

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/07/1987</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>09/07/1987</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>09/07/1987</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GE AVIATION SYSTEMS LLC</u> <u>ONE NEUMANN WAY, MD C22</u> <u>CINCINNATI, OH 45215</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-2733944</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-243-3353</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-2733944</u>	2c Plan Sponsor's telephone number <u>513-243-3353</u>	2d Business code (see instructions) <u>336410</u>	
2b Employer Identification Number (EIN) <u>38-2733944</u>					
2c Plan Sponsor's telephone number <u>513-243-3353</u>					
2d Business code (see instructions) <u>336410</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2021	RANDALL GUNN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFITS COMMITTEE FOR CERTAIN GE AFFILIATE PLANS ONE NEUMANN WAY, MD C22 CINCINNATI, OH 45215		3b Administrator's EIN 31-1651279																				
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		3c Administrator's telephone number 513-243-3353																				
5 Total number of participants at the beginning of the plan year		4b EIN 4d PN																				
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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> <tr> <td>6a(1)</td> <td>86</td> </tr> <tr> <td>6a(2)</td> <td>80</td> </tr> <tr> <td>6b</td> <td>340</td> </tr> <tr> <td>6c</td> <td>101</td> </tr> <tr> <td>6d</td> <td>521</td> </tr> <tr> <td>6e</td> <td>104</td> </tr> <tr> <td>6f</td> <td>625</td> </tr> <tr> <td>6g</td> <td></td> </tr> <tr> <td>6h</td> <td>0</td> </tr> </table>			6a(1)	86	6a(2)	80	6b	340	6c	101	6d	521	6e	104	6f	625	6g		6h	0
6a(1)	86																					
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6c	101																					
6d	521																					
6e	104																					
6f	625																					
6g																						
6h	0																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">7</td> <td style="width: 90%;"></td> </tr> </table>	7																			
7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3H																						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																						
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																					
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																						
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																					

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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GE AVIATION SYSTEMS LLC	D Employer Identification Number (EIN) 38-2733944
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
a	Market value	2a	33245537	
b	Actuarial value	2b	32087337	
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.....	458	24974479	24974479
b	For terminated vested participants.....	109	3707165	3707165
c	For active participants	86	4932493	4955906
d	Total.....	653	33614137	33637550
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	5.25 %
6	Target normal cost.....		6	423992

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.

<div>SIGN HERE</div>		09/07/2021
Signature of actuary		Date
AARON L. SENS		20-06808
Type or print name of actuary		Most recent enrollment number
AON CONSULTING, INC		847-295-5000
Firm name		Telephone number (including area code)
4 OVERLOOK POINT LINCOLNSHIRE, IL 60069		
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>18.54</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		16826
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39</u> %		907
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		17733
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	95.39 %
15 Adjusted funding target attainment percentage	15	95.39 %
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	93.55 %
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
03/27/2020	315000	0			
06/23/2020	315000	0			
10/15/2020	315000	0			
04/13/2021	190000	0			
Totals ▶			18(b)	1135000	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	1099194

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

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** 423992**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 1550213 Installment 142231**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** 566223

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 566223**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 1099194**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 532971**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 GE AVIATION SYSTEMS LLC	D Employer Identification Number (EIN) 38-2733944	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

AON CONSULTING INC.

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 15 50	ACTUARIAL	212543	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	30500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IVINS, PHILLIPS AND BARKER, CHTD

52-1229560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	22817	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)

VERRILL DANA LLP

01-0176171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

a Name:	b EIN:
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Explanation:

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

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
<div>A Name of plan</div> <div>GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION</div>				<div>B Three-digit plan number (PN)</div> <div>▶ 003</div>	
<div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500</div> <div>GE AVIATION SYSTEMS LLC</div>				<div>D Employer Identification Number (EIN)</div> <div>38-2733944</div>	
<div>Part I</div> <div>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</div> <div>(Complete as many entries as needed to report all interests in DFEs)</div>					
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>GENERAL ELECTRIC PENSION TRUST</div>					
<div>b Name of sponsor of entity listed in (a):</div> <div>GENERAL ELECTRIC COMPANY</div>					
<div>c EIN-PN</div> <div>14-0689340-001</div>		<div>d Entity code</div> <div>M</div>	<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>36928862</div>		
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b Name of sponsor of entity listed in (a):</div>					
<div>c EIN-PN</div>		<div>d Entity code</div>	<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>		
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b Name of sponsor of entity listed in (a):</div>					
<div>c EIN-PN</div>		<div>d Entity code</div>	<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>		
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b Name of sponsor of entity listed in (a):</div>					
<div>c EIN-PN</div>		<div>d Entity code</div>	<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>		
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b Name of sponsor of entity listed in (a):</div>					
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<div>c EIN-PN</div>		<div>d Entity code</div>	<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>		
<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b Name of sponsor of entity listed in (a):</div>					
<div>c EIN-PN</div>		<div>d Entity code</div>	<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>		
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<div>b Name of sponsor of entity listed in (a):</div>					
<div>c EIN-PN</div>		<div>d Entity code</div>	<div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>		
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<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
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<div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b Name of sponsor of entity listed in (a):</div>					

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION</u>	B Three-digit plan number (PN) ► <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GE AVIATION SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>38-2733944</u>	

