

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <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), 6057(b), 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><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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, including room or suite number (Employer, if for single-employer plan)<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. | 10/11/2012 | 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 (2011)  
v.012611

|                                                                                                                                                                                                           |                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <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> | 658 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <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> | 164 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 132 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 341 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 637 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 25  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 662 |
| <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> | 27  |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <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)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input type="checkbox"/> Insurance                                  | <b>(1)</b> <input type="checkbox"/> Insurance                                  |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <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)** ☐ **0** **A** (Insurance Information)  
**(4)** ☒ **C** (Service Provider Information)  
**(5)** ☐ **D** (DFE/Participating Plan Information)  
**(6)** ☐ **G** (Financial Transaction Schedules)

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

▶ **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>2011</u>                                                                                                                                         |
| <b>2</b>      | Assets:                                                                                                                                                                                                          |
| <b>a</b>      | Market value ..... <b>2a</b> <u>9953260</u>                                                                                                                                                                      |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>9462358</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>137</u> <u>3003962</u>                                                                                                           |
| <b>b</b>      | For terminated vested participants ..... <b>3b</b> <u>353</u> <u>3308250</u>                                                                                                                                     |
| <b>c</b>      | For active participants:                                                                                                                                                                                         |
| (1)           | Non-vested benefits ..... <b>3c(1)</b> <u>738693</u>                                                                                                                                                             |
| (2)           | Vested benefits ..... <b>3c(2)</b> <u>3436136</u>                                                                                                                                                                |
| (3)           | Total active ..... <b>3c(3)</b> <u>168</u> <u>4174829</u>                                                                                                                                                        |
| <b>d</b>      | Total ..... <b>3d</b> <u>658</u> <u>10487041</u>                                                                                                                                                                 |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor ..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>6.37 %</u>                                                                                                                                                             |
| <b>6</b>      | Target normal cost ..... <b>6</b> <u>234915</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>10/04/2012</u>                      |
| Signature of actuary                                           | Date                                   |
| <u>JON E. HAMBERG</u>                                          | <u>11-06624</u>                        |
| Type or print name of actuary                                  | Most recent enrollment number          |
| <u>HEWITT ASSOCIATES LLC</u>                                   | <u>847-295-5000</u>                    |
| Firm name                                                      | Telephone number (including area code) |
| <u>100 HALF DAY ROAD</u><br><u>LINCOLNSHIRE, IL 60069-3258</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) 2011**  
**v.012611**

| <b>Part II Beginning of year carryover and prefunding balances</b>                                                                |                       |                        |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                   | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                             | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>9.61</u> % .....                                              |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                    |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                    |                       | 301849                 |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.65</u> % except as otherwise provided (see instructions) ..... |                       | 20073                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                      |                       | 321922                 |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                    |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                 | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                       | 0                     | 0                      |

| <b>Part III Funding percentages</b>                                                                                                                                       |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 90.22 % |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 90.22 % |
| <b>16</b> 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> | 90.49 % |
| <b>17</b> 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> | %       |

| <b>Part IV Contributions and liquidity shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> 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 |
| 05/13/2011                                                                               | 136000                            | 0                               | 09/14/2012               | 150000                            | 0                               |
| 07/15/2011                                                                               | 136000                            | 0                               |                          |                                   |                                 |
| 10/14/2011                                                                               | 125000                            | 0                               |                          |                                   |                                 |
| 01/12/2012                                                                               | 125000                            | 0                               |                          |                                   |                                 |
| 04/13/2012                                                                               | 140000                            | 0                               |                          |                                   |                                 |
| 07/13/2012                                                                               | 140000                            | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 952000                          |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                        |            |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                   |            |        |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                                   | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                     | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                | <b>19c</b> | 892321 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                            |            |        |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         |            |        |
| <b>b</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 |            |        |
| <b>c</b> 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>3.78% | 2nd segment:<br>6.31% | 3rd segment:<br>6.57% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                       | <b>22</b> 64                                        |
| <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 contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 234915             |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 1024683             | 266469             |               |
| <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 (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 501384             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 501384             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 892321             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 390937             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

