

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☐ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>APPALACHIAN RAILCAR SERVICES 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ►	<u>002</u>	
	1c Effective date of plan	<u>01/01/2009</u>	
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>APPALACHIAN RAILCAR SERVICES</u> <u>PO BOX 800</u> <u>ELEANOR, WV 25070</u>	2b Employer Identification Number (EIN) <u>55-0772909</u>	2c Sponsor's telephone number <u>304-586-7085</u>	2d Business code (see instructions) <u>488210</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/26/2012</u>	<u>JEFF MCKENY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/26/2012</u>	<u>JEFF MCKENY</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") APPALACHIAN RAILCAR SERVICES PO BOX 800 ELEANOR, WV 25070	3b Administrator's EIN 55-0772909 3c Administrator's telephone number 304-586-7085
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	116
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	113
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	11
d Subtotal. Add lines 6a , 6b , and 6c	6d	124
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	124
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	60
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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

2E 2G 2J 2K 3D 2T

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

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

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

a Pension Schedules

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

b General Schedules

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan APPALACHIAN RAILCAR SERVICES 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 APPALACHIAN RAILCAR SERVICES	D Employer Identification Number (EIN) 55-0772909	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HUNTINGTON NATIONAL BANK
31-0966785

(b) Enter name and EIN or address of person who provided you disclosure 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)

HUNTINGTON NATIONAL BANK

31-0966785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 25 59 63 64 99	NONE	2849	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>APPALACHIAN RAILCAR SERVICES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px;">002</div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPALACHIAN RAILCAR SERVICES</u>	D Employer Identification Number (EIN) <u>55-0772909</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	41	
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	5250	
	(2) Participant contributions	1b(2)	6563	
	(3) Other.....	1b(3)	23	35
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	510447	707506
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	522324	707541

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	522324	707541
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	87102	
(B) Participants	2a(1)(B)	139343	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		226445
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11928	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11928
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-31722
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		206651

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18585	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18585
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2849	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2849
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		21434

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		185217
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GRAY, GRIFFITH & MAYS, A.C. (2) EIN: 55-0621482

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		50000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>APPALACHIAN RAILCAR SERVICES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPALACHIAN RAILCAR SERVICES</u>	D Employer Identification Number (EIN) <u>55-0772909</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-6243960</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPALACHIAN RAILCAR SERVICES

401(k) PROFIT SHARING PLAN

December 31, 2011 and 2010

APPALACHIAN RAILCAR SERVICES
401(k) PROFIT SHARING PLAN

December 31, 2011 and 2010

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee
Appalachian Railcar Services
401(k) Profit Sharing Plan
Eleanor, West Virginia

We were engaged to audit the financial statements of the Appalachian Railcar Services 401(k) Profit Sharing Plan (Plan) as of December 31, 2011 and 2010, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information summarized in Note 4 to the financial statements, which was certified by Huntington National Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian 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 supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gray, Griffith & Mays, a.c.

July 18, 2012

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Cash and cash equivalents	\$ -	\$ 41
Investments, at fair value	707,506	510,447
Employer contribution receivable	-	5,250
Participant contribution receivable	-	6,563
Other receivable	<u>35</u>	<u>23</u>
Total assets	<u>\$ 707,541</u>	<u>\$ 522,324</u>
 Net assets available for benefits	 <u>\$ 707,541</u>	 <u>\$ 522,324</u>

The accompanying notes are an integral part of the financial statements.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ (31,722)	\$ 55,648
Dividends	<u>11,928</u>	<u>7,453</u>
	<u>(19,794)</u>	<u>63,101</u>
Contributions:		
Employer	87,102	70,585
Employee	<u>139,343</u>	<u>95,624</u>
	<u>226,445</u>	<u>166,209</u>
 Total additions	 <u>206,651</u>	 <u>229,310</u>
Deductions from net assets attributed to:		
Benefits paid to participants	18,585	34,444
Administrative expenses	<u>2,849</u>	<u>2,263</u>
Total deductions	<u>21,434</u>	<u>36,707</u>
 Net increase	 185,217	 192,603
Net assets available for benefits, beginning of year	 <u>522,324</u>	 <u>329,721</u>
 Net assets available for benefits, end of year	 <u>\$ 707,541</u>	 <u>\$ 522,324</u>

The accompanying notes are an integral part of the financial statements.

