

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF GENERAL ELECTRIC RAILCAR SERVICES CORPORATION	1b Three-digit plan number (PN) ▶ 003
		1c Effective date of plan 01/01/1984
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) GENERAL ELECTRIC RAILCAR REPAIR SERVICES CORP. 161 N. CLARK STREET, 7TH FLOOR CHICAGO, IL 60601-3389	2b Employer Identification Number (EIN) 06-1093099
		2c Sponsor's telephone number 312-853-5000
		2d Business code (see instructions) 488510

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.	10/14/2010	ELLEN MACGILLIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GENERAL ELECTRIC RAILCAR REPAIR SERVICES CORP. 161 N. CLARK STREET, 7TH FLOOR CHICAGO, IL 60601-3389	3b Administrator's EIN 06-1093099 3c Administrator's telephone number 312-853-5000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	668
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	177
b Retired or separated participants receiving benefits.....	6b	109
c Other retired or separated participants entitled to future benefits.....	6c	350
d Subtotal. Add lines 6a , 6b , and 6c	6d	636
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	23
f Total. Add lines 6d and 6e	6f	659
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	11

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ 0 **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

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

A Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF GENERAL ELECTRIC RAILCAR SERVICES CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GENERAL ELECTRIC RAILCAR REPAIR SERVICES CORP.</u>	D Employer Identification Number (EIN) <u>06-1093099</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>6913409</u>
b	Actuarial value 2b <u>7604750</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>117</u> <u>2429305</u>
b	For terminated vested participants 3b <u>369</u> <u>3198405</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>690256</u>
(2)	Vested benefits 3c(2) <u>2932855</u>
(3)	Total active 3c(3) <u>179</u> <u>3623111</u>
d	Total 3d <u>665</u> <u>9250821</u>
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.32</u> %
6	Target normal cost 6 <u>238750</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/07/2010</u>
Signature of actuary	Date
<u>JASON R. BENBOW, EA</u>	<u>08-07392</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>314-290-1400</u>
Firm name	Telephone number (including area code)
<u>120 SOUTH CENTRAL AVE STE 1400</u> <u>ST LOUIS, MO 63105-1705</u>	
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-25.84</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1083211
b Interest on (a) using prior year's effective rate of <u>6.12</u> %		66293
c Total available at beginning of current plan year to add to prefunding balance		1149504
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	82.20 %
15 Adjusted funding target attainment percentage.....	15	82.20 %
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	83.14 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	130000	0			
07/14/2009	130000	0			
09/14/2009	50000	0			
10/15/2009	115345	0			
01/15/2010	115345	0			
09/15/2010	26537	0			
			Totals ►	18(b)	567227
				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 contribution 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	543451
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 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: 5.07 %	2nd segment: 6.09 %	3rd segment: 6.56 %	☐ 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 eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	238750
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1646071	304701
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 (item 31 + item 32a + item 32b – item 33).....	34	543451
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	543451
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	543451
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF GENERAL ELECTRIC RAILCAR SERVICES CORPORATION	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL ELECTRIC RAILCAR REPAIR SERVICES CORP.	D Employer Identification Number (EIN) 06-1093099	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

GE ASSET MANAGEMENT INCORPORATED

20-3646103

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

STATE STREET GLOBAL ADVISORS

STATE STREET FINANCIAL CENTER
ONE LINCOLN STREET
BOSTON, MA 02111-2900

(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)

STATE STREET BANK AND TRUST

04-3482062

(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?
21 50 99	TRUSTEE	6250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF AMERICA

36-0947896

(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?
21 50 99	TRUSTEE	4189	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 ☐

(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:	KENNETH VOGL	b EIN:	53-0181291
c Position:	ENROLLED ACTUARY		
d Address:	TOWERS WATSON 120 SOUTH CENTRAL AVENUE,STE 1400 ST LOUIS, MO 63105-1705	e Telephone:	314-290-1439
Explanation:		REASSIGNMENT OF WORK WITHIN TOWERS WATSON	

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

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

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

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

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service 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>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF GENERAL ELECTRIC RAILCAR SERVICES CORPORATION		B Three-digit plan number (PN) ► 003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GENERAL ELECTRIC RAILCAR REPAIR SERVICES CORP.		D Employer Identification Number (EIN) 06-1093099
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP ENHANCED CORE FUND		
b Name of sponsor of entity listed in (a): BANK OF AMERICA		
c EIN-PN 36-0947896-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP ENHANCED CORE FUND		
b Name of sponsor of entity listed in (a): BANK OF AMERICA		
c EIN-PN 36-0947896-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP CORE EQUITY FUND		
b Name of sponsor of entity listed in (a): BANK OF AMERICA		
c EIN-PN 36-0947896-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND		
b Name of sponsor of entity listed in (a): BANK OF AMERICA		
c EIN-PN 36-0947896-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL OPPORTUNITIES FUND		
b Name of sponsor of entity listed in (a): BANK OF AMERICA		
c EIN-PN 36-0947896-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE FIXED INCOME FUND		
b Name of sponsor of entity listed in (a): BANK OF AMERICA		
c EIN-PN 36-0947896-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIXED INCOME FUND		
b Name of sponsor of entity listed in (a): BANK OF AMERICA		
c EIN-PN 36-0947896-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2009 v.092308.1		

a Name of MTIA, CCT, PSA, or 103-12 IE: CASH RESERVES CAPITAL CLASS**b** Name of sponsor of entity listed in (a): BANK OF AMERICA**c** EIN-PN 36-0947896-007**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF GENERAL ELECTRIC RAILCAR SERVICES CORPORATION</u>	B Three-digit plan number (PN) <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GENERAL ELECTRIC RAILCAR REPAIR SERVICES CORP.</u>	D Employer Identification Number (EIN) <u>06-1093099</u>