Part I	Asset and Liability Statement
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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)	860000	190000
(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)	32414418	36928862
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	33274418	37118862

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	33274418	37118862
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1135000	
(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)		1135000
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)		5778100
(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		6913100

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

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2617230	
(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)		2617230
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)	194502	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)	256924	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		451426
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3068656

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3844444
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **KPMG LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
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?	X		90000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4306830 _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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): 04-3581074		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

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

Part III	Amendments
----------	------------

9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☒ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

EIN: 38-2733944
Plan #: 003

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

Financial Statements

December 31, 2020 and 2019

(With Independent Auditors' Report Thereon)

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

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December 31, 2020 and 2019

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KPMG LLP
515 Broadway
Albany, NY 12207-2974

Independent Auditors' Report

To the Plan Participants and Plan Administrator

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

We have audited the accompanying financial statements of the GE Aviation Systems Pension Plan for UAW Local 330 Union Employees of the Grand Rapids, MI Division (the Plan), which comprise the statements of net assets available for plan benefits and of accumulated plan benefits as of December 31, 2020 and 2019, 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, 2020 and 2019, 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 16, 2021

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

Statements of Net Assets Available for Plan Benefits

December 31, 2020 and 2019

(in thousands)

	<u>2020</u>	<u>2019</u>
Assets:		
Investments at fair value (notes 3 and 4)		
Plan interest in Grand Rapids Local 330 Plan Trust	\$ 36,928	\$ 32,411
Employer contribution receivable (note 8)	<u>190</u>	<u>860</u>
Net assets available for plan benefits	<u>\$ 37,118</u>	<u>\$ 33,271</u>

See accompanying notes to financial statements.

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

Statements of Changes in Net Assets Available for Plan Benefits

Years Ended December 31, 2020 and 2019

(in thousands)

	<u>2020</u>	<u>2019</u>
Additions (reductions) to net assets attributed to:		
Investment income allocated from Grand Rapids Local 330 Plan Trust from GE Pension Trust (note 3):		
Interest and dividends	\$ 423	\$ 533
Net appreciation in fair value of investments	5,553	5,002
Investment management fees and other expenses (note 7)	(197)	(205)
Employer contributions (note 8)	1,135	1,340
Total additions	<u>6,914</u>	<u>6,670</u>
Deductions from plan assets attributed to:		
Benefit payments	2,617	2,624
Administrative expenses (note 7)	450	611
Total deductions	<u>3,067</u>	<u>3,235</u>
Net increase	3,847	3,435
Net assets available for plan benefits at:		
Beginning of year	33,271	29,836
End of year	<u>\$ 37,118</u>	<u>\$ 33,271</u>

See accompanying notes to financial statements.

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

Statements of Accumulated Plan Benefits

December 31, 2020 and 2019

(in thousands)

	<u>2020</u>	<u>2019</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 21,629	\$ 22,110
Other participants	<u>6,494</u>	<u>7,571</u>
	28,123	29,681
Non-vested benefits	<u>18</u>	<u>9</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 28,141</u></u>	<u><u>\$ 29,690</u></u>

See accompanying notes to financial statements.

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

Statements of Changes in Accumulated Plan Benefits

Years Ended December 31, 2020 and 2019

(in thousands)

	<u>2020</u>	<u>2019</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 29,690</u>	<u>\$ 29,871</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated	15	195
Increase for interest due to the decrease in the discount period	1,775	1,929
Benefit payments	(2,617)	(2,624)
Plan amendments (note 2(e))	—	235
Changes in actuarial assumptions (note 2(e))	(32)	121
Experience gains, net	<u>(690)</u>	<u>(37)</u>
Net decrease	<u>(1,549)</u>	<u>(181)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 28,141</u></u>	<u><u>\$ 29,690</u></u>

See accompanying notes to financial statements.

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

Notes to Financial Statements

December 31, 2020 and 2019

(1) Description of the Plan

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

The Plan provides benefits to collectively bargained employees of UAW Local 330 Union Employees of the Grand Rapids, MI division hired before November 30, 2014. The Plan was closed to new participants effective November 30, 2014. Benefits are determined based on length of service and a multiplier that is subject to collective bargaining. Participants are vested upon the earlier of five years of service, or the participant's normal retirement date.

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

The Plan Administrator directs the investment of the Plan's assets. The Plan's investments were held in the Middle River Defined Benefit Master Trust (the "Middle River Trust"). Effective May 1, 2019, the Middle River Trust changed its name to the Grand Rapids Local 330 Plan Trust and ceased being a master trust. The Trustee and the investment strategy for the Plan did not change.

The Middle River Trust and Grand Rapids Local 330 Plan Trust invest its funds in the GE Pension Trust. General Electric personnel are Trustees of the GE Pension Trust, and State Street Global Advisors Trust Company and SSGA Funds Management, Inc., affiliates of State Street Corporation, act as investment advisors, providing investment advisory, investment management and related services. State Street Bank & Trust Company is the primary custodian for GE Pension Trust assets.

Effective January 31, 2020, the Plan was frozen. All active participants or participants on an approved leave of absence on January 31, 2020 became 100% vested in the Plan.

