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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

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

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/17/2011 | ELLEN MACGILLIS                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
v.092307.1

|                                                                                                                                                                                                           |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>GENERAL ELECTRIC RAILCAR REPAIR SERVICES CORP.<br><br>161 N. CLARK STREET, 7TH FLOOR<br>CHICAGO, IL 60601-3389 | <b>3b</b> Administrator's EIN<br>06-1093099<br><br><b>3c</b> Administrator's telephone number<br>312-853-5000 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |     |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                               | <b>5</b>                          | 659 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                |                                   |     |
| <b>a</b> Active participants.....                                                                                                                                                                                     | <b>6a</b>                         | 168 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                    | <b>6b</b>                         | 115 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                     | <b>6c</b>                         | 349 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                              | <b>6d</b>                         | 632 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                             | <b>6e</b>                         | 26  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                               | <b>6f</b>                         | 658 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                        | <b>6g</b>                         |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                            | <b>6h</b>                         | 13  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                  | <b>7</b>                          |     |

**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:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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.

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

|               |                                                                                                                                                                                                        |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                               |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>                                                                                                                               |
| <b>2</b>      | Assets:                                                                                                                                                                                                |
| <b>a</b>      | Market value ..... <b>2a</b> <u>8629862</u>                                                                                                                                                            |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>8777981</u>                                                                                                                                                         |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                             |
|               | (1) Number of participants (2) Funding Target                                                                                                                                                          |
| <b>a</b>      | For retired participants and beneficiaries receiving payment ..... <b>3a</b> <u>130</u> <u>2777694</u>                                                                                                 |
| <b>b</b>      | For terminated vested participants ..... <b>3b</b> <u>352</u> <u>3002246</u>                                                                                                                           |
| <b>c</b>      | For active participants:                                                                                                                                                                               |
| (1)           | Non-vested benefits ..... <b>3c(1)</b> <u>800305</u>                                                                                                                                                   |
| (2)           | Vested benefits ..... <b>3c(2)</b> <u>3120003</u>                                                                                                                                                      |
| (3)           | Total active ..... <b>3c(3)</b> <u>177</u> <u>3920308</u>                                                                                                                                              |
| <b>d</b>      | Total ..... <b>3d</b> <u>659</u> <u>9700248</u>                                                                                                                                                        |
| <b>4</b>      | If the plan is at-risk, check the box and complete items (a) and (b) ..... <input type="checkbox"/>                                                                                                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>                                                                                                                             |
| <b>b</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 ..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>6.65</u> %                                                                                                                                                   |
| <b>6</b>      | Target normal cost ..... <b>6</b> <u>219947</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.

|                                                                                     |                                        |
|-------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                                    | <u>10/11/2011</u>                      |
| Signature of actuary                                                                | Date                                   |
| <u>JASON R. BENBOW</u>                                                              | <u>11-07392</u>                        |
| Type or print name of actuary                                                       | Most recent enrollment number          |
| <u>TOWERS WATSON DELAWARE INC.</u>                                                  | <u>314-719-5900</u>                    |
| Firm name                                                                           | Telephone number (including area code) |
| <u>101 SOUTH HANLEY ROAD</u><br><u>SUITE 900</u><br><u>ST. LOUIS, MO 63105-3437</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) 2010**  
**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>21.24</u> % .....                     |                       |                        |
| 11      | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a       | Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| b       | Interest on (a) using prior year's effective rate of <u>6.32</u> % .....                        |                       | 0                      |
| c       | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| 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.....                                                                                                                       | <b>14</b> | 90.49 % |
| 15       | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 90.49 % |
| 16       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 82.20 % |
| 17       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