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1165000	141882
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	189	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	27348
(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)	5763317	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	8462030
(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	6928506	8631260

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	6928506	8631260
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	567227	
(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)		567227

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1655	
(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)		1655

(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)	133439	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		133439

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1302522
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2004843

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	291650	
(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)		291650
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	10439	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10439
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		302089

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1702754
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: KPMG LLP

(2) EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF GENERAL ELECTRIC RAILCAR SERVICES CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GENERAL ELECTRIC RAILCAR REPAIR SERVICES CORP.</u>	D Employer Identification Number (EIN) <u>06-1093099</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-0947896</u> <u>01-0609808</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>7</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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 providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

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 items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)

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

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

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION
Financial Statements and Supplemental Schedules
December 31, 2009 and 2008
(With Independent Auditors' Report Thereon)

PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

December 31, 2009 and 2008

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⁽ⁱ⁾ Schedules required by Form 5500 that are not applicable have not been included.



KPMG LLP
345 Park Avenue
New York, NY 10154

Independent Auditors' Report

Pension Board
Pension Plan for Hourly Employees of
General Electric Railcar Services Corporation:

We were engaged to audit the accompanying Statements of Net Assets Available for Plan Benefits of the Pension Plan for Hourly Employees of General Electric Railcar Services Corporation (the "Plan") as of December 31, 2009 and 2008, the related Statements of Changes in Net Assets Available for Plan Benefits for the years then ended, supplemental schedule H, line 4i – schedule of assets (Held at End of Year) as of December 31, 2009, and supplemental schedule H, line 4j-schedule of reportable transactions for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in notes 5 and 6, which was derived from information certified by Bank of America, the former trustee, and State Street Bank and Trust Company, the trustee of the Plan, except for comparing such derived information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan's administrator that the trustee holds (the former trustee held) the Plan's investment assets and executes (the former trustee executed) investment transactions. The Plan's administrator has obtained certifications from the respective trustees covering the respective periods as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustee and former trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

October 12, 2010

PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Statements of Net Assets Available for Plan Benefits

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Investments, at fair value (notes 5 and 6)	\$ 8,489,378	\$ 5,763,317
Employer contributions receivable	141,882	1,165,000
Accrued interest	<u>—</u>	<u>189</u>
Net assets available for plan benefits	<u>\$ 8,631,260</u>	<u>\$ 6,928,506</u>

See accompanying notes to financial statements.

PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Statements of Changes in Net Assets Available for Plan Benefits

Years ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions/(reductions) to net assets attributed to:		
Investment income/(loss)		
Net appreciation/(depreciation) in fair value of investments (note 5)	\$ 1,302,522	\$ (1,959,153)
Interest and dividend income	<u>135,094</u>	<u>26,669</u>
Total investment income/(loss)	1,437,616	(1,932,484)
Employer contributions	<u>567,227</u>	<u>1,640,809</u>
Total additions/(reductions)	<u>2,004,843</u>	<u>(291,675)</u>
Deductions from net assets attributed to:		
Benefits paid to participants	291,650	265,138
Administrative expenses	<u>10,439</u>	<u>—</u>
Total deductions	<u>302,089</u>	<u>265,138</u>
Net increase/(decrease)	1,702,754	(556,813)
Net assets available for plan benefits at:		
Beginning of year	<u>6,928,506</u>	<u>7,485,319</u>
End of year	\$ <u><u>8,631,260</u></u>	\$ <u><u>6,928,506</u></u>

See accompanying notes to financial statements.

PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes To Financial Statements

December 31, 2009 and 2008

(1) Description of the Plan

The Pension Plan for Hourly Employees of General Electric Railcar Services Corporation (the “Plan”), is a noncontributory defined benefit plan sponsored by GE Railcar Repair Services Corporation (the “Company”), whose ultimate parent is General Electric Company (“GE”), for its hourly employees. In December 1983, General Electric Credit Corporation purchased certain of the assets, hired substantially all of the employees of North American Car Corporation, and formed the Company. The Plan was effective on January 1, 1984. All hourly employees in participating locations are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

On December 1, 2008, plan sponsorship was transferred from GE Railcar Services Corporation to its wholly owned subsidiary GE Railcar Repair Services Corporation. The transfer in plan sponsorship did not result in a physical transfer of plan assets. During 2009, the Plan changed Trustees from Bank of America to State Street Bank and Trust Company.

The following description of the Plan is provided for general information purposes only. The complete terms of the Plan are provided in the Pension Plan for Hourly Employees of General Electric Railcar Services Corporation Plan document (the “Plan Document”). Additional Plan information including benefits, investments, vesting provisions and effects of plan termination is included in Plan handbooks and other material distributed to participants.