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

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

|                                                                                                                 |                                                                    |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <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<br>GENERAL ELECTRIC RAILCAR REPAIR SERVICES CORP. | <b>D</b> Employer Identification Number (EIN)<br><u>06-1093099</u> |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

06-1238874

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation  
STATE STREET BANK & TRUST COMPANY

04-1867445

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

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

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

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

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

| <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"/>                                            |

**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"/>                                            |

**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.

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

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

|                                                                                                            |                                  |
|------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>a</b> Name: JASON R. BENBOW                                                                             | <b>b</b> EIN: 53-0181291         |
| <b>c</b> Position: ENROLLED ACTUARY                                                                        |                                  |
| <b>d</b> Address: TOWERS WATSON DELAWARE INC<br>101 SOUTH HANLEY ROAD SUITE 900<br>ST LOUIS, MO 63105-3437 | <b>e</b> Telephone: 314-719-5900 |
|                                                                                                            |                                  |

Explanation: THE ACTUARIAL SERVICES PROVIDED BY MR. BENBOW & TOWERS WATSON WAS TERMINATED EFF. 1/1/2011. THE CHANGE IN FIRMS WAS A DECISION OF MANAGEMENT. THERE HAVE BEEN NO OUTSTANDING MATERIAL DISPUTES OR DISAGREEMENTS CONCERNING THE TERMINATION.

|                    |                     |
|--------------------|---------------------|
| <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> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <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) <span style="float: right;">►</span>                                                                                                                                                                                                   | <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><br><u>06-1093099</u>                                                                                                                                                                                                       |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                      |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <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. |                                                                                                    |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                                      |                 |                       |                 |
| <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>    | 526000                | 555000          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 18                    | 43              |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                               |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 157280                | 727253          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <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>   | 9287558               | 9050036         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <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>    | 9970856               | 10332332        |

**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> | 9970856 | 10332332 |
|-----------------------------------------------------------|-----------|---------|----------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 952000     |           |
| <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>    |            | 952000    |

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

|                                                                                                      |                 |     |     |
|------------------------------------------------------------------------------------------------------|-----------------|-----|-----|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 251 |     |
| <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> |     |     |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |     | 251 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (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> | 192253 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 192253 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (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> |  |   |
| <b>(C)</b> 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>   |            | -429775   |
| <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>       |            | 714729    |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 353253 |        |
| (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> |        | 353253 |
| <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>    |        | 353253 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 361476 |
| <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. ....                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |          |

- 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<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                        |                                                                    |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <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 (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <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 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?.....                                                                                  | <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. If no, check the "No" box..... | <input checked="" type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input 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 |

**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, 2011 and 2010

(With Independent Auditors' Report Thereon)

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

December 31, 2011 and 2010

Table of Contents

|                                                                                                                   | <u>Page<br/>Number(s)</u> |
|-------------------------------------------------------------------------------------------------------------------|---------------------------|
| Independent Auditors' Report                                                                                      | 1                         |
| Financial Statements:                                                                                             |                           |
| Statements of Net Assets Available for Plan Benefits<br>as of December 31, 2011 and 2010                          | 2                         |
| Statements of Changes in Net Assets Available for Plan Benefits<br>for the Years ended December 31, 2011 and 2010 | 3                         |
| Notes to Financial Statements                                                                                     | 4-8                       |
| Supplemental Schedules: <sup>(i)</sup>                                                                            |                           |
| Supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year)<br>as of December 31, 2011            | 9                         |
| Supplemental Schedule H, Line 4j – Schedule of Reportable Transactions for<br>the year ended December 31, 2011    | 10                        |