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

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

(b) Investments

Plan investment assets are held in a Trust. Plan investments are carried at fair value. See notes 3 and 4 for additional information.

Investment transactions are recorded 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-

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

Notes to Financial Statements

December 31, 2020 and 2019

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 GE Pension Trust to the Grand Rapids Local 330 Plan Trust and Middle River Trust based upon the Grand Rapids Local 330 Plan Trust and Middle River Trust's percentage of GE Pension 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 management's 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

Notes to Financial Statements

December 31, 2020 and 2019

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.

Investment 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. 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 GE Pension 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.

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

Notes to Financial Statements

December 31, 2020 and 2019

(d) Management Estimates and Assumptions

The preparation of financial statements in conformity with GAAP 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 attributable under the Plan's provisions based on the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries.

Benefits payable as a result of retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

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

The more significant actuarial assumptions used in the valuations as of December 31, 2020 and 2019 were: (a) for 2020, expected mortality rates of participants are determined using the Pri-2012 healthy annuitant and contingent tables for males and females adjusted by wage class based on the Company's experience, and the tables are projected generationally by the MP-2020 improvement scales for males and females modified to converge to a long-term improvement rate of 0.75%; (b) for 2019, expected mortality rates of participants are determined using the Pri-2012 healthy annuitant and contingent tables for males and females adjusted by wage class based on the Company's experience, and the tables are projected generationally by the MP-2019 improvement scales for males and females modified to converge to a long-term improvement rate of 0.75%; (b) retirement age ranging from 55 to 70; and (c) interest discount rate of 6.25%. The changes in actuarial assumptions in 2020 are primarily due to utilizing updated mortality tables. The changes in actuarial assumptions in 2019 are primarily due to the decrease in the interest discount rate from 6.75% to 6.25% in addition to utilizing updated mortality tables. Additionally effective December 31, 2019, the Plan was amended to increase the benefit multiplier from \$41.00 to \$43.50.

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.

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

Notes to Financial Statements

December 31, 2020 and 2019

(3) Summary of Trust Financial Information

- (a) The Grand Rapids Local 330 Plan Trust and Middle River Trust's net assets are invested solely in the GE Pension 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 the Trust net assets as of December 31, 2020 and 2019, respectively. The net assets and changes in net assets of the Trust follow.

Net Assets:

	December 31,			
	2020		2019	
	Plan's Interest	Trust	Plan's Interest	Trust
	(in thousands)			
Assets:				
Investments (note 4):				
Global equity (a)	\$ 13,712	\$22,642,678	\$ 13,203	\$22,249,816
Debt securities (a)	16,501	27,249,236	13,697	23,082,822
Private equities and other investments (a)	4,453	7,353,190	3,681	6,202,609
Real estate (a)	2,258	3,729,544	2,141	3,607,350
Total investments	36,924	60,974,648	32,722	55,142,597
Cash	72	118,549	158	266,200
Receivables:				
Due from brokers	4	7,069	30	49,857
Income receivable	73	120,552	84	142,107
Other receivables	310	532,162	9	15,373
Total receivables	387	659,783	123	207,337
Total assets	37,383	61,752,980	33,003	55,616,134
Liabilities:				
Due to brokers	79	130,722	228	384,780
Accounts payable and accrued expenses	376	601,330	364	207,947
Total liabilities	455	732,052	592	592,727
Net assets	\$ 36,928	\$61,020,928	\$ 32,411	\$55,023,407

- (a) Includes direct investments and investment funds.

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

Notes to Financial Statements

December 31, 2020 and 2019

Changes in Net Assets:	Years Ended December 31,	
	2020	2019
	Trust	
	(in thousands)	
Investment income:		
Interest and dividend income	\$ 700,715	\$ 930,019
Net appreciation (depreciation) in value of investments:		
Global equity	3,039,516	5,141,118
Debt securities	4,391,441	3,070,002
Private equities and other investments	1,963,044	360,165
Real estate	(264,397)	155,686
Total net appreciation	9,129,604	8,726,971
Investment management fees and other expenses	(330,853)	(354,783)
Transfers in:		
Employee contributions	69,230	76,795
Employer contributions	2,537,169	19,630
Transfers out:		
Third-party insurance company, net	(1,684,583)	—
Affiliate plans	(86,500)	(206,618)
Benefit payments and employee refunds	(4,080,987)	(5,886,490)
Administrative expenses	(256,274)	(284,221)
Net increase	5,997,521	3,021,303
Net assets of the Trust at:		
Beginning of year	55,023,407	52,002,104
End of year	<u>\$61,020,928</u>	<u>\$55,023,407</u>

(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.

GE has incorporated de-risking objectives and liability hedging programs as part of its long-term investment strategy. GE utilizes a combination of long dated corporate bonds, treasuries, strips and derivatives to implement its investment strategies as well as for hedging asset and liability risks.

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 0.6% of Trust net assets at December 31, 2020 and 2019. The Trust held 31 million shares of GE Common Stock (3.9 million shares after General Electric Company's reverse stock split effective after market close on July 30, 2021) with a cost basis of \$232 million as of December 31, 2020 and 2019. For these shares, the Trust recorded dividend income of \$1.2 million and \$13.7 million for the years ended December 31, 2020 and 2019, respectively. The Trust has a broadly diversified portfolio of investments in equities, fixed income, private equities and real estate; these investments are both U.S. and non-U.S. in nature. As of December 31, 2020 and 2019, no sector concentration of assets exceeded 15% of total Trust assets.