Pension Benefits

Normal retirement benefits commence at age 65 with five years of vesting service. Participants may elect early retirement with full benefits at age 60 with 30 years of vesting service, or with reduced benefits at age 60 with five years of vesting service. Disability retirement benefits are available at age 45 after permanent disability and the completion of 10 years of vesting service. Late retirement is permitted as required by law. Vesting service is credited at a rate of one year for each plan year in which a participant has 1,000 or more hours of service. Normal retirement and disability retirement benefits, payable monthly, are equal to a benefit unit value from \$5.00 to \$30.00 (depending on location) multiplied by years of benefit service up to a maximum of 35 years. Benefit service is credited at a rate of one year for each plan year in which the participant has 1,600 or more hours of service. The amount of benefits is reduced for early retirement at age 60 by a predetermined percentage according to how many months the early retirement date precedes the normal retirement date. Standard pension benefits are paid in a 50% joint and survivor form for married participants and in a straight-life form for other participants. Participants may elect other payment options.

Death Benefits

In the event a married participant (active or inactive) dies before his annuity starting date but after he has completed at least five years of vesting service, his eligible spouse will be entitled to receive a Qualified Pre-Retirement Survivor Annuity in accordance with the Plan’s provisions.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

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

(b) Accounting Changes

The Financial Accounting Standards Board (FASB) has made the Accounting Standards Codification (ASC) effective for financial statements issued for interim and annual periods ending after September 15, 2009.

PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes To Financial Statements

December 31, 2009 and 2008

The ASC combines all previously issued authoritative U.S. generally accepted accounting principles (GAAP) into one codified set of guidance organized by subject area. In these financial statements, references to previously issued accounting standards have been replaced with the relevant ASC references. Subsequent revisions to GAAP by the FASB will be incorporated into the ASC through issuance of Accounting Standards Updates (ASU).

(c) Investments

Plan investments are reported at fair value. See notes 5 and 6 for additional information.

Investment transactions are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

(d) Fair Value Measurements

We adopted ASC 820, *Fair Value Measurement and Disclosures* for all financial investments accounted for at fair value.

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

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

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

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

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

We maintain policies and procedures to value investments using the best and most relevant data available.

The following describes the valuation methodologies we use to measure investments at fair value:

When available, we use quoted market prices to determine the fair value of investment securities, and they are included in Level 1. Level 1 securities primarily include registered investment companies.

See note 6 for additional information.

(e) Payment of Benefits

Benefit payments to participants are recorded when paid.

PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes To Financial Statements

December 31, 2009 and 2008

(f) Expenses

Substantially all expenses related to the administration of the Plan are paid by the Company with the exception of investment management and custodian fees which are paid by the Plan.

(g) Use of Estimates

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

(3) Funding Policy

Employer contributions are designed to fund the Plan's normal cost on a current basis, with amortization of actuarial gains and losses over five years. Any remaining unfunded accrued liability will be amortized over 20 years. The contribution is limited by the Omnibus Budget Reconciliation Act of 1987. This reduction in the contribution is being amortized over 10 years. The Company's contributions have met the minimum funding requirements of ERISA for the years ended December 31, 2009 and 2008.

The Pension Protection Act ("PPA"), as amended, required a change in method for determining contributions for the 2009 plan year. PPA mandates use of the accrued benefit funding method with liabilities valued using interest rates determined from a high quality corporate bond yield curve as of the third month preceding the valuation date. An asset smoothing method was implemented to mitigate the impact of the asset loss to some extent, and the net result was a decrease in the funding requirement.

The unit credit cost method was used to determine funding. Under this method, normal cost is equal to the present value of benefits accumulated during the plan year. Any unfunded liability is equal to the difference between the Plan's assets and the present value of accumulated plan benefits.

(4) 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 to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by Watson Wyatt Worldwide, actuaries and employee benefit consultants, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes To Financial Statements

December 31, 2009 and 2008

The actuarial present value of accumulated plan benefits as of December 31, 2008, as determined by the consulting actuary, Watson Wyatt Worldwide, is as follows:

	<u>2008</u>
Vested benefits:	
Participants currently receiving payments	\$ 2,107,450
Other participants	4,632,906
Total vested plan benefits	<u>6,740,356</u>
Nonvested accrued benefits	<u>576,175</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 7,316,531</u>

The change in the actuarial present value of accumulated plan benefits, as determined by the consulting actuary, is as follows:

	<u>2008</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>6,850,950</u>
Increase/(decrease) during the year attributable to:	
Accumulation of benefits	147,029
Benefits paid to participants	(265,138)
Actuarial (gains)/losses	34,457
Decrease in discount period	<u>549,233</u>
Net increase	<u>465,581</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 7,316,531</u>

The significant actuarial assumptions used in the valuations as of December 31, 2008 were (a) life expectancy of participants (the Internal Revenue Code Section 430(h)(3)(A) static tables with separate mortality rates for annuitants and non-annuitants were used), (b) employee turnover and retirement age assumptions (based upon published statistical data), and (c) investment return. The 2009 and 2008 valuations included assumed average rates of return of 8%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

(5) Investments (Unaudited)

The information presented in this note and the "Fair Value Measurements" note (Note (6)) below was compiled from information that was certified as complete and accurate by the State Street Bank and Trust Company, as trustee, and Bank of America, as former trustee, and was not subject to auditing procedures by the Plan's Independent Auditor as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes To Financial Statements

