ 1,650	$ 1,647
Investment management fees and other expenses	1,449	1,150
Total expenses	$ 3,099	$ 2,797

(8) Funding

It is the Company's policy to contribute amounts sufficient to meet minimum funding requirements as set forth in employee benefit and tax laws plus such additional amounts as the Company may determine to be appropriate. Although the Company was not required to make contributions during 2017 and 2016, as disclosed in note 1, in connection with the sale of GEAM, net sale proceeds allocated to the Plan of $1.6 million were contributed to the Plan in December 2016. In addition, the Company had a formal commitment to contribute $2.6 million in 2018 for the 2017 plan year.

(9) Plan Termination

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

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

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

Whether all participants will receive their benefits should the Plan so terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and level of benefits guaranteed by the PBGC. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2018, that ceiling, which is adjusted periodically, is $5,420 per month.

(10) Subsequent Events

Subsequent events after the statement of net assets available for plan benefits through September 25, 2018, the date the financial statements were issued, have been evaluated in the preparation of the financial statements.

Schedule SB Attachment (Form 5500)—2017 Plan Year
ERC Retirement Plan
EIN: 47-4432326 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39			1							
40-44			2	2	3					
45-49			1	12	17	6	1			
50-54			2	8	25 $52,500	17	19			
55-59			4	11	19	16	12	6		
60-64				1	10	10	5	5	1	
65-69			2	4	2	2		2	1	
70+				1	1					

N-231

Schedule SB Attachment (Form 5500)—2017 Plan Year
ERC Retirement Plan
EIN: 47-4432326 PN: 004

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Optional Payment Form Election Percentage	50% life annuity 50% joint and 50% survivor annuity (50% lump sum and 50% joint and 50% survivor annuity for MedPro)
Optional Payment Form Conversion Interest Rate	Plan factors; same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 60
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are five years older than their spouses.

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $215,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2015 Plan Year	7.50%, limited to 6.81%
2016 Plan Year	7.50%, limited to 6.65%
2017 Plan Year	7.50%, limited to 6.48%
Trust Expenses Included in Target Normal Cost	$1,700,000 (Based on prior year actual plan administrative expenses)
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2017

Table 1

Retirement Rates

Age	Rate
55	15.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	35.00%
61	20.00%
62	20.00%
63	20.00%
64	20.00%
65+	100.00%

Table 2—Page 1 of 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
15	52.50%	52.50%	52.50%	52.50%	52.50%	25.00%
16	52.50%	52.50%	52.50%	52.50%	52.50%	25.00%
17	52.50%	52.50%	52.50%	52.50%	52.50%	25.00%
18	52.50%	52.50%	52.50%	52.50%	52.50%	25.00%
19	52.50%	52.50%	52.50%	52.50%	52.50%	25.00%
20	52.50%	52.50%	52.50%	52.50%	52.50%	25.00%
21	52.50%	52.50%	52.50%	52.50%	52.50%	25.00%
22	50.10%	50.10%	50.10%	50.10%	50.10%	25.00%
23	47.40%	47.40%	47.40%	47.40%	47.40%	25.00%
24	45.30%	45.30%	45.30%	45.30%	45.30%	25.00%
25	42.90%	42.90%	42.90%	42.90%	42.90%	25.00%
26	40.80%	40.80%	40.80%	40.80%	40.80%	25.00%
27	38.40%	38.40%	38.40%	38.40%	38.40%	25.00%
28	38.10%	36.30%	36.30%	36.30%	36.30%	25.00%
29	38.10%	35.70%	34.50%	34.50%	34.50%	25.00%
30	38.10%	35.70%	33.00%	32.40%	32.40%	25.00%
31	38.10%	35.70%	33.00%	30.60%	30.60%	25.00%
32	38.10%	35.70%	33.00%	30.60%	28.80%	25.00%
33	38.10%	35.70%	33.00%	30.60%	28.50%	25.00%
34	38.10%	35.70%	33.00%	30.60%	28.50%	25.00%
35	38.10%	35.70%	33.00%	30.60%	28.50%	23.70%
36	38.10%	35.70%	33.00%	30.60%	28.50%	22.20%
37	38.10%	35.70%	33.00%	30.60%	28.50%	20.70%
38	38.10%	35.70%	33.00%	30.60%	28.50%	19.50%
39	38.10%	35.70%	33.00%	30.60%	28.50%	18.00%
40	38.10%	35.70%	33.00%	30.60%	28.50%	16.80%
41	38.10%	35.70%	33.00%	30.60%	28.50%	15.60%
42	38.10%	35.70%	33.00%	30.60%	28.50%	14.70%
43	38.10%	35.70%	33.00%	30.60%	28.50%	13.50%
44	38.10%	35.70%	33.00%	30.60%	28.50%	12.60%