Notes to Financial Statements

December 31, 2020 and 2019

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

In the normal course of business, the GE Pension 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 GE Pension Trust.

Credit risk represents the potential loss to the GE Pension 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 GE Pension Trust according to the terms of the applicable agreements) are managed on an individual counterparty basis. There are provisions in the GE Pension 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 GE Pension 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 GE Pension 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 GE Pension 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 GE Pension 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 GE Pension Trust since futures contracts are exchange traded and the exchange's clearinghouse, as counterparty to all traded futures, guarantees the futures against default. The GE Pension 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 GE Pension Trust. The GE Pension 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 GE Pension 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.

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

Notes to Financial Statements

December 31, 2020 and 2019

The derivative contracts entered into by the GE Pension Trust summarized by primary risk exposure as noted below in the statement of net assets of the GE Pension Trust as of December 31, 2020 follow.

(in thousands)	Asset Derivative Fair Value	Liability Derivative Fair Value
<u>Derivatives classified in Other investments:</u>		
Swaps (Gross Exposure Value)	\$ 1,008,678	\$ 969,915
<u>Derivatives classified in Due from brokers or Due to brokers:</u>		
Futures, fixed income	9,677	—
Forwards, foreign currency	—	434
Swaps	—	44

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 GE Pension Trust for the year ended December 31, 2020 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	\$ 111,426	\$ 163,199	\$ 51,773	\$ —
Rights	4,651	4,586	—	—
Futures	403	418	1,829,713	260,219
Forwards, foreign currency	587,633	591,414	10,302	(5,187)
Swaps	7,641	204,915	197,274	39,985

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

Notes to Financial Statements

December 31, 2020 and 2019

The derivative contracts entered into by the GE Pension Trust summarized by primary risk exposure as noted below in the statement of net assets of the GE Pension Trust as of December 31, 2019 follow.

(in thousands)	Asset Derivative Fair Value	Liability Derivative Fair Value
<u>Derivatives classified in Other investments:</u>		
Swaps (Gross Exposure Value)	\$ 42,434	\$ 43,657
<u>Derivatives classified in Due from brokers or Due to brokers:</u>		
Futures, fixed income	762	—
Forwards, foreign currency	4,753	—
Swaps	—	3,252

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 GE Pension Trust for the year ended December 31, 2019 are shown below.

(in thousands)	<u>Total Notional/Cost Amount of Derivative Contracts</u>		Realized Gain or (Loss) on Derivatives Recognized in Income	Change in Unrealized Appreciation/ (Depreciation) on Derivatives Recognized in Income
Derivatives	Purchased	Sold		
Options	\$ 900	\$ 4,553	\$ 2,943	\$ (5,673)
Rights	438	437	(1)	—
Futures	193	194	(176,434)	(308,902)
Forwards, foreign currency	575,890	562,576	47,824	(32,456)
Swaps	76,946	18	(76,928)	(4,571)

The Trust has liquidity risk if its assets decline by various, pre-specified rates over predetermined time periods. If this occurs the Trust is required to post more collateral or may be required to pay off the open liability contracts given the counterparty's right to terminate the contract. As of December 31, 2020 and 2019, \$36 million and \$6 million respectively, were posted in collateral against derivative contracts.

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

Notes to Financial Statements

December 31, 2020 and 2019

(4) Fair Value Measurements

The GE Pension Trust's investments measured at fair value on a recurring basis at December 31, 2020 follow.

	Level 1	Level 2	Level 3	Total
	(in thousands)			
<u>Investments:</u>				
Global equity	\$ 5,753,705	\$ —	\$ —	\$ 5,753,705
Debt securities				
Fixed income and cash investment funds	4,529,349	2,550,062	—	7,079,411
U.S. corporate (a)	—	8,821,094	—	8,821,094
Non-U.S. corporate	—	1,120,358	—	1,120,358
Residential mortgage-backed	—	51,979	81	52,060
U.S. government and federal agency	—	4,027,810	—	4,027,810
Other debt securities (b)	—	543,395	421	543,816
Private equities and other investments	—	—	462,071	462,071
Real estate	—	—	2,356,950	2,356,950
	<u>\$ 10,283,054</u>	<u>\$ 17,114,698</u>	<u>\$ 2,819,523</u>	<u>30,217,275</u>
<u>Investments measured at net asset value (c):</u>				
Global equity				16,850,209
Private equities and other investments				6,891,118
Debt securities				5,643,452
Real estate				1,372,594
Total investments, at fair value				<u>\$ 60,974,648</u>
<u>Other assets:</u>				
Derivatives (d)	<u>\$ 9,677</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 9,677</u>
<u>Other liabilities:</u>				
Derivatives (d)	<u>\$ 478</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 478</u>

- (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 as total investments.
- (d) Primarily represents futures and forwards.

There were no significant transfers between the fair value levels during 2020.

GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330
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December 31, 2020 and 2019

The GE Pension Trust's investments measured at fair value on a recurring basis at December 31, 2019 follow.