| Part IV | Contributions and liquidity shortfalls                                         |                                   |                                 |
|---------|--------------------------------------------------------------------------------|-----------------------------------|---------------------------------|
| 18      | Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |
|         | (a) Date<br>(MM-DD-YYYY)                                                       | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|         | 04/15/2010                                                                     | 136000                            | 0                               |
|         | 07/15/2010                                                                     | 136000                            | 0                               |
|         | 01/15/2011                                                                     | 136000                            | 0                               |
|         | 09/15/2011                                                                     | 390000                            | 0                               |
|         |                                                                                |                                   |                                 |
|         |                                                                                |                                   |                                 |
|         | <b>Totals ▶</b>                                                                | <b>18(b)</b>                      | 798000                          |
|         |                                                                                | <b>18(c)</b>                      | 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.....                                  | <b>19a</b>                                                          | 0      |
| b  | Contributions made to avoid restrictions adjusted to valuation date .....                                                  | <b>19b</b>                                                          | 0      |
| c  | Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....              | <b>19c</b>                                                          | 741238 |
| 20 | Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |        |
| a  | Did the plan have a "funding shortfall" for the prior year? .....                                                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |        |
| b  | If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.60 % | 2nd segment:<br>6.65 % | 3rd segment:<br>6.76 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 | <b>21b</b>             |                        |                        | 0                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              | <b>22</b>              |                        |                        | 63                                                  |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 219947             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 922267              | 219442             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 439389             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 439389             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 741238             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 301849             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

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

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><br><b>GE ASSET MANAGEMENT INCORPORATED</b><br><br><b>20-3646103</b>     |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation<br><br><b>STATE STREET BANK &amp; TRUST COMPANY</b><br><br><b>04-1867445</b> |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                                             |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                                             |

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

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

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

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

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

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

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

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**(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)

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

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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.

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>PENSION PLAN FOR HOURLY EMPLOYEES OF GENERAL ELECTRIC RAILCAR SERVICES CORPORATION</b>                                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>003</b>                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>GENERAL ELECTRIC RAILCAR REPAIR SERVICES CORP.</b>                                                                                                                                                   |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><br><b>06-1093099</b>                                   |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 141882                | 526000          |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>    | 0                     | 18              |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 27348                 | 157280          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>   | 8462030               | 9287558         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 8631260               | 9970856         |

**Liabilities**

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

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 8631260 | 9970856 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 798000     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 798000    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 226        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 226       |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 155980     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 155980    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            | 0         |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 670456    |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 1624662   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 285066 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 285066 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |        |        |
| (4) Other .....                                                                            | <b>2i(4)</b> |        |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 0      |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 285066 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1339596 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>a</b> 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>b</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  |          |
| <b>c</b> 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  |          |
| <b>d</b> 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  |          |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 90000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |          |
| <b>g</b> 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  |          |
| <b>h</b> 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  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |          |
| <b>j</b> 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   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |          |
| <b>n</b> 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>36-0947896</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                                         |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2010  
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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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, 2010 and 2009

(With Independent Auditors' Report Thereon)

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

December 31, 2010 and 2009

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<sup>①</sup> Schedules required by Form 5500 that are not applicable have not been included.



KPMG LLP  
345 Park Avenue  
New York, NY 10154-0102

### Independent Auditors' Report

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

We audited 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, 2010 and 2009, the related Statements of Changes in Net Assets Available for Plan Benefits for the years then ended, and supplemental schedule H, line 4i – schedule of assets (Held at End of Year) as of December 31, 2010, and supplemental schedule H, line 4j – schedule of reportable transactions for the year ended December 31, 2010. These financial statements and supplemental schedule 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 Note 5, which was derived from information certified by State Street Bank and Trust Company, the Trustee of the Plan, and Bank of America, the former Trustee, 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 State Street Bank and Trust Company holds the Plan's investment assets and executes investment transactions as of December 31, 2010 and for the year ended December 31, 2010. State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2009 and for the period April 1, 2009 to December 31, 2009, and the former Trustee held the Plan's investment assets and executed investment transactions from January 1, 2009 to March 31, 2009. The Plan's administrator has obtained certifications from the trustee covering the respective periods as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the 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 schedule, 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 14, 2011

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Statements of Net Assets Available for Plan Benefits

December 31, 2010 and 2009

|                                                                     | <u>2010</u>         | <u>2009</u>         |
|---------------------------------------------------------------------|---------------------|---------------------|
| Assets:                                                             |                     |                     |
| Investments at fair value, as certified by trustees (notes 5 and 6) | \$ 9,444,838        | \$ 8,489,378        |
| Employer contributions receivable                                   | 526,000             | 141,882             |
| Interest receivable                                                 | <u>18</u>           | <u>—</u>            |
| Net assets available for plan benefits                              | <u>\$ 9,970,856</u> | <u>\$ 8,631,260</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, 2010 and 2009