<sup>(i)</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

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

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Pension Plan for Hourly Employees of General Electric Railcar Services Corporation (the "Plan") as of December 31, 2011 and 2010, the related statements of changes in net assets available for plan benefits for the years then ended, and supplemental schedules: Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2011 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, the Plan's administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in note 4, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan's administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan's administrator has obtained certifications from the trustee as of December 31, 2011 and 2010 and for the years then ended, that the information provided to the Plan's 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 supplemental schedules are presented for the purposes 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 Report 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 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 5, 2012

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Statements of Net Assets Available for Plan Benefits

December 31, 2011 and 2010

|                                                                   | <u>2011</u>          |    | <u>2010</u>      |
|-------------------------------------------------------------------|----------------------|----|------------------|
| Investments at fair value as certified by trustee (notes 4 and 5) | \$ 9,777,289         | \$ | 9,444,838        |
| Employer contributions receivable (note 6)                        | 555,000              |    | 526,000          |
| Accrued interest                                                  | <u>43</u>            |    | <u>18</u>        |
| Net assets available for plan benefits                            | \$ <u>10,332,332</u> | \$ | <u>9,970,856</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, 2011 and 2010

|                                                                       | <u>2011</u>                 | <u>2010</u>                |
|-----------------------------------------------------------------------|-----------------------------|----------------------------|
| Additions (reductions) to net assets attributed to:                   |                             |                            |
| Investment income (loss) as certified by trustee:                     |                             |                            |
| Net appreciation (depreciation) in fair value of investments (note 4) | \$ (429,775)                | \$ 670,456                 |
| Dividends and interest                                                | <u>192,504</u>              | <u>156,206</u>             |
|                                                                       | (237,271)                   | 826,662                    |
| Employer contributions                                                | <u>952,000</u>              | <u>798,000</u>             |
| Total additions                                                       | 714,729                     | 1,624,662                  |
| Deductions from net assets attributed to:                             |                             |                            |
| Benefit payments                                                      | <u>353,253</u>              | <u>285,066</u>             |
| Net increase (decrease)                                               | 361,476                     | 1,339,596                  |
| Net assets available for plan benefits at:                            |                             |                            |
| Beginning of year                                                     | <u>9,970,856</u>            | <u>8,631,260</u>           |
| End of year                                                           | \$ <u><u>10,332,332</u></u> | \$ <u><u>9,970,856</u></u> |

See accompanying notes to financial statements.

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes To Financial Statements

December 31, 2011 and 2010

(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"), an affiliate of 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").

The Plan provides pension benefits that are determined based on length of service and a multiplier that is specific to the participating location. Participants are vested upon the earlier of five years of service, or the participant's normal retirement date.

Participants are entitled to pension benefits (paid monthly) beginning at normal retirement age (65). The Plan permits early retirement beginning at age 60 if a participant has at least 5 years of vesting service. If a participant who is at least age 45 and has at least 10 years of vesting service becomes disabled and meets certain criteria, the Plan provides for a disability retirement benefit.

The 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. Information concerning the Plan, including benefits and vesting provisions, is also included in the Summary Plan Description ("SPD") and other material distributed to participants.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

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

(b) Investments

Plan investments are reported at fair value. See notes 4 and 5 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.

(c) Fair Value Measurements

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

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

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

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

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes To Financial Statements

December 31, 2011 and 2010

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

When available, quoted market prices are used to determine the fair value of investment securities, and they are included in Level 1. Level 1 securities primarily include registered investment companies, non-interest bearing cash accounts and short term money market investments.

See note 5 for additional information.

(d) 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 at the date of the financial statements. Actual results could differ from those estimates.

(e) Benefit Payments

Benefit payments to participants are recorded when paid.

(f) Expenses

All reasonable expenses of the Plan are paid by the Plan, unless paid by the Company at its sole discretion.

(3) 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. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated plan benefits is determined by independent actuaries and is 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.