APPALACHIAN RAILCAR SERVICES

401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

1 – DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES

Plan Description

The following description of the Appalachian Railcar Services 401(k) Profit Sharing Plan (the Plan), provides only general information. Participants should refer to the Plan documents for more complete information.

General

The Plan, established January 1, 2009, is a defined contribution retirement plan available to all personnel of Appalachian Railcar Services (the Company), and affiliated entities who have attained one year of service and age 18. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may elect to defer an amount of their compensation, plus any eligible catch-up contributions, as defined in the Plan document, limited to the maximum allowed under the Internal Revenue Code for such plan year. The Company makes safe harbor matching contributions totaling 100% of the participants' elective deferral contributions up to 3% of the participants' compensation and 50% of any additional participants' elective deferral contributions not to exceed 5% of the participants' compensation. In no event will matching contributions exceed 4% of the participants' compensation. There are no allocation requirements for participants to be eligible for the employer matching contributions. All contributions are fully vested. Rollover contributions from other qualified plans are permitted once eligibility requirements are met.

Participant Investment Options

Each Plan participant directs contributions and earnings of their account among alternative investment options provided under the Plan. Participants should refer to the most recent annual report and prospectus of each mutual fund for information on risk factors, asset concentrations, investment objectives and other financial data. Participants may transfer funds between investment options at any time.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

December 31, 2011 and 2010

1 – DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

Participant Accounts

Each participant account is credited with the participant's elective contributions and contributions by the Company. In addition, each participant's account is credited with the specific earnings (losses) of the investments owned in self-directed participant accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

The Plan provides for immediate vesting of salary reduction contributions, matching contributions and earnings thereon.

Payment of Benefits

Upon retirement (normal retirement age is 65), attaining age 59 ½, death, disability or other termination of employment, as defined in the Plan document, participants or their spouses and/or beneficiaries receive their account as a lump sum cash payment. Further, upon termination of employment, the participant may elect to transfer his or her account balances to another qualified plan or individual retirement account. If the vested account of a participant is less than \$1,000, the entire vested account will be paid in a lump sum.

The Plan does not allow for hardship withdrawals.

Significant Accounting Policies and Estimates

The accounting and reporting policies of the Plan conform to accounting principles generally accepted in the United States of America and to general practices within the employee benefit plan industry. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. The principles and policies which significantly affect the determination of net assets and the changes in net assets are summarized below.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

December 31, 2011 and 2010

1 – DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Accordingly, revenues are recognized when earned, and expenses are recognized when incurred.

Investment Valuation and Income Recognition

Shares of registered investment companies (mutual funds) are reported at fair value based on the quoted market price of the fund, which represents the net asset value of the shares held by the fund at year-end.

Plan assets are invested in various pooled separate accounts.

Pooled separate accounts

The value of a unit in a pooled separate account is the fair market value of investments in the account as of the valuation date, plus cash balances and accruals less accounts payable, expenses and taxes that are allocable to the account, divided by the number of outstanding participation units in the account. Securities held in the pooled separate accounts are valued based on quoted market prices. If there is no readily available market value for a particular security, the investment manager will determine the fair market value of such investment in accordance with accepted practices and applicable laws and regulations. As of any date, the value of the Plan's share of a separate account will equal the number of participation units held by the Plan multiplied by the participation unit value.

2 – TAX STATUS

The plan is a prototype that has received a letter from the Internal Revenue Service dated March 31, 2008, that it is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Sponsor, Administrator, and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement dates.

The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

December 31, 2011 and 2010

3 – RELATED PARTY TRANSACTIONS AND INVESTMENT ADMINISTRATION

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Plan Sponsor, and certain others. During 2011 and 2010, transactions with parties-in-interest primarily included administrative expenses related to the Plan, which were paid by the Company. Administrative expenses paid by the Plan Sponsor included legal, accounting and other professional services. Additionally, certain administrative functions are performed by officers or employees of the Plan Sponsor at no cost to the Plan. Administrative expenses paid by the Plan included investment fees and account withdrawal fees. During 2011 and 2010, the Plan paid administrative fees of \$2,849 and \$2,263, respectively. During 2012 the Plan elected to begin paying the annual audit fees out of plan assets.