|                                                        | <u>2010</u>         | <u>2009</u>         |
|--------------------------------------------------------|---------------------|---------------------|
| Additions to net assets attributed to:                 |                     |                     |
| Investment income, as certified by trustee:            |                     |                     |
| Net appreciation in fair value of investments (note 5) | \$ 670,456          | \$ 1,302,522        |
| Interest and dividend income                           | <u>156,206</u>      | <u>135,094</u>      |
| Total investment income                                | 826,662             | 1,437,616           |
| Employer contributions                                 | <u>798,000</u>      | <u>567,227</u>      |
| Total additions                                        | <u>1,624,662</u>    | <u>2,004,843</u>    |
| Deductions from net assets attributed to:              |                     |                     |
| Benefits paid to participants                          | 285,066             | 291,650             |
| Administrative expenses                                | <u>—</u>            | <u>10,439</u>       |
| Total deductions                                       | <u>285,066</u>      | <u>302,089</u>      |
| Net increase                                           | 1,339,596           | 1,702,754           |
| Net assets available for plan benefits at:             |                     |                     |
| Beginning of year                                      | <u>8,631,260</u>    | <u>6,928,506</u>    |
| End of year                                            | <u>\$ 9,970,856</u> | <u>\$ 8,631,260</u> |

See accompanying notes to financial statements.

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes to Financial Statements

December 31, 2010 and 2009

(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. 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 have been prepared on the accrual basis of accounting.

(b) Accounting Changes

In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Updates ("ASU") 2010-06, *Improving Disclosures about Fair Value Measurements*. ASU 2010-06 requires reporting entities to make new disclosures about information on purchases, sales, issuances and settlements in the roll

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes to Financial Statements

December 31, 2010 and 2009

forward of activity in Level 3 fair value measurements. The new disclosures are effective for fiscal years beginning after December 15, 2010 and the interim periods within those fiscal years.

In May 2011, the FASB issued ASU 2011-04, *Fair Value Measurement: Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amended wording resulting in common fair value measurement and disclosure requirements in U.S. GAAP and International Financial Reporting Standards ("IFRS"). In particular, the amendments clarify how to apply existing fair value measurement and disclosure requirements as well as expand disclosure about valuation techniques and unobservable inputs used in Level 3 fair value measurements. In addition, the amendments require a narrative description of Level 3 measurements' sensitivity to changes in unobservable inputs if such changes significantly alter the fair value measurement. The amendments are applied prospectively and are effective for annual periods beginning after December 15, 2011. The Company does not believe the adoption of ASU 2011-04 will materially impact the net assets available for plan benefits; however, additional disclosures will be required about valuation techniques and inputs.

(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

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 (an exit price) in the principal or most advantageous market. 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 the Company's market assumptions. Preference is given to observable inputs. These two types of inputs create the following fair value hierarchy:

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

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

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

The Company maintains policies and procedures to value investments using the best and most relevant data available. The Company performs periodic reviews of the methodologies used by independent pricing services including obtaining price validation for certain securities.

When available, the Plan uses 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 and short-term investment funds.

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes to Financial Statements

December 31, 2010 and 2009

See note 6 for additional information.

(e) Payment of Benefits

Benefit payments to participants are recorded when paid.

(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) Management Estimates and Assumptions

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 and change therein, at the date of the financial statements. Actual results could differ from those estimates.

(3) Funding Policy

The Company's funding policy is to make regular contributions to the Trustee each year in such amounts that are necessary to maintain the Plan on a sound actuarial basis and to meet or exceed the minimum funding standard as set forth in employee benefit and tax laws. The Company's contributions have met the minimum funding requirements of ERISA for the years ended December 31, 2010 and 2009.

(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 Towers Watson, 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. Towers Perrin and Watson Wyatt merged effective January 1, 2010 and became Towers Watson.

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes to Financial Statements

December 31, 2010 and 2009

The actuarial present value of accumulated plan benefits as of December 31, 2009, as determined by the consulting actuary, is as follows:

|                                                            | <u>2009</u>         |
|------------------------------------------------------------|---------------------|
| Vested benefits:                                           |                     |
| Participants currently receiving payments                  | \$ 2,474,223        |
| Other participants                                         | 4,762,189           |
| Total vested plan benefits                                 | <u>7,236,412</u>    |
| Nonvested accrued benefits                                 | <u>649,695</u>      |
| Total actuarial present value of accumulated plan benefits | <u>\$ 7,886,107</u> |

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

|                                                                           | <u>2009</u>         |
|---------------------------------------------------------------------------|---------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ <u>7,316,531</u> |
| Increase/(decrease) during the year attributable to:                      |                     |
| Accumulation of benefits                                                  | 151,272             |
| Benefits paid to participants                                             | (291,650)           |
| Actuarial losses                                                          | 26,751              |
| Decrease in discount period                                               | 585,758             |
| Plan amendment                                                            | <u>97,445</u>       |
| Net increase                                                              | <u>569,576</u>      |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 7,886,107</u> |

The significant actuarial assumptions used in the valuations as of December 31, 2009 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 valuation included assumed average rates of return of 8%.