Table 2—Page 2 of 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
45	38.10%	35.70%	33.00%	30.60%	28.50%	11.70%
46	38.10%	35.70%	33.00%	30.60%	28.50%	10.80%
47	38.10%	35.70%	33.00%	30.60%	28.50%	10.20%
48	38.10%	35.70%	33.00%	30.60%	28.50%	9.30%
49	38.10%	35.70%	33.00%	30.60%	28.50%	8.70%
50	38.10%	35.70%	33.00%	30.60%	28.50%	8.10%
51	38.10%	35.70%	33.00%	30.60%	28.50%	8.10%
52	38.10%	35.70%	33.00%	30.60%	28.50%	8.10%
53	38.10%	35.70%	33.00%	30.60%	28.50%	8.10%
54	38.10%	35.70%	33.00%	30.60%	28.50%	8.10%
55+	38.10%	35.70%	33.00%	30.60%	28.50%	8.10%

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.070%	0.070%	45	0.162%	0.310%
16	0.070%	0.070%	46	0.176%	0.340%
17	0.070%	0.070%	47	0.191%	0.380%
18	0.070%	0.070%	48	0.207%	0.420%
19	0.070%	0.070%	49	0.223%	0.470%
20	0.070%	0.070%	50	0.240%	0.520%
21	0.071%	0.070%	51	0.260%	0.580%
22	0.072%	0.080%	52	0.286%	0.660%
23	0.073%	0.080%	53	0.318%	0.750%
24	0.074%	0.080%	54	0.356%	0.860%
25	0.075%	0.090%	55	0.400%	0.990%
26	0.076%	0.090%	56	0.459%	1.130%
27	0.078%	0.090%	57	0.534%	1.280%
28	0.080%	0.100%	58	0.610%	1.430%
29	0.082%	0.100%	59	0.720%	1.580%
30	0.084%	0.100%	60	0.843%	1.740%
31	0.086%	0.110%	61	0.975%	1.910%
32	0.088%	0.110%	62	1.130%	2.110%
33	0.090%	0.120%	63	1.305%	2.330%
34	0.093%	0.130%	64	1.490%	2.580%
35	0.096%	0.140%	65	1.710%	2.850%
36	0.099%	0.150%	66	1.950%	3.140%
37	0.103%	0.160%	67	2.210%	3.430%
38	0.107%	0.170%	68	2.490%	3.720%
39	0.111%	0.180%	69	2.790%	4.010%
40	0.115%	0.200%	70+	3.110%	4.310%
41	0.120%	0.220%			
42	0.127%	0.240%			
43	0.136%	0.260%			
44	0.148%	0.280%			

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ___

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ERC RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1941

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)

GE Capital US Holdings, Inc.

ERC RETIREMENT PLAN COMMITTEE
801 Main Ave
The Towers at Merritt River
Norwalk CT 06851

2b Employer Identification Number (EIN)
47-4432326

2c Plan Sponsor's telephone number
866-324-5981

2d Business code (see instructions)
525990

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	Michael J Gorman	10/9/2018	Michael J Gorman
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

2017 5500, Schedule SB

Plan Name: ERC RETIREMENT PLAN

Plan Year Beginning: 01/01/2017 **Plan Year Ending: 12/31/2017**

Employer Identification Number: 47-4432326 **Three-Digit Plan Number: 004**

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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: ERC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: GE CAPITAL US HOLDINGS, INC.