4 – INVESTMENT INFORMATION

The Plan's investments are held in a bank-administered trust fund. The fair values of individual investments that represent 5% or more of the Plan's net assets are as follows:

	<u>2011</u>	<u>2010</u>
T. Rowe Price Retirement 2050 Fund	\$ 80,949	\$ 48,885
T. Rowe Price Retirement 2040 Fund	107,503	59,768
T. Rowe Price Retirement 2030 Fund	176,584	142,615
T. Rowe Price Retirement 2020 Fund	273,061	207,421
Other funds, less than 5 % of net assets	<u>69,409</u>	<u>51,758</u>
	<u>\$ 707,506</u>	<u>\$ 510,447</u>

The Plan's investments held by Huntington National Bank (including all investments bought, sold and held, income, gains and losses during each year), were certified as complete and accurate.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

December 31, 2011 and 2010

5 – FAIR VALUE MEASUREMENTS

The Plan's assets are reported at fair value in the accompanying statement of net assets available for benefits.

<u>Mutual Funds (Level 2)</u>	<u>Fair Value</u>
December 31, 2010	<u>\$ 510,447</u>
December 31, 2011	<u>\$ 707,506</u>

Fair Value Measurement

Accounting Standards Codification 820-10 "Fair Value Measurement" establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described as follows:

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access. None of the investments at December 31, 2011 and 2010 were valued using Level 1 inputs.

Level 2

Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means. All of the investments at December 31, 2011 and 2010 were valued using Level 2 inputs.

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement. None of the investments at December 31, 2011 and 2010 were valued using Level 3 inputs.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

December 31, 2011 and 2010

6 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

7 – SUBSEQUENT EVENTS

The Plan's management has evaluated events and transactions occurring after December 31, 2011 through the date of the Auditors' Report, which is the date the financial statements were available to be issued.

On April 1, 2012, the Plan was amended to allow Roth elective deferrals.

SUPPLEMENTARY INFORMATION

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN
 EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment include maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Investment in pooled separate accounts:				
	PIMCO Funds	PIMCO Total Return Fund	**	\$ 11,382
	Fidelity Funds	Fidelity Advisor Small Cap Fund	**	5,270
	US Gov	Securities Fund 2-5 Yrs	**	14,109
	American Funds	EuroPacific Growth Fund	**	213
	American Funds	Capital World Growth Fund	**	268
	American Funds	Fundamental Inv Fund	**	1
	Eaton Vance	Large Capital Growth Fund	**	1,100
	Franklin	Flex Cap Growth Fund	**	3,025
	T. Rowe Price Funds	T. Rowe Price Growth Stock Fund	**	1,276
	T. Rowe Price Funds	T. Rowe Price Retirement 2050 Fund	**	80,949
	T. Rowe Price Funds	T. Rowe Price Retirement 2040 Fund	**	107,503
	T. Rowe Price Funds	T. Rowe Price Retirement 2030 Fund	**	176,584
	T. Rowe Price Funds	T. Rowe Price Retirement 2020 Fund	**	273,061
	T. Rowe Price Funds	T. Rowe Price Retirement 2010 Fund	**	5,089
	Vanguard Funds	Vanguard 500 Index Signal	**	<u>27,676</u>
	Total assets			<u>\$ 707,506</u>

**** Historical cost information is not required to be presented for participant directed investments.**

See Independent auditors' report.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN
EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2011

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>SINGLE TRANSACTIONS EXCEEDING 5%</u>						
None Noted						
<u>AGGREGATE TRANSACTIONS EXCEEDING 5%</u>						
T. Rowe Price	Retirement 2050 Fund	1,525.90	-	1,525.90	1,525.90	-
		1,415.98	-	1,415.98	1,415.98	-
		112.10	-	112.10	112.10	-
		1,515.90	-	1,515.90	1,515.90	-
		1,325.94	-	1,325.94	1,325.94	-
		1,356.40	-	1,356.40	1,356.40	-
		1,469.64	-	1,469.64	1,469.64	-
		-	199.62	161.04	199.62	38.58
		1,359.67	-	1,359.67	1,359.67	-
		1,326.44	-	1,326.44	1,326.44	-
		1,583.04	-	1,583.04	1,583.04	-
		1,357.12	-	1,357.12	1,357.12	-
		1,404.10	-	1,404.10	1,404.10	-
		1,383.48	-	1,383.48	1,383.48	-
		-	199.39	168.60	199.39	30.79
		1,437.92	-	1,437.92	1,437.92	-
		-	986.61	825.75	986.61	160.86
		1,322.69	-	1,322.69	1,322.69	-
		1,380.50	-	1,380.50	1,380.50	-
		1,376.29	-	1,376.29	1,376.29	-
		1,305.94	-	1,305.94	1,305.94	-
		1,330.04	-	1,330.04	1,330.04	-
		1,481.18	-	1,481.18	1,481.18	-
		-	189.17	187.66	189.17	1.51
		1,468.67	-	1,468.67	1,468.67	-
		1,398.74	-	1,398.74	1,398.74	-
		1,308.32	-	1,308.32	1,308.32	-
		1,341.75	-	1,341.75	1,341.75	-
		1,351.79	-	1,351.79	1,351.79	-
		1,907.54	-	1,907.54	1,907.54	-
		289.80	-	289.80	289.80	-