December 31, 2009 and 2008

The following is a summary of the fair value (determined by quoted prices) of the Plan's investments at December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Investments, at fair value:		
Short-term investments	\$ 27,348	\$ —
Mutual funds:		
GE Strategic Investment Fund	8,462,030	—
Bank of America Large Cap Enhanced Core Fund	—	1,736,268
Bank of America Mid Cap Enhanced Core Fund	—	805,813
Bank of America Small Cap Enhanced Core Fund	—	552,204
Bank of America Columbia International Value Fund	—	423,313
Bank of America Columbia Marisco International Opportunities	—	217,920
Bank of America Intermediate Fixed Income Fund	—	941,236
Bank of America Fixed Income Fund	—	938,578
Bank of America Columbia Cash Reserves Capital Class	—	147,985
Total investments, at fair value	<u>\$ 8,489,378</u>	<u>\$ 5,763,317</u>

The following investments represent 5% or more of the Plan's net assets available for benefits as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Mutual funds:		
GE Strategic Investment Fund	\$ 8,462,030	\$ -
Bank of America Large Cap Enhanced Core Fund	-	1,736,268
Bank of America Mid Cap Enhanced Core Fund	-	805,813
Bank of America Small Cap Enhanced Core Fund	-	552,204
Bank of America Columbia International Value Fund	-	423,313
Bank of America Intermediate Fixed Income Fund	-	941,236
Bank of America Fixed Income Fund	-	938,578
Total mutual funds representing 5% or more of the Plan's net assets	<u>\$ 8,462,030</u>	<u>\$ 5,397,412</u>

PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes To Financial Statements

December 31, 2009 and 2008

The Plan's investment in mutual funds (including gains and losses on investments bought, sold, as well as held during the year) appreciated/(depreciated) during 2009 and 2008 as follows:

	<u>2009</u>	<u>2008</u>
Net appreciation/(depreciation) in fair value of investments:		
Mutual funds:		
GE Strategic Investment Fund	\$ 1,302,522	\$ —
Bank of America Large Cap Enhanced Core Fund	—	(713,898)
Bank of America Mid Cap Enhanced Core Fund	—	(420,613)
Bank of America Small Cap Enhanced Core Fund	—	(216,127)
Bank of America Columbia International Value Fund	—	(336,996)
Bank of America Columbia Marisco International Opportunities	—	(191,668)
Bank of America Intermediate Fixed Income Fund	—	(41,807)
Bank of America Fixed Income Fund	—	(38,044)
Total Net appreciation/(depreciation) in fair value of investments	<u>1,302,522</u>	<u>(1,959,153)</u>
Dividends	133,439	20,928
Interest income	1,655	5,741
Total investment income/(loss)	<u>\$ 1,437,616</u>	<u>\$ (1,932,484)</u>

(6) Fair Value Measurements (Unaudited)

We adopted ASC 820 effective January 1, 2008 for all financial investments accounted for at fair value. This guidance establishes a new framework for measuring fair value and expands related disclosures. Broadly, the framework requires fair value to be determined based on the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants. It also established a three-level valuation hierarchy based upon observable and non-observable inputs.

The following table presents the Plan's investments measured at fair value on a recurring basis at December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
		(in thousands)		
Short-term investments	\$ 27	\$ —	\$ —	\$ 27
Mutual funds:				
GE Strategic Investment Fund	<u>8,462</u>	<u>—</u>	<u>—</u>	<u>8,462</u>
Total mutual funds	<u>8,462</u>	<u>—</u>	<u>—</u>	<u>8,462</u>
Total investments, at fair value	<u>\$ 8,489</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 8,489</u>

PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes To Financial Statements

December 31, 2009 and 2008

The GE Strategic investment fund is a balanced investment fund designed to mirror the holdings and return of assets held in the GE Pension Trust.

The following table presents the Plan's investments measured at fair value on a recurring basis at December 31, 2008:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
	(in thousands)			
Mutual funds:				
Bank of America Large Cap Enhanced Core Fund	\$ 1,736	\$ —	\$ —	\$ 1,736
Bank of America Mid Cap Enhanced Core Fund	806	—	—	806
Bank of America Small Cap Enhanced Core Fund	552	—	—	552
Bank of America Columbia International Value Fund	423	—	—	423
Bank of America Columbia Marisco International Opportunities	218	—	—	218
Bank of America Intermediate Fixed Income Fund	941	—	—	941
Bank of America Fixed Income Fund	939	—	—	939
Bank of America Columbia Cash Reserves Capital Class	148	—	—	148
Total mutual funds	\$ 5,763	\$ —	\$ —	\$ 5,763
Total investments, at fair value	<u>\$ 5,763</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 5,763</u>

Transfers in and out of Level 3 are considered to occur at the beginning of the period. There were no transfers during 2009 or 2008.

(7) Related Party Transactions (Parties in Interest)

Investments of the Plan are shares of a mutual fund advised by GE Asset Management Incorporated ("GEAM"), an affiliate of the Company. GEAM provides investment advisory services for certain investments in the Plan. Fees are paid in accordance with the prospectuses.

(8) Risks and Uncertainties

The Plan investments are primarily in a mutual fund advised by GEAM. The mutual fund invests in U.S. equities, international equities, and fixed income securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investments will occur (including in the near term) and that such changes could materially affect amounts reported in the Statements of Net Assets Available for Plan Benefits.

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

PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes To Financial Statements

December 31, 2009 and 2008

(9) Income Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated September 12, 2002, that the Plan is qualified under Internal Revenue Code ("IRC") Section 401(a) and the trust is tax exempt under IRC 501(a). The Plan has been amended since receiving the determination letter. The Plan assets were also transferred to a new trustee since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

(10) Plan Termination

Although it has not expressed any intention to do so, the Plan sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the termination of the Plan:

The Plan provides that the net assets shall be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA, which is generally as follows:

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency), up to applicable limitations (discussed below).
- c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- d) All non-vested benefits.