Plan Amendment No. 9 instated five new participating locations for the Plan. It also established the corresponding benefit unit amount for each of the eligible participants of the five locations at \$30 per year of credited service effective January 1, 2008.

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

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes to Financial Statements

December 31, 2010 and 2009

(5) Investments as Certified by Trustees

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, for the period January 1, 2009 to March 31, 2009 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.

The following is a summary of the fair value (determined by quoted prices) of the Plan's investments at December 31, 2010 and 2009:

|                                                        | <u>2010</u>         | <u>2009</u>         |
|--------------------------------------------------------|---------------------|---------------------|
| Investments, at fair value:                            |                     |                     |
| State Street Bank and Trust Short-Term Investment Fund | \$ 157,280          | \$ 27,348           |
| Registered investment companies                        | 9,287,558           | 8,462,030           |
| Total investments, at fair value                       | <u>\$ 9,444,838</u> | <u>\$ 8,489,378</u> |

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 GE Strategic Investment Fund represents 5% or more of the Plan's net assets available for benefits as of December 31, 2010 and 2009, or \$9,287,558 and \$8,462,030, respectively.

The Plan's investment in registered investment companies (including gains and losses on investments bought, sold, as well as held during the year) appreciated during 2010 and 2009 as follows:

|                                                | <u>2010</u>       | <u>2009</u>         |
|------------------------------------------------|-------------------|---------------------|
| Net appreciation in fair value of investments: |                   |                     |
| Registered investment companies                | \$ 670,456        | \$ 1,302,522        |
| Dividends                                      | 155,980           | 133,439             |
| Interest income                                | 226               | 1,655               |
| Total investment income                        | <u>\$ 826,662</u> | <u>\$ 1,437,616</u> |

(6) Fair Value Measurements

The following table presents the Plan's investments measured at fair value on a recurring basis at December 31, 2010:

|                                 | <u>Level 1</u>  | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>    |
|---------------------------------|-----------------|----------------|----------------|-----------------|
|                                 | (in thousands)  |                |                |                 |
| State Street Bank & Trust       |                 |                |                |                 |
| Short-Term Investment Fund      | \$ 157          | \$ —           | \$ —           | \$ 157          |
| Registered investment companies | 9,288           | —              | —              | 9,288           |
| Total investments at fair value | <u>\$ 9,445</u> | <u>\$ —</u>    | <u>\$ —</u>    | <u>\$ 9,445</u> |

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes to Financial Statements

December 31, 2010 and 2009

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)  |                |                |                 |
| State Street Bank & Trust       |                 |                |                |                 |
| Short-Term Investment Fund      | \$ 27           | \$ —           | \$ —           | \$ 27           |
| Registered investment companies | 8,462           | —              | —              | 8,462           |
| Total investments at fair value | <u>\$ 8,489</u> | <u>\$ —</u>    | <u>\$ —</u>    | <u>\$ 8,489</u> |

Transfers in and out of levels are considered to occur at the beginning of the period. There were no transfers during 2010 or 2009.

(7) Related Party Transactions (Parties in Interest)

Investments of the Plan are shares of a registered investment company 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 registered investment company advised by GEAM. The registered investment company 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.

(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 and Plan are 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.

Accounting Standards Codification ("ASC") 740, *Income Taxes*, provides guidance for how uncertain tax positions should be recognized, measured, presented, and disclosed in the financial statements. ASC 740 requires evaluation of tax positions taken or expected to be taken in the course of preparing the Trust's and the Plan's tax returns to determine whether the tax positions are "more likely than not" of being sustained by the applicable tax authority. In applying ASC 740, the management of the Trust and the Plan concluded that there was no material impact on the Trust's or the Plan's net assets and financial statements. The Trust and Plan's 2007, 2008, 2009, and 2010 calendar year tax returns are still open to examination by the federal and applicable state tax authorities.