See Independent auditors' report.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN
EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
(Continued)
December 31, 2011

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
AGGREGATE TRANSACTIONS EXCEEDING 5% (Continued)						
T. Rowe Price	Retirement 2050 Fund	144.90	-	144.90	144.90	-
		852.34	-	852.34	852.34	-
		1,430.90	-	1,430.90	1,430.90	-
		-	188.97	179.83	188.97	9.14
	30 Purchases for	38,265.02				
	5 Sales for		1,763.76			
	Issue aggregate total				40,028.78	
T. Rowe Price	Retirement 2040 Fund	11,290.68	-	11,290.68	11,290.68	-
		1,309.18	-	1,309.18	1,309.18	-
		1,026.62	-	1,026.62	1,026.62	-
		522.00	-	522.00	522.00	-
		973.85	-	973.85	973.85	-
		980.67	-	980.67	980.67	-
		986.34	-	986.34	986.34	-
		3,908.38	-	3,908.38	3,908.38	-
		-	100.00	84.05	100.00	15.95
		-	4,071.15	3,421.49	4,071.15	649.66
		994.30	-	994.30	994.30	-
		-	2,151.88	1,798.16	2,151.88	353.72
		887.96	-	887.96	887.96	-
		1,990.18	-	1,990.18	1,990.18	-
		938.75	-	938.75	938.75	-
		991.12	-	991.12	991.12	-
		11,935.14	-	11,935.14	11,935.14	-
		-	100.00	88.30	100.00	11.70
		987.54	-	987.54	987.54	-
		1,357.73	-	1,357.73	1,357.73	-
		1,095.66	-	1,095.66	1,095.66	-
		2,395.08	-	2,395.08	2,395.08	-
		1,077.14	-	1,077.14	1,077.14	-
		1,179.90	-	1,179.90	1,179.90	-
		2,042.82	-	2,042.82	2,042.82	-
		-	100.00	102.77	100.00	(2.77)
		971.08	-	971.08	971.08	-

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APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN
EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
(Continued)

December 31, 2011

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
AGGREGATE TRANSACTIONS EXCEEDING 5% (Continued)						
T. Rowe Price	Retirement 2040 Fund	916.80	-	916.80	916.80	-
		884.94	-	884.94	884.94	-
		906.24	-	906.24	906.24	-
		3,029.20	-	3,029.20	3,029.20	-
		1,627.32	-	1,627.32	1,627.32	-
		190.89	-	190.89	190.89	-
		1,081.74	-	1,081.74	1,081.74	-
		1,524.81	-	1,524.81	1,524.81	-
		-	100.00	97.44	100.00	2.56
	30 Purchases for	60,004.06				
	6 Sales for		6,623.03			
	Issue aggregate total				66,627.09	
T. Rowe Price	Retirement 2030 Fund	3,587.18	-	3,587.18	3,587.18	-
		1,271.36	-	1,271.36	1,271.36	-
		3,544.77	-	3,544.77	3,544.77	-
		-	5,108.23	3,519.37	5,108.23	1,588.86
		1,133.92	-	1,133.92	1,133.92	-
		3,578.48	-	3,578.48	3,578.48	-
		1,132.49	-	1,132.49	1,132.49	-
		-	122.33	85.29	122.33	37.04
		3,397.64	-	3,397.64	3,397.64	-
		1,150.55	-	1,150.55	1,150.55	-
		1,160.08	-	1,160.08	1,160.08	-
		3,400.80	-	3,400.80	3,400.80	-
		1,163.07	-	1,163.07	1,163.07	-
		-	5,175.21	3,620.14	5,175.21	1,555.07
		3,414.72	-	3,414.72	3,414.72	-
		-	112.35	82.28	112.35	30.07
		1,171.96	-	1,171.96	1,171.96	-
		3,409.21	-	3,409.21	3,409.21	-
		1,351.28	-	1,351.28	1,351.28	-
		3,464.88	-	3,464.88	3,464.88	-