The actuarial present value of accumulated plan benefits as of December 31, 2010 follows.

|                                                            | <u>2010</u>                |
|------------------------------------------------------------|----------------------------|
| Vested benefits:                                           |                            |
| Participants currently receiving payments                  | \$ 2,702,920               |
| Other participants                                         | 5,622,759                  |
|                                                            | <u>8,325,679</u>           |
| Non-vested accrued benefits                                | 635,522                    |
| Total actuarial present value of accumulated plan benefits | \$ <u><u>8,961,201</u></u> |

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes To Financial Statements

December 31, 2011 and 2010

The change in the actuarial present value of accumulated plan benefits follows.

|                                                                           | <u>2010</u>         |
|---------------------------------------------------------------------------|---------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 7,886,107        |
| Increase (decrease) during the plan year attributable to:                 |                     |
| Interest accumulation                                                     | 619,705             |
| Benefits paid to participants                                             | (285,066)           |
| Assumption changes                                                        | 539,330             |
| Benefits accumulated and experience gains (losses)                        | 132,711             |
| Plan amendments                                                           | 68,414              |
| Net increase                                                              | <u>1,075,094</u>    |
| Actuarial present value of accumulated plan benefits at end of year       | \$ <u>8,961,201</u> |

The significant actuarial assumptions used in the valuations as of December 31, 2010 were (a) retirement age ranging from 60 to 67, (b) 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), (c) employee turnover and retirement age assumptions (based upon published statistical data), and (d) an interest assumption of 7.5% (decreased from 8.0% in 2009).

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.

(4) Summary of Trust Financial Information (Unaudited)

The information presented in this note and the "Fair Value Measurements" note (Note (5)) below was compiled from information that was certified as complete and accurate by the trustee (the "Certifications") 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 fair value of the Plan's investments at December 31, 2011 and 2010 follow.

|                                 | <u>2011</u>         |  | <u>2010</u>         |
|---------------------------------|---------------------|--|---------------------|
| Investments at fair value:      |                     |  |                     |
| Short-term investments          | \$ 727,253          |  | \$ 157,280          |
| GE Strategic Investment Fund    | 9,050,036 *         |  | 9,287,558 *         |
| Total investments at fair value | <u>\$ 9,777,289</u> |  | <u>\$ 9,444,838</u> |

\*Investment representing more than 5% of the Plan's net assets.

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes To Financial Statements

December 31, 2011 and 2010

The Plan's investments depreciated \$429,775 during 2011 and appreciated \$670,456 during 2010. Dividends and interest for the years ended December 31, 2011 and 2010 were \$192,504 and \$156,206, respectively.

(5) Fair Value Measurements

The Plan's investments measured at fair value on a recurring basis at December 31, 2011 follow.

|                                 | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|---------------------------------|---------------------|----------------|----------------|---------------------|
| Short-term investments          | \$ 727,253          | \$ —           | \$ —           | \$ 727,253          |
| GE Strategic Investment Fund    | <u>9,050,036</u>    | <u>—</u>       | <u>—</u>       | <u>9,050,036</u>    |
| Total investments at fair value | <u>\$ 9,777,289</u> | <u>\$ —</u>    | <u>\$ —</u>    | <u>\$ 9,777,289</u> |

The Plan's investments measured at fair value on a recurring basis at December 31, 2010 follow.

|                                 | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|---------------------------------|---------------------|----------------|----------------|---------------------|
| Short-term investments          | \$ 157,280          | \$ —           | \$ —           | \$ 157,280          |
| GE Strategic Investment Fund    | <u>9,287,558</u>    | <u>—</u>       | <u>—</u>       | <u>9,287,558</u>    |
| Total investments at fair value | <u>\$ 9,444,838</u> | <u>\$ —</u>    | <u>\$ —</u>    | <u>\$ 9,444,838</u> |

Transfers in and out of levels are considered to occur at the beginning of the period. There were no transfers during 2011 or 2010.

(6) Funding Policy

It is the Company's policy to contribute amounts sufficient to meet minimum funding requirements as set forth in employee benefit and tax laws plus such additional amounts as the Company may determine appropriate. The company contributed \$923,000 in 2011 of which \$526,000 was related to the 2010 Plan year and \$397,000 to the 2011 Plan year. In addition, the Company contributed \$555,000 in 2012 for Plan year 2011.