	Level 1	Level 2	Level 3	Total
	(in thousands)			
<u>Investments:</u>				
Global equity	\$ 7,084,000	\$ —	\$ —	\$ 7,084,000
Debt securities				
Fixed income and cash investment funds	2,419,407	2,144,932	—	4,564,339
U.S. corporate (a)	—	8,327,840	—	8,327,840
Non-U.S. corporate	—	1,209,540	—	1,209,540
Residential mortgage-backed	—	37,042	87	37,129
U.S. government and federal agency	—	4,544,430	—	4,544,430
Other debt securities (b)	—	512,311	421	512,732
Private equities and other investments	—	—	548,276	548,276
Real estate	—	—	2,396,438	2,396,438
	<u>\$ 9,503,407</u>	<u>\$ 16,776,095</u>	<u>\$ 2,945,222</u>	<u>29,224,724</u>

Investments measured at net asset value (c):

Global equity	15,167,038
Private equities and other investments	5,654,333
Debt securities	3,885,590
Real estate	1,210,912
Total investments, at fair value	<u>\$ 55,142,597</u>

Other assets:

Derivatives (d)	<u>\$ 5,515</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 5,515</u>
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Other liabilities:

Derivatives (d)	<u>\$ 3,252</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 3,252</u>
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- (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 as total investments.
- (d) Primarily represents futures and forwards.

There were no significant transfers between the fair value levels during 2019.

Investments in certain equity and fixed-income funds, which include common/collective trust funds, private equities and real estate funds, are valued based on NAV as a practical expedient, and are described further below.

Global Equity

A subset of the funds in this asset class are structured as common collective trusts. Redemption periods are generally daily with a notice requirement less than 15 days. As of December 31, 2020 and 2019, there were no unfunded commitments.

Debt Securities

A subset of this asset class consists are structured as common collective trusts. Redemption periods are generally daily with notice requirement less than 5 days. As of December 31, 2020 and 2019, there were no unfunded commitments.

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December 31, 2020 and 2019

Private Equities and Other Investments

This asset class consists primarily of closed-end private equity funds, which invest across various fund types, including venture capital, buyouts, growth and debt strategies. The term of each fund is typically 10 or more years and the fund's investors do not have an option to redeem their interest in the fund. The assets in this class have been diversified across vintage years, industry sectors and geographic regions. Also included are investments in fund of funds which invest across a diversified array of strategies. The redemption period for these funds is generally quarterly and requires a 90-day notice. As of December 31, 2020 and 2019, private equity funds had unfunded commitments of \$1,841 million and \$1,526 million, respectively.

Real Estate

This asset class consists primarily of closed-end real estate funds with redemption terms that are typically 10 or more years. As of December 31, 2020 and 2019 real estate funds had unfunded commitments of \$1,033 million and \$980 million, respectively.

The changes in Level 3 GE Pension Trust's investments measured on a recurring basis for the year ended December 31, 2020 follow.

(in thousands)	January 1, 2020	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2020
Debt securities							
Residential							
mortgage-backed	\$ 87	\$ —	\$ (6)	\$ —	\$ —	\$ —	\$ 81
Other debt securities	421	—	—	—	—	—	421
Private equities and other investments	548,276	60	443	17,112	(12,069)	(91,751)	462,071
Real estate	2,396,438	(25,826)	(188,054)	290,688	(116,296)	—	2,356,950
	<u>\$ 2,945,222</u>	<u>\$ (25,766)</u>	<u>\$ (187,617)</u>	<u>\$ 307,800</u>	<u>\$ (128,365)</u>	<u>\$ (91,751)</u>	<u>\$ 2,819,523</u>

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

The changes in Level 3 GE Pension Trust's investments measured on a recurring basis for the year ended December 31, 2019 follow.

(in thousands)	January 1, 2019	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2019
Debt securities							
Residential							
mortgage-backed	\$ 87	\$ —	\$ —	\$ —	\$ —	\$ —	\$ 87
Other debt securities	455	—	(34)	—	—	—	421
Private equities and other investments	802,183	(21,090)	(28,938)	320,965	(301,075)	(223,769)	548,276
Real estate	2,305,991	94,514	20,520	526,525	(457,599)	(93,513)	2,396,438
	<u>\$ 3,108,716</u>	<u>\$ 73,424</u>	<u>\$ (8,452)</u>	<u>\$ 847,490</u>	<u>\$ (758,674)</u>	<u>\$ (317,282)</u>	<u>\$ 2,945,222</u>

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

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

Notes to Financial Statements

December 31, 2020 and 2019

Information related to the significant unobservable inputs used in the valuation of Level 3 investments of the GE Pension Trust as of December 31, 2020 follows.

Investment	Fair Value December 31, 2020 (in thousands)	Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
Private equity	\$ 12,546	Market comparables	EBITDA multiple	11.6X	11.0X - 15X
	25,082		Book value multiple	1.0X	.9X-1.1X
	28,194		Revenue	11.5X	1.0X - 13.0X
	85,751	Private transaction	Recent financing	N/A	N/A
Real estate	2,224,021	Discounted cash flow	Capitalization rate	5.80%	4.50%-7.50%
			Discount rate	6.99%	5.75%-9.25%
Other (a)	443,929	Other	Other	N/A	N/A
Total	<u>\$ 2,819,523</u>				

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

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

Notes to Financial Statements

December 31, 2020 and 2019

Information related to the significant unobservable inputs used in the valuation of Level 3 investments of the GE Pension Trust as of December 31, 2019 follows.