It was discovered that one retired employee had been receiving an incorrect monthly benefit payment during 2010. Corrective actions have been made by the Plan Sponsor and the tax status of the Plan will not be affected in any way.

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes to Financial Statements

December 31, 2010 and 2009

(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 PGBC 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 2011, that ceiling, which is adjusted periodically, is \$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 Events

Subsequent events after the balance sheet date through October 14, 2011, the date the financial statements were issued, have been evaluated in the preparation of the financial statements.

Effective January 1, 2011, the Company increased the benefit unit amount for participants in the Plan at the Waterloo, IA site location to \$26 per year of credited service per negotiated contract.

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, 2010

| Identity of issuer, borrower,<br>lessor, or similar party | Description<br>of investments | Number of<br>shares | Fair value          |
|-----------------------------------------------------------|-------------------------------|---------------------|---------------------|
| * State Street Bank & Trust Short-Term Investment Fund    | Cash and cash equivalents     | 157,280             | \$ 157,280          |
| * GE Strategic Investment Fund                            | Mutual fund                   | 829,987             | 9,287,558           |
| Total Investments, at fair value                          |                               |                     | <u>\$ 9,444,838</u> |
| Total Assets held at end of year                          |                               |                     | <u>\$ 9,444,838</u> |

\* Party in interest as defined by ERISA.

See accompanying Independent Auditors' Report.

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, 2010

| <u>Issuer and description</u> | <u>Number of<br/>transactions</u> | <u>Purchase<br/>cost</u> | <u>Selling<br/>price</u> | <u>Cost of<br/>asset</u> | <u>Current value of<br/>asset on<br/>transaction date</u> | <u>Net gain</u> |
|-------------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------|-----------------|
| <b>SERIES:</b>                |                                   |                          |                          |                          |                                                           |                 |
| State Street Bank & Trust     |                                   |                          |                          |                          |                                                           |                 |
| Short-Term Investment Fund    | 11                                | \$ 417,335               | 287,403                  | 287,403                  | 704,738                                                   | -               |

See accompanying Independent Auditors' Report.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2010

| 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 |            |
|              | No.                       | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. |
| Under 25     | 3                         |            | 7      |            | 1      |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 25 - 29      | 2                         |            | 12     |            | 3      |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 30 - 34      | 3                         |            | 18     |            | 3      |            | 1        |            | 0        |            | 0        |            | 0        |            |
| 35 - 39      | 1                         |            | 13     |            | 3      |            | 3        |            | 3        |            | 0        |            | 0        |            |
| 40 - 44      | 1                         |            | 10     |            | 2      |            | 3        |            | 1        |            | 6        |            | 0        |            |
| 45 - 49      | 2                         |            | 9      |            | 1      |            | 0        |            | 1        |            | 4        |            | 1        |            |
| 50 - 54      | 1                         |            | 3      |            | 3      |            | 1        |            | 6        |            | 3        |            | 12       |            |
| 55 - 59      | 0                         |            | 1      |            | 0      |            | 1        |            | 1        |            | 4        |            | 16       |            |
| 60 - 64      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 1        |            | 6        |            |
| 65 - 69      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 70 & Over    | 0                         |            | 0      |            | 0      |            | 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 Repair Services Corporation  
 Valuation Date: January 1, 2010

# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Part V Statement of Actuarial Assumptions/Methods**

### **Plan Sponsor**

General Electric Railcar Repair Services Corporation

### **EIN/PN**

06-1093099/003

### **Discount Rates**

Current plan year PPA effective interest rate: 6.65%

Prior plan year PPA effective interest rate: 6.32%

### **3-Segment Rates**

Applicable month: January

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 \$0.

### **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.

|                 |                                                                                    |
|-----------------|------------------------------------------------------------------------------------|
| Plan Name:      | Pension Plan for Hourly Employees of General Electric Railcar Services Corporation |
| EIN / PN:       | 06-1093099 / 003                                                                   |
| Plan Sponsor:   | General Electric Railcar Repair Services Corporation                               |
| Valuation Date: | January 1, 2010                                                                    |

# SCHEDULE SB ATTACHMENTS

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## 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.