D Employer Identification Number (EIN): 47-4432326

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	226,279,410
b Actuarial value	**2b**	229,735,031

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	633	125,023,001	125,023,001
b For terminated vested participants	1,177	98,296,529	98,296,529
c For active participants	231	12,114,228	12,445,693
d Total	2,041	235,433,758	235,765,223

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**	5.92%
6 Target normal cost	**6**	1,700,000

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 Aaron L. Sens (ALS) — Signature of actuary

09/21/2018 — Date

AARON L. SENS — Type or print name of actuary

1706808 — Most recent enrollment number

Aon Consulting, Inc. — Firm name

847-295-5000 — Telephone number (including area code)

4 OVERLOOK POINT

LINCOLNSHIRE IL 60069 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 7.20%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		430,082
	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 6.11%		26,278
	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		456,360
	d Portion of (c) to be added to prefunding balance		456,360
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	456,360

Part III Funding Percentages

14	Funding target attainment percentage	14	97.24%
15	Adjusted funding target attainment percentage	15	97.24%
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	100.13%
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
04/12/2018	691,293	0			
07/12/2018	691,293	0			
09/12/2018	1,200,000	0			
			Totals ► 18(b)	2,582,586	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,364,039

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	**31a**	1,700,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	6,486,552	1,065,169
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,765,169

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		456,360	456,360

36 Additional cash requirement (line 34 minus line 35)	**36**	2,308,809
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,364,039
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	55,230
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	55,230
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
ERC Retirement Plan
EIN: 47-4432326 PN: 004

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2017

Date	Amount	Days to Discount to 1/1/2017 at 5.92%	Interest Adjusted Contribution
April 12, 2018	$ 691,293	466	$ 642,351
July 12, 2018	691,293	557	633,206
September 12, 2018	1,200,000	619	1,088,482
Total Contribution	$ 2,582,586		$ 2,364,039

Schedule SB Attachment (Form 5500)—2017 Plan Year
ERC Retirement Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	15.00%	1.0000	8.33
56.5	10.00%	0.8500	4.80
57.5	10.00%	0.7650	4.40
58.5	10.00%	0.6885	4.03
59.5	10.00%	0.6197	3.69
60.5	35.00%	0.5577	11.81
61.5	20.00%	0.3625	4.46
62.5	20.00%	0.2900	3.62
63.5	20.00%	0.2320	2.95
64.5	20.00%	0.1856	2.39
65	100.00%	0.1485	9.65
		Weighted Average	60.13

Schedule SB Attachment (Form 5500)—2017 Plan Year
ERC Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions

ERC Participants

Eligibility	After completion of 12-month period of employment of not less than 1,000 hours but excluding: (1) Any person more than half of whose remuneration consists of commissions; (2) Any person who is a member of a member of a unit of employees covered by a collective bargaining agreement if retirement benefits were the subject of good faith bargaining; (3) Any person who is a leased employee; and (4) Any person hired after April 30, 1999 or hired prior to May 1, 1999 but has not yet completed the 1,000 hour service requirement by October 1, 1999. Effective June 9, 2006, the plan was amended such that plan members that transferred to Swiss Re ceased to accrue new benefits under the plan. However, participants (other than IRI participants) that continue to be employed by Swiss Re will grow into eligibility for the plan's early retirement benefits by reaching the age and service requirements for such benefits based on their combined service with the company at GE and Swiss Re. Effective December 31, 2006, the plan was amended such that plan members that were still employed by GE ceased to accrue new benefits under the plan. However, they will grow into eligibility for the plan's early retirement benefits by reaching the age and service requirements for such benefits based on their full service with the company. In addition, for members who continue to accrue benefits under the GE Pension Plan after December 31, 2006, the GE Pension Plan benefit used for purposes of the offset is the members GE Pension Plan benefit determined as of December 31, 2006.