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APPALACHIAN RAILCAR SERVICES
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SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
 (Continued)

December 31, 2011

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or gain or (loss)		
AGGREGATE TRANSACTIONS EXCEEDING 5% (Continued)								
T. Rowe Price	Retirement 2030 Fund	1,211.65	-	1,211.65	1,211.65	-		
		3,437.48	-	3,437.48	3,437.48	-		
		1,277.41	-	1,277.41	1,277.41	-		
		-	112.42	96.66	112.42	15.76		
		1,224.45	-	1,224.45	1,224.45	-		
		1,212.84	-	1,212.84	1,212.84	-		
		1,251.32	-	1,251.32	1,251.32	-		
		1,233.53	-	1,233.53	1,233.53	-		
		1,252.22	-	1,252.22	1,252.22	-		
		2,919.23	-	2,919.23	2,919.23	-		
		-	3,444.13	2,762.23	3,444.13	681.90		
		315.68	-	315.68	315.68	-		
		2,104.54	-	2,104.54	2,104.54	-		
		1,255.10	-	1,255.10	1,255.10	-		
		-	102.38	84.96	102.38	17.42		
		28 Purchases for		56,027.84				
		7 Sales for			14,177.05			
		Issue aggregate total					70,204.89	
		T. Rowe Price	Retirement 2020 Fund	2,720.17	-	2,720.17	2,720.17	-
				2,643.54	-	2,643.54	2,643.54	-
				2,520.45	-	2,520.45	2,520.45	-
2,571.61	-			2,571.61	2,571.61	-		
2,559.02	-			2,559.02	2,559.02	-		
2,569.10	-			2,569.10	2,569.10	-		
-	175.53			151.85	175.53	23.68		
2,561.19	-			2,561.19	2,561.19	-		
2,575.66	-			2,575.66	2,575.66	-		
2,549.21	-			2,549.21	2,549.21	-		
2,528.11	-			2,528.11	2,528.11	-		
2,552.37	-			2,552.37	2,552.37	-		
2,849.03	-			2,849.03	2,849.03	-		
-	174.73			154.01	174.73	20.72		
-	1.09			0.98	1.09	0.11		

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APPALACHIAN RAILCAR SERVICES
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 EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
 (Continued)

December 31, 2011

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
AGGREGATE TRANSACTIONS EXCEEDING 5% (Continued)						
T. Rowe Price	Retirement 2020 Fund	2,734.39	-	2,734.39	2,734.39	-
		2,601.41	-	2,601.41	2,601.41	-
		2,602.38	-	2,602.38	2,602.38	-
		2,657.59	-	2,657.59	2,657.59	-
		2,828.70	-	2,828.70	2,828.70	-
		2,754.77	-	2,754.77	2,754.77	-
		2,692.14	-	2,692.14	2,692.14	-
		-	165.46	164.08	165.46	1.38
		2,654.64	-	2,654.64	2,654.64	-
		2,694.59	-	2,694.59	2,694.59	-
		2,755.52	-	2,755.52	2,755.52	-
		575.00	-	575.00	575.00	-
		2,533.29	-	2,533.29	2,533.29	-
		2,601.48	-	2,601.48	2,601.48	-
		4,627.34	-	4,627.34	4,627.34	-
		504.17	-	504.17	504.17	-
		4,369.51	-	4,369.51	4,369.51	-
		2,448.64	-	2,448.64	2,448.64	-
		-	165.45	158.49	165.45	6.96
		29 Purchases for				
		5 Sales for				
		Issue aggregate total			76,517.28	
Vanguard	5500 Index Fund - Investor	-	9.00	7.29	9.00	1.71
		584.00	-	584.00	584.00	-
		296.12	-	296.12	296.12	-
		-	9.50	7.47	9.50	2.03
		296.24	-	296.24	296.24	-
		584.74	-	584.74	584.74	-
		584.46	-	584.46	584.46	-
		-	10.50	8.49	10.50	2.01
		296.46	-	296.46	296.46	-
		90.24	-	90.24	90.24	-
		-	10.98	8.92	10.98	2.06