## 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.

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation  
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Plan Sponsor: General Electric Railcar Repair Services Corporation  
Valuation Date: January 1, 2010

## SCHEDULE SB ATTACHMENTS

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

| Attained<br>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 Repair Services Corporation  
Valuation Date: January 1, 2010

# SCHEDULE SB ATTACHMENTS

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## 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 6.56%, 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 6.56%. The assumed rate of return on plan assets for the second 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 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, 2010 is used to determine the maximum deductible contribution for the tax year ending December 31, 2010.

## Benefits not included in valuation

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

|                 |                                                                                    |
|-----------------|------------------------------------------------------------------------------------|
| Plan Name:      | Pension Plan for Hourly Employees of General Electric Railcar Services Corporation |
| EIN / PN:       | 06-1093099 / 003                                                                   |
| Plan Sponsor:   | General Electric Railcar Repair Services Corporation                               |
| Valuation Date: | January 1, 2010                                                                    |

# SCHEDULE SB ATTACHMENTS

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## 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 truncated to be consistent with the instructions 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 Repair Services Corporation                               |
| Valuation Date: | January 1, 2010                                                                    |

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, 2010

| <u>Issuer and description</u>                           | <u>Number of<br/>transactions</u> | <u>Purchase<br/>cost</u> | <u>Selling<br/>price</u> | <u>Cost of<br/>asset</u> | <u>Current value of<br/>asset on<br/>transaction date</u> | <u>Net gain</u> |
|---------------------------------------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------|-----------------|
| <b>SERIES:</b>                                          |                                   |                          |                          |                          |                                                           |                 |
| State Street Bank & Trust<br>Short-Term Investment Fund | 11                                | \$ 417,335               | 287,403                  | 287,403                  | 704,738                                                   | -               |

See accompanying Independent Auditors' Report.

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br>This Form is Open to Public Inspection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► 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.

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

|                                                                                                                                                                                               |                            |         |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|--------------------|
| <b>Part I Basic Information</b>                                                                                                                                                               |                            |         |                    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>                                                                                                             |                            |         |                    |
| <b>2</b> Assets:                                                                                                                                                                              |                            |         |                    |
| a Market value.....                                                                                                                                                                           | <b>2a</b>                  | 8629862 |                    |
| b Actuarial value.....                                                                                                                                                                        | <b>2b</b>                  | 8777981 |                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                           | (1) Number of participants |         | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                           | <b>3a</b>                  | 130     | 2777694            |
| b For terminated vested participants.....                                                                                                                                                     | <b>3b</b>                  | 352     | 3002246            |
| c For active participants:                                                                                                                                                                    |                            |         |                    |
| (1) Non-vested benefits.....                                                                                                                                                                  | <b>3c(1)</b>               |         | 800305             |
| (2) Vested benefits.....                                                                                                                                                                      | <b>3c(2)</b>               |         | 3120003            |
| (3) Total active.....                                                                                                                                                                         | <b>3c(3)</b>               | 177     | 3920308            |
| d Total.....                                                                                                                                                                                  | <b>3d</b>                  | 659     | 9700248            |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                        |                            |         |                    |
| a Funding target disregarding prescribed at-risk assumptions.....                                                                                                                             | <b>4a</b>                  |         |                    |
| 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..... | <b>4b</b>                  |         |                    |
| <b>5</b> Effective interest rate.....                                                                                                                                                         | <b>5</b>                   | 6.65%   |                    |
| <b>6</b> Target normal cost.....                                                                                                                                                              | <b>6</b>                   | 219947  |                    |

**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.

|                                                                                                                                                                                                  |                                                                                                                                 |                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN<br/>HERE</b>                                                                                                                                                                             | JASON R. BENBOW <br><br>Signature of actuary | <u>10-11-2011</u><br><br>Date<br>1107392<br><br>Most recent enrollment number<br>314-719-5900<br><br>Telephone number (including area code) |
| Jason R. Benbow<br><br>Type or print name of actuary<br>Towers Watson Delaware Inc.<br><br>Firm name<br><br>101 South Hanley Road<br>Suite 900<br>St. Louis MO 63105-3437<br>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) 2010  
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>21.24%</u> .....                      |                       |                        |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a                                                           | Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| b                                                           | Interest on (a) using prior year's effective rate of <u>6.32%</u> .....                         |                       | 0                      |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| 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 | 90.49% |
| 15                           | Adjusted funding target attainment percentage .....                                                                                                              | 15 | 90.49% |
| 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 | 82.20% |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2010                                                                        | 136000                            | 0                               |                          |                                   |                                 |
| 07/15/2010                                                                        | 136000                            | 0                               |                          |                                   |                                 |
| 01/15/2011                                                                        | 136000                            | 0                               |                          |                                   |                                 |
| 09/15/2011                                                                        | 390000                            | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| Totals ▶                                                                          |                                   |                                 | 18(b)                    | 798000                            | 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                                                                 |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b                                                                 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | 19c 741238                                                          |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:  
4.60%2nd segment:  
6.65%3rd segment:  
6.76%☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

0

**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****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**

219947

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment .....