(7) Related Party Transactions (Parties in Interest)

Certain investments of the Plan include shares of a registered investment company advised by GE Asset Management Incorporated ("GEAM"). Fees are paid in accordance with the prospectuses. State Street Bank and Trust Company is the custodian, trustee, and record keeper to the Plan and also an affiliate of the State Street Bank and Trust Company Short Term Investment Fund.

(8) Risks and Uncertainties

The Plan's investment in the GE Strategic Investment Fund is 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

PENSION PLAN FOR HOURLY EMPLOYEES OF  
GENERAL ELECTRIC RAILCAR SERVICES CORPORATION

Notes To Financial Statements

December 31, 2011 and 2010

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) 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 Plan is tax exempt under IRC 501(a). The Plan has been amended 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, and that the Plan continues to be tax exempt under IRC 501(a).

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 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 concluded that there was no material impact on the Trust's net assets and financial statements. The Trust's tax returns are no longer subject to examination by federal and applicable state tax authorities prior to 2008.

(10) Plan Termination

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

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

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

Whether all participants will receive their benefits should the Plan so terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and level of benefits guaranteed by the PBGC. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2012, that ceiling, which is adjusted periodically, is \$4,653 per month.

(11) Subsequent Events

Subsequent events after the balance sheet date through October 5, 2012, the date the financial statements were issued, have been evaluated in the preparation of the financial statements.

Supplemental Schedule I

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, 2011

| 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     | 727,253             | \$ 727,253          |
| * GE Strategic Investment Fund                            | Registered investment company | 848,176             | 9,050,036           |
| Total Assets (Held at End of Year)                        |                               |                     | <u>\$ 9,777,289</u> |

\* Party in interest as defined by ERISA.

See accompanying Independent Auditors' Report.

## Supplemental Schedule II

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, 2011

| <u>Issuer and description</u> | <u>Number of<br/>transactions</u> | <u>Purchase cost</u> | <u>Selling price</u> | <u>Cost of asset</u> | <u>Current value of<br/>asset on<br/>transaction date</u> | <u>Net<br/>gain</u> |
|-------------------------------|-----------------------------------|----------------------|----------------------|----------------------|-----------------------------------------------------------|---------------------|
| SERIES:                       |                                   |                      |                      |                      |                                                           |                     |
| * State Street Bank & Trust   |                                   |                      |                      |                      |                                                           |                     |
| Short-Term Investment Fund    | 23                                | 1,049,512            | 479,540              | 479,540              | 1,529,052                                                 | —                   |

\* Party in interest as defined by ERISA.

See accompanying Independent Auditors' Report.

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2011

| Attained<br>Age | Number of Participants    |     |     |       |       |       |       |       |       |     |
|-----------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|                 | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             | 1                         | 5   | 1   |       |       |       |       |       |       |     |
| 25-29           | 2                         | 7   | 4   |       |       |       |       |       |       |     |
| 30-34           |                           | 20  | 5   | 2     |       |       |       |       |       |     |
| 35-39           | 2                         | 11  | 5   | 3     | 1     | 1     |       |       |       |     |
| 40-44           | 1                         | 5   | 2   | 1     | 1     | 6     |       |       |       |     |
| 45-49           | 2                         | 10  | 1   | 3     | 1     | 4     |       |       |       |     |
| 50-54           |                           | 5   | 4   | 1     | 2     | 5     | 11    | 1     |       |     |
| 55-59           |                           | 2   |     |       | 2     | 4     | 14    |       |       |     |
| 60-64           |                           |     |     |       |       | 2     | 8     |       |       |     |
| 65-69           |                           |     |     |       |       |       |       |       |       |     |
| 70+             |                           |     |     |       |       |       |       |       |       |     |