Investment	Fair Value December 31, 2019 (in thousands)	Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
Private equity	\$ 68,047	Market comparables	EBITDA multiple	10.8X	10.4X - 11.3X
	21,139		Book value multiple	.5X	.5X
	8,040		Revenue	5.4X	1.0X - 5.8X
	171,477	Private transaction	Recent financing	N/A	N/A
	173,933	Income approach	Discount rate	N/A	8.0% - 32.0%
Real estate	2,073,657	Discounted cash flow	Capitalization rate	5.28%	4.50% - 7.50%
			Discount rate	7.07%	5.75% - 9.25%
Other (a)	428,929	Other	Other	N/A	N/A
Total	<u>\$ 2,945,222</u>				

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

(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

In December 2016, the IRS began publishing a Required Amendments List for individually designed plans which specifies changes in qualification requirements. The list is published annually and requires plans to be amended for each item on the list, as applicable, to retain its tax-exempt status.

The Internal Revenue Service has notified the Company by a letter dated October 30, 2015, that the Plan is qualified under the appropriate sections of the Internal Revenue Code ("IRC") and 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, 2020 and 2019, the Trust recorded a current income tax expense of \$16.1 million and \$0.4 million, respectively. For the years ended December 31, 2020 and December 31, 2019, the Trust recorded no deferred tax liabilities.

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

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December 31, 2020 and 2019

GAAP requires 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, 2020 and 2019, the Plan has not recognized a tax liability (or asset) related to uncertain tax positions.

(7) Expenses

Pursuant to the Plan document, the Plan incurs certain administrative expenses and the Plan's proportionate share of other Grand Rapids Local 330 Plan Trust and Middle River 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 Grand Rapids Local 330 Plan Trust and Middle River 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 discretion.

Expenses for the Plan for the years ended December 31, 2020 and 2019 follow.

	2020	2019
	(in thousands)	
Administrative expenses	\$ 450	\$ 611
Investment management fees and other expenses	197	205
Total expenses	<u>\$ 647</u>	<u>\$ 816</u>

(8) Funding

It is the Company's policy to contribute amounts sufficient to meet minimum funding requirements as set forth in employee benefit and tax laws plus such additional amounts as the Company may determine to be appropriate. The Company contributed \$0.9 million in 2020 for the 2020 plan year and \$0.2 million in 2021 for the 2020 plan year. Additionally, the Company contributed \$0.4 million in 2019 for the 2019 plan year and \$0.9 million in 2020 for the 2019 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 2021, that ceiling, which is adjusted periodically, is \$6,034 per month.

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

Notes to Financial Statements

December 31, 2020 and 2019

(10) Subsequent Events

Subsequent events after the statement of net assets available for plan benefits through September 16, 2021 , the date the financial statements were issued, have been evaluated in the preparation of the financial statements. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

Schedule SB Attachment (Form 5500)—2020 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

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

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Schedule SB Attachment (Form 5500)—2020 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.64%
2nd Segment Rate	5.21%
3rd Segment Rate	5.94%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2019), without regard to interest rate stabilization
1st Segment Rate	2.79%
2nd Segment Rate	3.92%
3rd Segment Rate	4.38%
Optional Payment Form Election Percentage	60% elect a single life annuity and 40% elect a 55% joint and survivor annuity
Optional Payment Form Conversion Interest Rate	N/A
Optional Payment Form Conversion Mortality	N/A
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63 if have 10 years of service at termination, else age 65
Mortality Rates	
Healthy	2020 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Disabled	2020 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements with 100% retirement occurring at beginning of the year

Schedule SB Attachment (Form 5500)—2020 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$230,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2018 Plan Year	6.75%, limited to 6.29%
2019 Plan Year	6.75%, limited to 6.11%
2020 Plan Year	6.25%, limited to 5.94%
Trust Expenses Included in Target Normal Cost	Prior year's administrative expenses plus current year estimated PBGC premiums
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2020

Schedule SB Attachment (Form 5500)—2020 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
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Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	20.00%
62	20.00%
63	10.00%
64	10.00%
65	30.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
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Table 2

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2020 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
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Table 3

Disability Rates

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

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2020****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

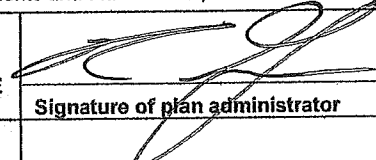
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 GE AVIATION SYSTEMS PENSION PLAN FOR UAW LOCAL 330 UNION EMPLOYEES OF THE GRAND RAPIDS, MI DIVISION	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 09/07/1987
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 AVIATION SYSTEMS LLC ONE NEUMANN WAY, MD C22 CINCINNATI OH 45215	2b Employer Identification Number (EIN) 38-2733944
	2c Plan Sponsor's telephone number 513-243-3353
	2d Business code (see instructions) 336410