922267

219442

**b** Waiver amortization installment .....**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) .....**34**

439389

Carryover balance

Prefunding balance

Total balance

**35** Balances used to offset funding requirement .....

0

0

0

**36** Additional cash requirement (item 34 minus item 35) .....**36**

439389

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) .....**37**

741238

**38** Interest-adjusted excess contributions for current year (see instructions) .....**38**

301849

**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 ATTACHMENTS**

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## **Schedule SB – Statement by Enrolled Actuary**

|                          |                                                                                    |
|--------------------------|------------------------------------------------------------------------------------|
| <b>Plan Sponsor</b>      | General Electric Railcar Repair Services Corporation                               |
| <b>EIN/PN</b>            | 06-1093099/003                                                                     |
| <b>Plan Name</b>         | Pension Plan for Hourly Employees of General Electric Railcar Services Corporation |
| <b>Valuation Date</b>    | January 1, 2010                                                                    |
| <b>Enrolled Actuary</b>  | Jason R. Benbow                                                                    |
| <b>Enrollment Number</b> | 11-07392                                                                           |

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.

# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Part V Summary of Plan Provisions**

### **Plan Sponsor**

General Electric Railcar Repair 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 adopted November 18, 2009.

### **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 Repair Services Corporation                               |
| Valuation Date: | January 1, 2010                                                                    |

# SCHEDULE SB ATTACHMENTS

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## 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      |
| Laporte                    | 11/06/2006      |
| Mounds                     | 02/05/2007      |
| Waycross                   | 04/09/2007      |
| Omaha                      | 06/02/2008      |
| <u>Union Locations</u>     |                 |
| Texarkana                  | 01/01/1984      |
| Decatur                    | 01/01/1984      |
| Roanoke                    | 01/01/1984      |
| Waterloo                   | 01/01/1984      |
| Sayre                      | 01/01/1984      |
| Superior                   | 02/01/1987      |
| Middletown                 | 08/17/1998      |
| Charleston                 | 02/01/2001      |

\* Credited Service is measured from date of hire.

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation  
EIN / PN: 06-1093099 / 003  
Plan Sponsor: General Electric Railcar Repair Services Corporation  
Valuation Date: January 1, 2010

# SCHEDULE SB ATTACHMENTS

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## Vesting Service

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

## 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  |              |
|                        | Reopened 8/25/2008 |              |
|                        | 08/25/08 and later | 30.00        |
| 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  |              |

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation  
EIN / PN: 06-1093099 / 003  
Plan Sponsor: General Electric Railcar Repair Services Corporation  
Valuation Date: January 1, 2010

# SCHEDULE SB ATTACHMENTS

| Participation Location | Retirement Date    | Benefit Unit |
|------------------------|--------------------|--------------|
| <u>Union Locations</u> |                    |              |
| 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  |              |
| 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        |
| 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  |              |

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation  
 EIN / PN: 06-1093099 / 003  
 Plan Sponsor: General Electric Railcar Repair Services Corporation  
 Valuation Date: January 1, 2010

# SCHEDULE SB ATTACHMENTS

| Participation Location     | Retirement Date    | Benefit Unit |
|----------------------------|--------------------|--------------|
| <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        |
| 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        |
| 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        |

Plan Name: Pension Plan for Hourly Employees of General Electric Railcar Services Corporation  
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# SCHEDULE SB ATTACHMENTS

| Participation Location              | Retirement Date    | Benefit Unit |
|-------------------------------------|--------------------|--------------|
| <u>Non-Union Locations Location</u> |                    |              |
| 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        |
| 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        |
| Superior                            | 02/01/87-12/31/96  | 14.00 *      |
|                                     | 01/01/97-12/31/98  | 15.00        |
|                                     | 01/01/99-12/31/99  | 16.00        |
|                                     | 01/01/00-10/22/04  | 18.00        |
|                                     | Closed 10/22/2004  |              |

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 Plan Sponsor: General Electric Railcar Repair Services Corporation  
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# SCHEDULE SB ATTACHMENTS

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| 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        |
| Laporte                    | 11/06/06 and later | 30.00        |
| Waycross                   | 04/09/01 and later | 30.00        |
| Mounds                     | 02/05/07 and later | 30.00        |
| Omaha                      | 06/02/08 and later | 30.00        |

\* 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.