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APPALACHIAN RAILCAR SERVICES
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SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
 (Continued)

December 31, 2011

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
AGGREGATE TRANSACTIONS EXCEEDING 5% (Continued)						
Vanguard	5500 Index Fund - Investor	296.08	-	296.08	296.08	-
		-	11.00	8.85	11.00	2.15
		296.19	-	296.19	296.19	-
		<u>-</u>	<u>22,277.64</u>	18,160.84	<u>22,277.64</u>	4,116.80
	9 Purchases for	3,324.53				
	6 Sales for		22,328.62			
	Issue aggregate total				25,653.15	
Vanguard	500 Index Fund - Signal	22,277.65	-	22,277.65	22,277.65	-
		295.72	-	295.72	295.72	-
		296.12	-	296.12	296.12	-
		-	11.55	11.40	11.55	0.15
		296.28	-	296.28	296.28	-
		-	11.50	11.51	11.50	(0.01)
		295.86	-	295.86	295.86	-
		-	10.98	11.20	10.98	(0.22)
		111.03	-	111.03	111.03	-
		296.30	-	296.30	296.30	-
		295.76	-	295.76	295.76	-
		-	12.00	12.00	12.00	-
		295.94	-	295.94	295.94	-
		-	12.00	12.50	12.00	(0.50)
		296.06	-	296.06	296.06	-
		295.90	-	295.90	295.90	-
		296.12	-	296.12	296.12	-
		-	11.50	12.55	11.50	(1.05)
		295.08	-	295.08	295.08	-
		124.32	-	124.32	124.32	-
		-	10.95	12.53	10.95	(1.58)
		296.26	-	296.26	296.26	-
		-	11.00	12.02	11.00	(1.02)
		296.46	-	296.46	296.46	-
		295.88	-	295.88	295.88	-
		-	12.50	13.19	12.50	(0.69)

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APPALACHIAN RAILCAR SERVICES
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EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
(Continued)

December 31, 2011

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
AGGREGATE TRANSACTIONS EXCEEDING 5% (Continued)						
Vanguard	500 Index Fund - Signal	296.22	-	296.22	296.22	-
		295.92	-	295.92	295.92	-
		-	13.00	13.37	13.00	(0.37)
		295.86	-	295.86	295.86	-
		158.12	-	158.12	158.12	-
		1,046.16	-	1,046.16	1,046.16	-
		-	11.01	11.47	11.01	(0.46)
	22 Purchases for	28,749.02				
	11 Sales for		127.99			
	Issue aggregate total				28,877.01	

See Independent auditors' report.

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Appalachian Railcar Services 401(k) Profit Sharing Plan
Plan Sponsor's Name Appalachian Railcar Services

EIN: 55-0772909
PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PIMCO Funds	PIMCO Total Return Fund	11,577	11,382
	Federated Funds	Federated US Government Securities Fund 2-5 Years	14,446	14,109
	American Funds	American Capital World Growth and Income Fund	290	268
	Fidelity Funds	Fidelity Advisor Small Cap Fund	6,198	5,270
	American Funds	American Europacific Growth Fund	241	213
	American Funds	American Fundamental Investors Fund	1	1
	T. Rowe Price	T. Rowe Price Growth Stock Fund	1,093	1,276

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Appalachian Railcar Services 401(k) Profit Sharing Plan
Plan Sponsor's Name Appalachian Railcar Services

EIN: 55-0772909
PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Eaton Vance Funds	Eaton Vance Large Cap Growth Fund	1,167	1,100
	Franklin Funds	Franklin Flex Cap Growth Fund	3,365	3,025
	T. Rowe Price	T. Rowe Price Retirement 2050 Fund	76,364	80,949
	T. Rowe Price	T. Rowe Price Retirement 2040 Fund	103,808	107,503
	T. Rowe Price	T. Rowe Price Retirement 2030 Fund	145,286	176,584
	T. Rowe Price	T. Rowe Price Retirement 2020 Fund	259,598	273,061
	T. Rowe Price	T. Rowe Price Retirement 2010 Fund	5,213	5,090

Plan Name	Appalachian Railcar Services 401(k) Profit Sharing Plan	EIN:	55-0772909
Plan Sponsor's Name	Appalachian Railcar Services	PN:	002

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