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

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

SIGN HERE		<u>10/7/21</u>	RANDALL GUNN
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFITS COMMITTEE FOR CERTAIN GE AFFILIATE PLANS ONE NEUMANN WAY, MD C22 CINCINNATI OH 45215	3b Administrator's EIN 31-1651279 3c Administrator's telephone number 513-243-3353
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	5 653
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 86 6a(2) 80 6b 340 6c 101 6d 521 6e 104 6f 625 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2020**This Form is Open to Public
Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>			
2 Assets:			
a Market value.....	2a	33,245,537	
b Actuarial value.....	2b	32,087,337	
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.....	458	24,974,479	24,974,479
b For terminated vested participants	109	3,707,165	3,707,165
c For active participants.....	86	4,932,493	4,955,906
d Total.....	653	33,614,137	33,637,550
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	5.25%	
6 Target normal cost.....	6	423,992	

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

Signature of actuary

09/07/2021

Date

2006808

Aaron L. Sens

Type or print name of actuary

Aon Consulting, Inc

Firm name

Most recent enrollment number

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 ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2020
v. 200204**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>18.54%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		16,826
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39%</u>		907
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		17,733
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	95.39%
15 Adjusted funding target attainment percentage	15	95.39%
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	93.55%
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
03/27/2020	315,000	0			
06/23/2020	315,000	0			
10/15/2020	315,000	0			
04/13/2021	190,000	0			
Totals ▶			18(b)	1,135,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,099,194

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
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	423,992	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance 1,550,213	Installment 142,231	
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	566,223	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	566,223	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,099,194	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	532,971	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2020 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
of the Grand Rapids, MI Division
EIN: 38-2733944 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2020

Date	Amount	Days to Discount to 1/1/2020 at 5.25%	Interest Adjusted Contribution
March 27, 2020	\$ 315,000	86	\$ 311,235
June 23, 2020	315,000	174	307,430
October 15, 2020	315,000	288	302,569
April 13, 2021	190,000	468	177,960
Total Contribution	\$ 1,135,000		\$ 1,099,194

Schedule SB Attachment (Form 5500)—2020 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Schedule SB, line 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)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	10.00%	0.7738	4.68
61.5	20.00%	0.6964	8.57
62.5	20.00%	0.5571	6.96
63.5	10.00%	0.4457	2.83
64.5	10.00%	0.4011	2.59
65.5	30.00%	0.3610	7.09
66.5	30.00%	0.2527	5.04
67.5	30.00%	0.1769	3.58
68.5	30.00%	0.1238	2.54
69.5	30.00%	0.0867	1.81
70	100.00%	0.0607	4.25
Weighted Average			62.92

Schedule SB Attachment (Form 5500)—2020 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
of the Grand Rapids, MI Division
EIN: 38-2733944 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	Effective September 4, 1987, most recently restated January 1, 2015. The most recent amendment reflected in the following plan provisions was effective December 2, 2019.
Predecessor Plan	Instrument Division of Lear Siegler, Inc.—UAW Retirement Income Plan as in effect on September 3, 1987. On November 30, 1994, all benefits of the predecessor plan that relate to participants of this plan were transferred into this plan.
Eligibility	Immediate participation for each employee covered by the collectively bargaining agreement. No one may become a participant after November 30, 2014.
Definitions	
Benefit Service	For employment after September 4, 1987, 1/10 of a year of benefit service for each 170 hours of service during a plan year, not to exceed one year of benefit service for any plan year. The plan is frozen effective January 31, 2020 and no participant may earn benefit service after that date.
Combined Benefit Service	The sum of years of benefit service under this plan and years of benefit service under the predecessor plan.
Vesting Service	All years of vested service credited under the predecessor plan and one year of vested service for each plan year in which a participant has 1,000 or more hours of service. For less than 1,000 hours in a plan year, 1/10 of a year of vested service is credited for each 170 hours of service. All participants who were active on January 31, 2020 shall be fully vested.
Actuarial Equivalence	1984 Unisex Pensioner's Mortality Table for participants and beneficiaries and an interest rate of 7%.

Schedule SB Attachment (Form 5500)—2020 Plan Year
 GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
 of the Grand Rapids, MI Division
 EIN: 38-2733944 PN: 003

Normal Retirement Benefits

Eligibility

Age 65.

Benefit

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

Participant's Retirement Date	Benefit Rate
04/01/1998–03/31/1999	\$19.60
04/01/1999–03/31/2000	\$19.90
04/01/2000–03/31/2002	\$21.00
04/01/2002–03/31/2003	\$22.00
04/01/2003–03/31/2004	\$23.00
04/01/2004–03/31/2007	\$24.00
04/01/2007–03/31/2008	\$25.00
04/01/2008–03/31/2009	\$26.50
04/01/2009–03/31/2010	\$28.00
04/01/2010–03/31/2011	\$30.00
04/01/2011–03/31/2012	\$32.00
04/01/2012–03/31/2013	\$34.00
04/01/2013–03/31/2014	\$35.00
04/01/2014–03/31/2015	\$36.00
04/01/2015–03/31/2016	\$37.00
04/01/2016–03/31/2017	\$38.00
04/01/2017–03/31/2018	\$39.00
04/01/2018–03/31/2019	\$40.00
04/01/2019–12/30/2019	\$41.00
12/31/2019 and later	\$43.50

Normal Form of Benefit

Single life annuity.