## 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.

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# **SCHEDULE SB ATTACHMENTS**

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## **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.

## **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.

|                 |                                                                                    |
|-----------------|------------------------------------------------------------------------------------|
| Plan Name:      | Pension Plan for Hourly Employees of General Electric Railcar Services Corporation |
| EIN / PN:       | 06-1093099 / 003                                                                   |
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| Valuation Date: | January 1, 2010                                                                    |

# **SCHEDULE SB ATTACHMENTS**

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## **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**

Effective January 1, 2008, the benefit unit at the Laporte, Mounds, Omaha, and Texarkana locations was changed to \$30.

The plan was amended to be compliant with the Pension Protection Act of 2006. These amendments did not impact the liabilities or results shown in this valuation.

|                 |                                                                                    |
|-----------------|------------------------------------------------------------------------------------|
| Plan Name:      | Pension Plan for Hourly Employees of General Electric Railcar Services Corporation |
| EIN / PN:       | 06-1093099 / 003                                                                   |
| Plan Sponsor:   | General Electric Railcar Repair Services Corporation                               |
| Valuation Date: | January 1, 2010                                                                    |

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, 2010

| Identity of issuer, borrower,<br>lessor, or similar party | Description<br>of investments | Number of<br>shares | Fair value          |
|-----------------------------------------------------------|-------------------------------|---------------------|---------------------|
| * State Street Bank & Trust Short-Term Investment Fund    | Cash and cash equivalents     | 157,280             | \$ 157,280          |
| * GE Strategic Investment Fund                            | Mutual fund                   | 829,987             | 9,287,558           |
| Total Investments, at fair value                          |                               |                     | <u>\$ 9,444,838</u> |
| Total Assets held at end of year                          |                               |                     | <u>\$ 9,444,838</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, 2010

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1 Shortfall  | 01/01/2010       | (510,146)      | 7                                     | (510,146)           | (85,259)             |
| 2 Shortfall  | 01/01/2009       | 306,747        | 6                                     | 271,809             | 51,247               |
| 3 Shortfall  | 01/01/2008       | 1,518,307      | 5                                     | 1,160,604           | 253,454              |
| Total        |                  |                |                                       | 922,267             | 219,442              |

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## SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 19**  
**Discounted Employer Contributions**  
**as of January 1, 2010**

| Date       | Applicable<br>Plan Year | Contribution | Applicable Effective<br>Rate | Interest Adjusted<br>Contribution |
|------------|-------------------------|--------------|------------------------------|-----------------------------------|
| 04/15/2010 | 2010                    | 136,000      | 6.65%                        | 133,494                           |
| 07/15/2010 | 2010                    | 136,000      | 6.65%                        | 131,362                           |
| 01/15/2011 | 2010                    | 136,000      | 6.86%                        | 126,939                           |
| 09/15/2011 | 2010                    | 390,000      | 6.65%                        | 349,443                           |
| Total      |                         | 798,000      |                              | 741,238                           |

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Plan Sponsor: General Electric Railcar Repair Services Corporation  
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# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Line 25**

### **Change in Method**

In accordance with 1.430(d)-1(g)(3)(ii)(A), automatic approval has been granted for the first plan year for which all the provisions of 1.430(d)-1, 1.430(f)-1, 1.430(g)-1, 1.430(i)-1, and 1.436-1 are reflected of any changes to funding methods permitted by the Pension Protection Act. 2010 is the first plan year for which all of these provisions were reflected, and thus all funding method changes are automatically approved.

|                 |                                                                                    |
|-----------------|------------------------------------------------------------------------------------|
| Plan Name:      | Pension Plan for Hourly Employees of General Electric Railcar Services Corporation |
| EIN / PN:       | 06-1093099 / 003                                                                   |
| Plan Sponsor:   | General Electric Railcar Repair Services Corporation                               |
| Valuation Date: | January 1, 2010                                                                    |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2010

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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