Normal Retirement	
Eligibility	The first day of the month coincident with or next following the attainment of age 65.
Monthly Benefit	1.667% of average monthly compensation up to $1,300 plus 2% of average monthly compensation in excess of $1,300 for each year of credited service (maximum 30 years) less any benefit payable from the GE Pension Plan for benefit service after October 1, 1999.
Early Retirement	
Eligibility	Age 55 and five years of service.
Benefit Reduction for Early Payment	
Less Than 15 Years of Service	Accrued benefit reduced 0.25% the first 60 months and 0.4167% for the next 60 months by which payments precede normal retirement age.
15 or More Years of Service	Accrued benefit reduced 0.4167% for each month by which payments precede age 60.
Disability Retirement	
Eligibility	Five years of service.
Benefit	Accrued benefit payable at age 65 based on earnings as of disability date and service projected to age 65.
Preretirement Surviving Spouse Benefit	
Eligibility	All vested participants.
Benefit	50% of an employee’s accrued benefit, payable to a surviving spouse commencing on the date of death.
Vested Termination Benefits	
Eligibility	Five years of vesting service.
Benefit	Accrued benefit payable at normal retirement age, or payable at early retirement age reduced 0.5556% for the first 60 months and 0.2778% for the next 60 months payments precede normal retirement age.
Cost of Living Adjustments	2% per year.

Definitions

Year of Service	Years of full-time continuous employment to December 31, 1975, rounded up to next full year; plus the number of years beginning with 1976 during which the employee earns 1,000 or more hours of service. Former employees of companies acquired by ERC receive service for vesting in accordance with the terms of the agreement.
Credited Service	Years and months of continuous full-time employment to December 31, 1983, rounded to nearest month; plus the number of years beginning with 1984 during which the employee earns 1,000 or more hours of service. Former employees of companies acquired by ERC receive credited service in accordance with the terms of the agreement.
Compensation	Base salary plus overtime.
Average Monthly Compensation	The average monthly compensation for the highest 60 consecutive months.
Normal Form of Benefit	Life annuity or an actuarially equivalent 50% joint and survivor annuity if the participant is married at the date of his retirement.
Employers Included	Employers Reinsurance Corporation, First Excess Reinsurance Corporation, Bates Turner, ERC Life Insurance.
Actuarial Equivalent	A benefit of equivalent value based on the rates from the 1984 Unisex Pension Table and an interest rate of 8% per year.

IRI Participants

Eligibility	Any former employee of HSB Industrial Risk Insurers hired prior to May 1, 1999, who commenced employment with a GE Controlled Entity as of May 1, 1999 and who participated in the BCG Pension Plan (now known as the PPIO) as of December 31, 2000 and enrolled in the GE Pension Plan as of January 1, 2001.
Normal Retirement	
Eligibility	The first day of the month coincident with or next following the attainment of age 65.
Monthly Benefit	Monthly benefit equal to the excess of (1) over (2): (1) The GE Pension (comprised of both the regular pension and additional pension, if applicable, but not including any amounts attributable to the participant's Personal Pension Account or Voluntary Pension Account) based on the participant's pension benefit service and service with IRI prior to 1999. (2) Equals (a) plus (b) (a) The participant's BCG accrued benefit under the BCG Pension Plan as of December 31, 2000; (b) The participant's GE pension (comprised of both the regular pension and additional pension, if applicable, but not including any amounts attributable to the IRI participant's personal pension account or Voluntary Pension Account) under the GE Pension Plan based solely upon the IRI participant's pension benefit service earned on or after January 1, 2001.
Early Retirement	
Eligibility	Age 55 and five years of service.
Benefit Reduction for Early Payment	Unreduced accrued benefit payable at age 60.
Supplemental Benefit	
Eligibility	Eligible for early retirement.
Benefit	$168 per year of pension benefit service payable until age 62.