N-168

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

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

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest rates                 | Based on segment rates with a four-month<br>lookback (as of September 2010)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1st segment rate               | 3.78%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2nd segment rate               | 6.31%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3rd segment rate               | 6.57%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Retirement age                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Active participants            | See Tables 1-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Terminated vested participants | Age 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Mortality rates                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Healthy and disabled           | 2011 static mortality table for annuitants and non-<br>annuitants per §1.430(h)(3)-1(e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Withdrawal rates               | See Table 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Disability rates               | See Table 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Decrement timing               | Middle of year decrements, with 100% retirement<br>occurring at beginning of year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Surviving spouse benefit       | It is assumed that 100% of males and 100% of<br>females have an eligible spouse, and that males<br>are three years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Benefit limits                 | Projected benefits are limited by the current IRC<br>section 415 maximum benefit of \$195,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Valuation of plan assets       | Smoothed fair market value of assets over the<br>current and prior two years, adjusted for<br>contributions, benefit payments, administrative<br>expenses, and expected earnings. The average<br>value of assets calculated in this manner is further<br>limited to not less than 90% nor more than 110% of<br>fair market value.<br><br>A characteristic of this method is that the expected<br>distribution of the value of plan assets is skewed<br>toward understatement relative to the<br>corresponding market values for expected long-<br>term rates of return in excess of the third segment<br>rate under IRC section 430(h)(2)(C)(iii). |

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

Expected return on assets

|                |       |
|----------------|-------|
| 2009 plan year | 6.56% |
| 2010 plan year | 6.76% |

Trust expenses included in target normal cost \$0

Actuarial method Standard unit credit cost method

Valuation date January 1, 2011

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

Table 1

**Retirement Rates—Participants with Social Security Retirement Age of 65**

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 60         | 5.00%       |
| 61         | 20.00%      |
| 62         | 30.00%      |
| 63         | 10.00%      |
| 64         | 10.00%      |
| 65         | 100.00%     |
| 66         | 100.00%     |
| 67+        | 100.00%     |

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

Table 2

**Retirement Rates—Participants with Social Security Retirement Age of 66**

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 60         | 5.00%       |
| 61         | 20.00%      |
| 62         | 30.00%      |
| 63         | 10.00%      |
| 64         | 10.00%      |
| 65         | 75.00%      |
| 66         | 100.00%     |
| 67+        | 100.00%     |

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

Table 3

**Retirement Rates—Participants with Social Security Retirement Age of 67**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 60                | 5.00%              |
| 61                | 20.00%             |
| 62                | 30.00%             |
| 63                | 10.00%             |
| 64                | 10.00%             |
| 65                | 75.00%             |
| 66                | 50.00%             |
| 67+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

Table 4

**Withdrawal Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 24.7267%    | 35         | 4.5887%     |
| 16         | 22.7267%    | 36         | 4.1652%     |
| 17         | 22.7267%    | 37         | 3.7363%     |
| 18         | 18.7267%    | 38         | 3.2942%     |
| 19         | 16.7283%    | 39         | 2.8517%     |
| 20         | 14.7306%    | 40         | 2.4077%     |
| 21         | 13.7335%    | 41         | 2.1618%     |
| 22         | 12.7369%    | 42         | 1.9142%     |
| 23         | 11.7319%    | 43         | 1.6445%     |
| 24         | 10.7263%    | 44         | 1.3713%     |
| 25         | 9.7221%     | 45         | 1.0964%     |
| 26         | 9.1173%     | 46         | 0.8172%     |
| 27         | 8.5101%     | 47         | 0.5375%     |
| 28         | 7.9001%     | 48         | 0.2050%     |
| 29         | 7.2913%     | 49         | 0.0000%     |
| 30         | 6.6807%     | 50+        | 0.0000%     |
| 31         | 6.2722%     |            |             |
| 32         | 5.8567%     |            |             |
| 33         | 5.4339%     |            |             |
| 34         | 5.0119%     |            |             |