Certain benefits under the Plan are insured by PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefits protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2010, that ceiling, which is adjusted periodically, was \$4,500 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever occurs later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

(11) Subsequent Event

Subsequent events after the balance sheet date through October 12, 2010, the date the financial statements were issued, have been evaluated in the preparation of the financial statements.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2009

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	4	6	1	0	0	0	0	0	0	0
25 - 29	4	14	3	0	0	0	0	0	0	0
30 - 34	0	19	1	3	0	0	0	0	0	0
35 - 39	2	14	2	2	4	0	0	0	0	0
40 - 44	3	10	2	1	4	2	0	0	0	0
45 - 49	3	6	1	2	4	2	2	0	0	0
50 - 54	1	1	2	3	5	1	14	1	0	0
55 - 59	1	1	0	2	4	1	11	0	0	0
60 - 64	0	0	0	0	0	1	8	0	0	0
65 - 69	0	0	0	0	0	0	0	0	0	0
70 & Over	0	0	0	0	0	1	0	0	0	0

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
 EIN / PN: 06-1093099 / 003
 Plan Sponsor: General Electric Railcar Services Corporation
 Valuation Date: January 1, 2009

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

General Electric Railcar Services Corporation

EIN/PN

06-1093099/003

Discount Rates

Current plan year PPA effective interest rate: 6.32%

Prior plan year PPA effective interest rate: 6.12%

3-Segment Rates

Applicable month: September

Transition election: No

Assumed Cost of Living Adjustments

0.00%

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan-related Expenses

The amount included this year for plan-related expenses is \$35,000.

Plan Name:	Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
EIN / PN:	06-1093099 / 003
Plan Sponsor:	General Electric Railcar Services Corporation
Valuation Date:	January 1, 2009

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Percentage retiring during the year		
Age	Males	Females
60	5.0	5.0
61	20.0	20.0
62	30.0	30.0
63	10.0	10.0
64	10.0	10.0
65	75.0	75.0
66	50.0	50.0
67	100.0	100.0

For participants whose Social Security Normal Retirement Age is between age 65 and 66, the rate for age 66 is 100% in lieu of the rate shown above. For participants whose Social Security Normal Retirement Age is 65, the rate for age 65 is 100% in lieu of rate shown above.

Disability rates (per 100 employees)

Disability rates from Social Security Study No. 75.

Compensation increases

Not applicable.

Future increases in Social Security

Not applicable.

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
EIN / PN: 06-1093099 / 003
Plan Sponsor: General Electric Railcar Services Corporation
Valuation Date: January 1, 2009

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Representative termination rates (per 100 employees) not due to disability, retirement or mortality

Attained Age	Percentage leaving during the year	
	Males	Females
20	14.7	14.7
25	9.7	9.7
30	6.7	6.7
35	4.6	4.6
40	2.4	2.4
45	1.1	1.1
50	0.0	0.0
55	0.0	0.0
60	0.0	0.0

Form of payment

Participants are assumed to elect the normal form.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

Employees

It was assumed that there will be no new or rehired employees.

Plan compensation

Not applicable.

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
EIN / PN: 06-1093099 / 003
Plan Sponsor: General Electric Railcar Services Corporation
Valuation Date: January 1, 2009

Asset method

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.38%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.38%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.09%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.09%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.4. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Participant data

Employee data, data on persons receiving benefits, and data on other participants was supplied by the employer via a secure website as of the valuation date.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not included in valuation

We believe that we have reflected all significant Plan provisions in this valuation.

PBGC Premium Funding Target

For purposes of determining the PBGC Premium Funding Target in Section 2.2D, the Standard Premium Funding Target was determined using the assumptions described above, except the 3-segment interest rates for December 2008 were used instead of the above interest assumption.

Plan Name:	Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
EIN / PN:	06-1093099 / 003
Plan Sponsor:	General Electric Railcar Services Corporation
Valuation Date:	January 1, 2009

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are rounded to the nearest .01% (e.g., 81.58%) to be consistent with the rounding specified for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
EIN / PN: 06-1093099 / 003
Plan Sponsor: General Electric Railcar Services Corporation
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	General Electric Railcar Services Corporation
EIN/PN	06-1093099/003
Plan Name	Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
Valuation Date	January 1, 2009
Enrolled Actuary	Jason R. Benbow, EA
Enrollment Number	08-07392

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year ended December 31, 2009

Issuer and description	Number of transactions	Purchase cost	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
SERIES:						
* GE Strategic Investment Fund	5	\$ 7,460,157	\$ —	\$ —	7,600,622	\$ —
* GE Strategic Investment Fund	7	—	140,465	128,021	—	12,444
Bank of America Columbia Cash Reserves Capital Class	3	7,070,516	—	—	7,070,516	—
Bank of America Columbia Cash Reserves Capital Class	12	—	7,218,501	7,218,501	—	—
SINGLE:						
* GE Strategic Investment Fund	1	7,080,998	—	—	7,080,998	—
Bank of America Intermediate Fixed Income Fund	1	—	976,115	941,236	—	34,879
Bank of America Large Cap Enhanced Core Fund	1	—	1,751,545	1,736,267	—	15,278
Bank of America Mid Cap Enhanced Core Fund	1	—	870,537	805,813	—	64,724
Bank of America Small Cap Enhanced Core Fund	1	—	536,882	552,204	—	(15,322)
Bank of America Columbia International Value Fund	1	—	432,665	423,313	—	9,351
Bank of America Columbia Cash Reserves Capital Class	1	1,165,000	—	—	1,165,000	—
Bank of America Columbia Cash Reserves Capital Class	1	5,775,516	—	—	5,775,516	—
Bank of America Columbia Cash Reserves Capital Class	1	—	7,080,998	7,080,998	—	—
Bank of America Aggregate Bond Fund Eb	1	—	964,150	938,578	—	25,572