Preretirement Surviving Spouse Benefit	
Eligibility	Age 50 and 15 years of service, 30 years of service, or age 60.
Benefit	50% of employee's accrued benefit reduced 1% per year below age 60 and for 50% joint and survivor option payable to a surviving spouse immediately. The maximum reduction is 10%.
Eligibility	Five years of service and not eligible for above benefit.
Benefit	50% of employee's accrued benefit, reduced for the 50% joint and survivor option, payable to a surviving spouse commencing on the later of (a) the date the participant would have attained age 60, or (b) the date of death.
Vested Termination Benefits	
Eligibility	Five years of service.
Benefit	Accrued benefit payable at age 60.
Definitions	
Actuarial Equivalent	A benefit of equivalent value based on the rates from the 1951 Group Annuity Mortality Table and an interest rate of 4.5% per year. The unisex adjustment for participants is 95% male with one year setback plus 5% male with six year setback. The unisex adjustment for spouses is 5% male with one year setback plus 95% male with six year setback.
Normal Form of Benefit	Life annuity or an actuarially equivalent 50% joint and survivor annuity if the participant is married at the date of his retirement.

Med Pro Participants

Eligibility	Any former employee of the Medical Protective Corporation hired prior to May 1, 1999 and completed a 12-month period of employment of not less than 1,000 hours. Effective March 8, 2000, and recognized in the January 1, 2000 valuation, the plan was amended to include a “gap pension benefit” for former Kemper RE (“KRE”) employees. The plan was retroactively amended on September 17, 2007, with an effective date of June 9, 2006, to allow former Kemper Reinsurance participants that were part of the sale to Swiss Re to take a distribution of their benefit.
Normal Retirement	
Eligibility	The first day of the month coincident with or next following the attainment of age 65.
Monthly Benefit	The sum of (1) and (2) below: (1) For plan years beginning after December 31, 1995, 1/12 of 1% of compensation times each year or partial year of benefit service after December 31, 1995 and before October 1, 1999. (2) For plan years beginning before December 31, 1995, 40% of average monthly compensation plus 20% of average monthly compensation over covered compensation, the sum prorated for benefit service before January 1, 1996 if less than 35 years.
Postponed Retirement	
Eligibility	After attaining eligibility for normal retirement.
Monthly Benefit	The greater of (1) or (2) below: (1) The amount that would have been payable if the employee had retired when he or she attained normal retirement age, increased to the actuarial equivalent as of the earlier of the benefit commencement date or the September 30, 1999 freeze date. (2) The amount determined as for normal retirement based on compensation and benefit service at the time of termination of employment.

Early Retirement	
Eligibility	Age 55 and 10 years of service.
Benefit Reduction for Early Payment	Reduced to the actuarial equivalent as of the benefit commencement date.
Preretirement Surviving Spouse Benefit	
Eligibility	All vested participants.
Benefit	100% of the amount that would have been payable if the employee had terminated employment on the date of death (if not already terminated) and begun to receive a 100% joint and survivor annuity.
Vested Termination Benefits	
Eligibility	Five years of vesting service.
Benefit	The amount determined as for early retirement.
Definitions	
Actuarial Equivalent	For benefits other than lump-sum benefits: a benefit of equivalent value based on the male rates from the 1951 Group Annuity Mortality Table projected to 1960 and an interest rate of 6% per annum, compounded annually. For lump-sum benefits: a benefit of equivalent value based on the 1983 Group Annuity Mortality Table, weighted 50% male/50% female, and an interest rate equivalent to the rate on 30-year Treasury securities (unrounded) for the November preceding the plan year in which distribution occurs, subject to certain minimum requirements.
Average Monthly Compensation	1/36 of the highest compensation for any three consecutive plan years of employment prior to January 1, 1996.
Benefit Service	The sum of (1) and (2) below: (1) 1/12 for each month of employment on or after January 1, 1996. (2) One year for each year of employment (rounded to the nearest whole year) before January 1, 1996.
Compensation	The pay rate in effect on January 1 (or on date of hire in year of hire), determined prior to any reductions for the company's section 401(k) or 125 plan, subject to the 401(a)(17) limits.

Covered Compensation	1/12 of the average of the taxable wage bases for each calendar year during the 35-year period ending with the last day of the calendar year in which the employee attains (or will attain) Social Security retirement age; determined assuming that future wage bases will be the same as the current wage base, frozen as of December 31, 1995.
Plan Year	Each calendar year.
Vesting Service	The number of years of benefit service, plus service during certain periods of absence.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 6,486,552	January 1, 2017	7	$ 1,065,169