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

Table 5

**Disability Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 20         | 0.128%      | 45         | 0.648%      |
| 21         | 0.128%      | 46         | 0.701%      |
| 22         | 0.128%      | 47         | 0.753%      |
| 23         | 0.137%      | 48         | 0.854%      |
| 24         | 0.147%      | 49         | 0.955%      |
| 25         | 0.156%      | 50         | 1.057%      |
| 26         | 0.166%      | 51         | 1.158%      |
| 27         | 0.175%      | 52         | 1.259%      |
| 28         | 0.187%      | 53         | 1.443%      |
| 29         | 0.198%      | 54         | 1.626%      |
| 30         | 0.211%      | 55         | 1.810%      |
| 31         | 0.222%      | 56         | 1.993%      |
| 32         | 0.235%      | 57         | 2.177%      |
| 33         | 0.255%      | 58         | 2.301%      |
| 34         | 0.274%      | 59         | 2.424%      |
| 35         | 0.294%      | 60         | 2.548%      |
| 36         | 0.314%      | 61         | 2.671%      |
| 37         | 0.334%      | 62         | 2.795%      |
| 38         | 0.366%      | 63         | 2.795%      |
| 39         | 0.397%      | 64         | 2.795%      |
| 40         | 0.428%      | 65+        | 0.000%      |
| 41         | 0.459%      |            |             |
| 42         | 0.491%      |            |             |
| 43         | 0.543%      |            |             |
| 44         | 0.596%      |            |             |

Supplemental Schedule II

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, 2011

| <u>Issuer and description</u>                             | <u>Number of<br/>transactions</u> | <u>Purchase cost</u> | <u>Selling price</u> | <u>Cost of asset</u> | <u>Current value of<br/>asset on<br/>transaction date</u> | <u>Net<br/>gain</u> |
|-----------------------------------------------------------|-----------------------------------|----------------------|----------------------|----------------------|-----------------------------------------------------------|---------------------|
| SERIES:                                                   |                                   |                      |                      |                      |                                                           |                     |
| * State Street Bank & Trust<br>Short-Term Investment Fund | 23                                | 1,049,512            | 479,540              | 479,540              | 1,529,052                                                 | —                   |

\* Party in interest as defined by ERISA.

See accompanying Independent Auditors' Report.

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

**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▶ **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><br>Pension Plan for Hourly Employees of GE Rail Services Repair Corp.                                                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) ▶<br><br>003              |
| <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 Corporation                                                                                                                                                              | <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 |                                                                 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>                                                                                                                                 |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                    |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 9,953,260          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 9,462,358          |
| <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> 137              | 3,003,962          |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> 353              | 3,308,250          |
| <b>c</b> For active participants:                                                                                                                                                                               |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                                    | <b>3c(1)</b>               | 738,693            |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b>               | 3,436,136          |
| (3) Total active.....                                                                                                                                                                                           | <b>3c(3)</b> 168           | 4,174,829          |
| <b>d</b> Total.....                                                                                                                                                                                             | <b>3d</b> 658              | 10,487,041         |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.37 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 234,915            |

**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>                                   | <u>Jon Hamberg JH</u><br>Signature of actuary | <u>10/04/2012</u><br>Date                                       |
| <u>Jon E. Hamberg</u><br>Type or print name of actuary |                                               | <u>11-06624</u><br>Most recent enrollment number                |
| <u>Hewitt Associates LLC</u><br>Firm name              |                                               | <u>(847) 295-5000</u><br>Telephone number (including area code) |
| <u>100 Half Day Road</u><br>Address of the firm        | <u>Lincolnshire IL 60069-3258</u>             |                                                                 |