See Accompanying Independent Auditors' Report

* Represents parties in interest as defined by ERISA

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► **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 PENSION PLAN FOR HOURLY EMPLOYEES OF GENERAL ELECTRIC RAILCAR SERVICES CORPORATION	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">003</td> </tr> </table>	B Three-digit plan number (PN) ►	003
B Three-digit plan number (PN) ►	003		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GENERAL ELECTRIC RAILCAR REPAIR SERVICES CORP.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 06-1093099</td> </tr> </table>	D Employer Identification Number (EIN) 06-1093099	
D Employer Identification Number (EIN) 06-1093099			
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>2009</u>			
2 Assets:			
a Market value.....	2a	6913409	
b Actuarial value.....	2b	7604750	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	117	2429305
b For terminated vested participants	3b	369	3198405
c For active participants:			
(1) Non-vested benefits.....	3c(1)		690256
(2) Vested benefits.....	3c(2)		2932855
(3) Total active	3c(3)	179	3623111
d Total.....	3d	665	9250821
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.32%	
6 Target normal cost.....	6	238750	

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

SIGN HERE	 Signature of actuary JASON R. BENBOW, EA Type or print name of actuary TOWERS WATSON DELAWARE INC. Firm name 120 SOUTH CENTRAL AVE STE 1400 ST LOUIS MO 63105-1705 Address of the firm	<u>10/07/2010</u> Date <u>0807392</u> Most recent enrollment number <u>314-290-1400</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of <u>-25.84%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1083211
b	Interest on (a) using prior year's effective rate of <u>6.12%</u>		66293
c	Total available at beginning of current plan year to add to prefunding balance		1149504
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (Item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages			
14	Funding target attainment percentage	14	82.20%
15	Adjusted funding target attainment percentage	15	82.20%
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	83.14%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	130000	0			
07/14/2009	130000	0			
09/14/2009	50000	0			
10/15/2009	115345	0			
01/15/2010	115345	0			
09/15/2010	26537	0			
Totals ►			18(b)	567227	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 contribution 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 543451
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 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: 5.07%	2nd segment: 6.09%	3rd segment: 6.56%
			☐ 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 eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	238750
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1646071	304701
b Walver 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 (item 31 + item 32a + item 32b - item 33)	34	543451
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	543451
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	543451
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB, Part V

Summary of Plan Provisions

Plan Sponsor

General Electric Railcar Services Corporation

Plan

Pension Plan for Hourly Employees of General Electric Railcar Services Corporation

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1984. The last amendment reflected herein was effective January 1, 2007.

Coverage and Participation

Non-union hourly employees who are participants in the Pension Plan for Non-Union Hourly Employees of North America Car Corporation on December 14, 1983 are eligible for participation commencing January 1, 1984 provided they are not members of any collective bargaining unit.

Hourly employees who are members of a collective bargaining unit and who are participants in Pension Agreement between North American Car Corporation and the Brotherhood Railway Carmen of the United States and Canada, AFL-CIO as of December 14, 1983 are eligible for participation commencing January 1, 1984. As of December 31, 1996 the union plan was merged into this plan.

For union hourly employees at the Superior location, eligibility for participation commences at the later of February 1, 1987 or date of hire.

For other union and non-union hourly employees, participation commences on the first day of the month coincident with or next following date of hire.

Temporary employees are not eligible to participate.

Plan Name:	Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
EIN / PN:	06-1093099 / 003
Plan Sponsor:	General Electric Railcar Services Corporation
Valuation Date:	January 1, 2009

Credited Service

Credited service is measured from the later of the date of hire and the applicable date as shown in the following table:

Participation Location	Applicable Date
<u>Non-Union Locations</u>	
East Camden	01/01/1984
Ranger	01/01/1984
Kansas City – Wheelshop	01/01/1984
Kansas City – Bearing	01/01/1984
Kansas City – Parts	01/01/1984
Toledo	10/14/1987
Chicago Heights	07/01/1988
Calera	07/11/1988
Corsicana	07/11/1988
Mira Loma / Boron / Trona	06/01/1989
Riverside	06/01/1989
Lewistown	*
Dothan	07/01/1992
Hodge	07/01/1992
Green River	08/16/1993
Monroe	12/25/2000
Mansfield	12/25/2000
<u>Union Locations</u>	
Texarkana	01/01/1984
Decatur	01/01/1984
Middletown	08/17/1998
Roanoke	01/01/1984
Waterloo	01/01/1984
Sayre	01/01/1984
Superior	02/01/1987
Charleston	02/01/2001

* Credited Service is measured from date of hire.

Vesting Service

Vesting service is earned each year that an employee works at least 1,000 hours.