Optional Forms of Benefit

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

Regular Early Retirement Benefits

Eligibility

Age 60 and 10 years of vesting service.

Benefit

Monthly benefit computed as in normal retirement benefits above but based on years of combined benefit service and benefit rate at actual retirement date, reduced by 1/2 of 1% for each month that benefit commencement precedes age 62 (age 65 for participants hired after September 13, 1996).

Schedule SB Attachment (Form 5500)—2020 Plan Year
GE Aviation Systems Pension Plan for UAW Local 330 Union Employees
of the Grand Rapids, MI Division
EIN: 38-2733944 PN: 003

Special Early Retirement Benefit
Eligibility

Participants who were hired prior to September 13, 1996 who attain age 58 with 30 years of vesting service.

Benefit

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

Disability Benefits
Eligibility

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

Amount

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

Termination Benefits
Eligibility

Five years of vesting service. Effective January 31, 2020 all active participants are fully vested.

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Amount

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

Termination Date	Benefit Rate
09/04/1987–03/31/1988	\$15.25
04/01/1988–03/31/1989	\$16.00
04/01/1989–03/31/1990	\$16.75
04/01/1990–03/31/1991	\$17.50
04/01/1991–03/31/1992	\$17.75
04/01/1992–03/31/1993	\$18.25
04/01/1993–03/31/1997	\$19.00
04/01/1997–03/31/1998	\$19.30
04/01/1998–03/31/1999	\$19.60
04/01/1999–03/31/2000	\$19.90
04/01/2000–03/31/2002	\$21.00
04/01/2002–03/31/2003	\$22.00
04/01/2003–03/31/2004	\$23.00
04/01/2004–03/31/2007	\$24.00
04/01/2007–03/31/2008	\$25.00
04/01/2008–03/31/2009	\$26.50
04/01/2009–03/31/2010	\$28.00
04/01/2010–03/31/2011	\$30.00
04/01/2011–03/31/2012	\$32.00
04/01/2012–03/31/2013	\$34.00
04/01/2013–03/31/2014	\$35.00
04/01/2014–03/31/2015	\$36.00
04/01/2015–03/31/2016	\$37.00
04/01/2016–03/31/2017	\$38.00
04/01/2017–03/31/2018	\$39.00
04/01/2018–03/31/2019	\$40.00
04/01/2019–12/30/2019	\$41.00
12/31/2019 and later	\$43.50

Medicare Reimbursement Benefits

The monthly pension benefit of a participant who retired between September 4, 1987 and August 30, 1993 shall be increased by the direct cost of Medicare Part B coverage.

Retirees on or after August 30, 1993 shall have their benefit increased by the Medicare Part B premium frozen at the 1993 level (\$36.60).

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Preretirement Death Benefits
Early Survivor Annuity

On death of a married participant after five years of vesting service, a monthly benefit computed as if the participant terminated on the date of death or, if earlier, the date of actual termination, survived until the later of the date of death or earliest retirement age, then retired with a 50% joint and survivor annuity (55% if became a participant prior to September 13, 1996). If the participant had less than 30 years of vesting service and was younger than age 62 (age 65 for participants hired after September 13, 1996) at death, the benefit is actuarially reduced for each month, after the later of the date of death or age 60, by which benefit commencement precedes age 62 (age 65 for participants hired after September 13, 1996).

For terminations prior to April 1, 2005, unless waived the benefits payable under this plan shall be reduced on account of this coverage by the amounts shown below:

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

Transition Survivor Income

If became a participant prior to September 13, 1996, qualified beneficiaries of active and disabled employees who died with 10 years of vesting service receive a monthly benefit of \$150 commencing on the first of the month following the participant's death and ending on the earlier of the death of all eligible surviving beneficiaries or the receipt of 24 monthly payments.

Bridge Survivor Income

If became a participant prior to September 13, 1996, the spouse of a deceased participant who was at least age 50 at the participant's death and has received 24 transition payments will receive a monthly benefit of \$150 commencing on the first of the month following the final transition payment and ending on the earliest of the spouse's remarriage, attainment of age 62 or eligibility for Social Security disability benefits.

¹ No reduction upon attaining age 58 with 30 years of vesting service.

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Lump Sum Benefit

For participants who terminated prior to September 13, 1996, under normal, early, special early, or disability retirement, a lump sum benefit of \$2,000.

Maximum Benefit Limitation

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

Plan Changes Since the Prior Year

The funding valuation reflects the following changes:

- Effective December 31, 2019, a change in the benefit multiplier from \$41.00 to \$43.50.
- Effective January 31, 2020, the plan is frozen and no participant may earn benefit service after that date.

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.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

On August 25, 2021, GE Aviation Systems made an explicit election not to apply the ARPA interest rate stabilization (for any purposes) to the GE Aviation Systems Pension Plan for UAW Local 330 Union Employees of the Grand Rapids, MI Division for the 2020 plan year. Therefore, this Schedule SB reflects stabilized 2020 minimum funding interest rates without regard to ARPA.

This same explicit election applies the shortfall amortization relief available under the provisions of the American Rescue Plan Act of 2021.

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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	\$ 1,550,213	January 1, 2020	15	\$ 142,231

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on assets from 6.75% to 6.25%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.