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
EIN / PN: 06-1093099 / 003
Plan Sponsor: General Electric Railcar Services Corporation
Valuation Date: January 1, 2009

Normal Retirement Benefit

Normal Retirement Date: Age 65 with five years of service.

Benefit Formula: A participant's monthly benefit is equal to the applicable benefit unit for his participating location times credited service at retirement as follows:

Participation Location	Retirement Date	Benefit Unit
<u>Union Locations</u>		
Texarkana	01/01/84-01/31/84	\$ 10.50
	02/01/84-11/01/87	11.00
	11/02/87-12/31/90	12.00
	01/01/91-12/31/93	13.00
	01/01/94-12/31/96	15.00
	01/01/97-12/31/99	16.00
	01/01/00-10/31/04	17.00
	Closed 10/31/2004	
Decatur	01/01/84-04/10/88	10.50
	04/11/88-12/31/90	11.00
	01/01/91-04/01/94	12.00
	Closed 04/01/1994	
Middleton	08/17/98-12/31/99	15.00
	01/01/00-09/09/02	17.00
	Closed 09/09/2002	
Roanoke	01/01/84-04/10/88	10.50
	04/11/88-12/31/90	11.00
	01/01/91-06/30/94	12.00
	07/01/94-02/28/97	14.00
	03/01/97-06/30/99	15.00
	Closed 06/30/1999	

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
EIN / PN: 06-1093099 / 003
Plan Sponsor: General Electric Railcar Services Corporation
Valuation Date: January 1, 2009

Waterloo	01/01/84-06/04/87	10.50
	06/05/87-12/31/89	11.00
	01/01/90-12/31/96	14.00
	01/01/97-12/31/99	15.00
	01/01/00-12/31/04	17.00
	01/01/05-12/31/07	20.00
	01/01/08 and later	24.00

Participation Location	Retirement Date	Benefit Unit
<u>Union Locations</u>		
Sayre	01/01/84-01/01/87	10.00
	01/02/87-10/18/87	10.50
	10/19/87-12/31/90	11.00
	01/01/91-12/31/93	13.00
	01/01/94-12/31/96	15.00
	01/01/97-12/31/99	16.00
	01/01/00-10/18/02	17.00
	10/19/02-10/18/03	20.00
	10/19/03-12/31/06	24.00
	01/01/07-12/31/07	28.00
	01/01/08-12/31/09	30.00
	01/01/10 and later	33.00
Charleston	02/01/01-09/09/02	17.00
	Closed 09/09/2002	
<u>Non-Union Locations</u>		
East Camden	01/01/84-04/15/86	9.00
	04/16/86-12/31/89	10.00
	01/01/90-06/30/91	11.00
	07/01/91-05/15/00	15.00
	05/16/00 and later	18.00
Ranger	01/01/84-03/31/86	9.00
	04/01/86-12/31/89	10.00
	01/01/90-06/30/91	11.00
	07/01/91 and later	15.00

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
 EIN / PN: 06-1093099 / 003
 Plan Sponsor: General Electric Railcar Services Corporation
 Valuation Date: January 1, 2009

Kansas City - Wheelshop	01/01/84-01/31/86	5.00
	02/01/86-12/31/87	10.00
	01/01/88-12/31/89	11.00
	01/01/90-06/30/91	12.00
	07/01/91 and later	15.00
Toledo	10/14/87-06/30/91	8.00
	07/01/91 and later	15.00
Chicago Heights	07/01/88-06/30/91	8.00
	07/01/91 and later	15.00
Kansas City - Bearing	01/01/89-12/31/89	11.00
	01/01/90-06/30/91	12.00
	07/01/91 and later	15.00

Participation Location	Retirement Date	Benefit Unit
<u>Non-Union Locations</u>		
Kansas City - Parts	01/01/89-12/31/89	11.00
	01/01/90 and later	12.00
Calera	07/11/88-12/31/89	8.00
	01/01/90-06/30/91	10.00
	07/01/91 and later	15.00
Corsicana	07/11/88-12/31/89	8.00
	01/01/90-06/30/91	10.00
	07/01/91 and later	15.00
Riverside	06/01/89-12/31/89	6.00
	01/01/90-06/30/91	10.00
	07/01/91 and later	15.00
Mira Loma and Trona	06/01/89-12/31/89	6.00
	01/01/90-06/30/91	10.00
	07/01/91 and later	15.00

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
 EIN / PN: 06-1093099 / 003
 Plan Sponsor: General Electric Railcar Services Corporation
 Valuation Date: January 1, 2009

Boron	06/01/89-12/31/89	6.00
	01/01/90-06/30/91	10.00
	07/01/91-12/31/98	15.00
	01/01/99-09/09/99	16.00
	Closed 09/09/1999	
Lewistown	07/01/91 and later	15.00
Dothan	07/01/92-12/31/98	15.00
	01/01/99-12/31/99	16.00
	01/01/00 and later	18.00
Hodge	07/01/92-12/31/98	15.00
	01/01/99-12/31/99	16.00
	01/01/00 and later	18.00
Green River	08/16/93-12/31/98	15.00
	01/01/99-12/31/99	16.00
	01/01/00 and later	18.00

Participation Location	Retirement Date	Benefit Unit
<u>Non-Union Locations</u>		
Monroe	12/25/00 and later	18.00
Mansfield	12/25/00 and later	18.00
La Porte	01/01/08 and later	24.00
Way Cross	01/01/08 and later	24.00
Mounds	01/01/08 and later	24.00

* *Effective 01/01/94*

Credited service is limited to thirty-five years. Effective January 1, 2007, credited service is limited to forty years for the Sayre location.

Normal Form of Benefit: Life annuity.

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
 EIN / PN: 06-1093099 / 003
 Plan Sponsor: General Electric Railcar Services Corporation
 Valuation Date: January 1, 2009

Late Retirement

Monthly benefit equal to the amount computed in the normal retirement benefit above based on the plan provisions and credited service as of normal retirement date, payable on the date of actual retirement.

Accrued Benefit

Normal Retirement Benefit based on a participant's credited service as of the date of determination.

Early Retirement Benefit

Eligibility: Unreduced – Age 60 with thirty years of service.

Reduced – Age 60 with five years of service.

Benefit: Unreduced – Monthly benefit equal to the amount computed according to the normal retirement benefit above payable immediately without actuarial valuation.

Reduced – Monthly benefit equal to the amount computed according to the normal retirement benefit above reduced by $1/180^{\text{th}}$ for each month by which payment of benefit commences prior to normal retirement date.

Disability Benefit

Eligibility: Age 45 and ten years of vesting service.

Benefit Before Normal Retirement: Monthly benefit equal to the normal retirement benefit payable immediately without reduction for early retirement.

Benefit After Normal Retirement: Equivalent to the Benefit Before Normal Retirement.

Waiting Period: None.

Death of Disabled Participant Prior to Normal Retirement: None.

Vested Benefits Upon Termination of Service

Vesting: On termination of employment, other than by death, disability or retirement, after attainment of five years of service.

Termination Benefit: Monthly benefit equal to the normal retirement benefit above based on the plan provisions and the credited service as of date of termination, payable at normal retirement date without reduction, or at any time after age 60 with actuarial reduction.

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation

EIN / PN: 06-1093099 / 003

Plan Sponsor: General Electric Railcar Services Corporation

Valuation Date: January 1, 2009

Death Benefits for Participants in Active Service

Eligibility: Death of a married employee after attainment of five years of service.

Benefit: Automatic 50% joint and survivor benefit payable to the surviving spouse of an active employee for the remainder of his or her life, starting on the later of the participant's death or age 60, reduced for early commencement and for joint and survivor option.

Death Benefits for Inactive Participants

Eligibility: Death of a vested terminated employee.

Benefit: Automatic 50% joint and survivor benefit payable upon the death of a participant after five years of service, unless the participant and his spouse elect for the remainder of his or her life, starting on the later of the participant's death or age 60, reduced for early commencement and for joint and survivor option.

Optional Forms of Retirement Income in Lieu of Normal Form

A participant and his spouse, if any, may elect Joint and Survivor Benefit as an optional form of benefit payment at retirement. This form provides a reduced benefit payable to the employee for life, with 50%, 75%, or 100% of the reduced benefit continued to his surviving spouse for his or her remaining lifetime.

Pension Increases

Not applicable.

Plan Participants' Contributions

Not applicable.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name:	Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
EIN / PN:	06-1093099 / 003
Plan Sponsor:	General Electric Railcar Services Corporation
Valuation Date:	January 1, 2009

PENSION PLAN FOR HOURLY EMPLOYEES OF
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2009

Identity of issuer, borrower, lessor, or similar party	Description of investments	Number of shares	Fair value
State Street Bank & Trust Short-Term Investment Fund	Cash and cash equivalents	27,348	\$ 27,348
* GE Strategic Investment Fund	Mutual fund	816,011	8,462,030
Total Investments, at fair value			<u>\$ 8,489,378</u>
Total Assets held at end of year			<u><u>\$ 8,489,378</u></u>

* Party in interest as defined by ERISA.

See accompanying Independent Auditors' Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2009

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1 Shortfall	01/01/2009	306,747	7	306,747	51,247
2 Shortfall	01/01/2008	1,518,307	6	1,339,324	253,454
Total				1,646,071	304,701

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation
 EIN / PN: 06-1093099 / 003
 Plan Sponsor: General Electric Railcar Services Corporation
 Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

In addition to the prescribed change in the discount rate and mortality, the following changes in methods were made as part of this valuation:

- Based upon an election by the plan sponsor, the asset valuation method changed from the market value of assets to the method described in IRS Notice 2009-22 which reflects changes made by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA). Changes in the asset method for plan years beginning in 2009 to any permissible asset method are deemed to be automatically approved by the IRS.
- The amount included this year for plan-related expenses is \$ 35,000. WRERA includes a technical corrections provision requiring target normal cost to include the amount of plan related expenses expected to be paid from plan assets during the year.
- The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

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Plan Sponsor:	General Electric Railcar Services Corporation
Valuation Date:	January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2009

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

x	q_x^r	l_x	${}_{x-55}P_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
60	0.05	1,000,000	1.000000	0.050000	3.000000
61	0.20	950,000	0.950000	0.190000	11.590000
62	0.30	760,000	0.760000	0.228000	14.136000
63	0.10	532,000	0.532000	0.053200	3.351600
64	0.10	478,800	0.478800	0.047880	3.064320
65	0.75	430,920	0.430920	0.323190	21.007350
66	0.50	107,730	0.107730	0.053865	3.555090
67	1.00	53,865	0.053865	0.053865	3.608955

Average age at retirement 63.313315

Rounded for Schedule SB line 22 63

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