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) 2011  
v.012611

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                                                  | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                          | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                      | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                             | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>9.61</u> % .....                                             |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                   |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                   |                       | 301,849                |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.65</u> % except as otherwise provided (see instructions)..... |                       | 20,073                 |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                     |                       | 321,922                |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                   |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                 | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....                                      | 0                     | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                           |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 90.22 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 90.22 % |
| <b>16</b> 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> | 90.49 % |
| <b>17</b> 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 | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 05/13/2011               | 136,000                           |                                 | 09/14/2012               | 150,000                           |                                 |
| 07/15/2011               | 136,000                           |                                 |                          |                                   |                                 |
| 10/14/2011               | 125,000                           |                                 |                          |                                   |                                 |
| 01/12/2012               | 125,000                           |                                 |                          |                                   |                                 |
| 04/13/2012               | 140,000                           |                                 |                          |                                   |                                 |
| 07/13/2012               | 140,000                           |                                 |                          |                                   |                                 |
| <b>Totals •</b>          |                                   |                                 | <b>18(b)</b>             | 952,000                           | <b>18(c)</b> 0                  |

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

|                                                                                                                        |            |         |
|------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                   | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 892,321 |

**20** Quarterly contributions and liquidity shortfalls:

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |   |
|------------------------------------------------------------|---------|---------|---------|---|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |   |
| 0                                                          | 0       | 0       | 0       | 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>3.78 % | 2nd segment:<br>6.31 % | 3rd segment:<br>6.57 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 64                                        |
| <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 contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

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

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           |                   | <b>31a</b>          | 234,915       |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                |                   | <b>31b</b>          | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 1,024,683           | 266,469       |
| <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 (lines 31a - 31b + 32a + 32b - 33) .....                                                         |                   | <b>34</b>           | 501,384       |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                 | 0                   | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                   | <b>36</b>           | 501,384       |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                   | <b>37</b>           | 892,321       |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>          | 390,937       |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |  |                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |  |                                                                                                                         |  |
| <b>a</b> Schedule elected .....                                                                                 |  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                |  | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               |  | <b>42</b>                                                                                                               |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  |  | <b>43</b>                                                                                                               |  |

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2011

| <b>Date</b>               | <b>Amount</b> | <b>Interest<br/>Rate</b> | <b>Interest Adjusted<br/>Contribution</b> |
|---------------------------|---------------|--------------------------|-------------------------------------------|
| May 13, 2011 <sup>1</sup> | \$ 136,000    | 6.37%                    | \$ 132,618                                |
| July 15, 2011             | 136,000       | 6.37%                    | 131,586                                   |
| October 14, 2011          | 125,000       | 6.37%                    | 119,096                                   |
| January 12, 2012          | 125,000       | 6.37%                    | 117,296                                   |
| April 13, 2012            | 140,000       | 6.37%                    | 129,342                                   |
| July 13, 2012             | 140,000       | 6.37%                    | 127,366                                   |
| September 14, 2012        | 150,000       | 6.37%                    | 135,017                                   |
| Total Contribution        | \$ 952,000    |                          | \$ 892,321                                |

---

<sup>1</sup> Due to the late quarterly payment made on May 13, 2011, the interest adjusted contribution as of January 1, 2011 includes an additional 5% late interest penalty applied to the interest rate when discounting the required quarterly payment from May 13, 2011 to April 15, 2011.

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation

EIN: 61-093099 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

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

| (a)              | (b)     | (c)    | (d)                        |
|------------------|---------|--------|----------------------------|
| Age              | Rate    | Weight | Product<br>(a) × (b) × (c) |
| 60.5             | 5.00%   | 1.0000 | 3.03                       |
| 61.5             | 20.00%  | 0.9500 | 11.69                      |
| 62.5             | 30.00%  | 0.7600 | 14.25                      |
| 63.5             | 10.00%  | 0.5320 | 3.38                       |
| 64.5             | 10.00%  | 0.4788 | 3.09                       |
| 65.5             | 75.00%  | 0.4309 | 21.17                      |
| 66.5             | 50.00%  | 0.1077 | 3.58                       |
| 67               | 100.00% | 0.0539 | 3.61                       |
| Weighted Average |         |        | 63.80                      |



GE Capital

Rail Services

161 N. Clark Street  
7th  
Chicago, IL 60601  
USA

T +1 312 853 5000

## OTHER ATTACHMENT

**FORM 5500**

**SCHEDULE C PART III**

**TERMINATION INFORMATION ON ACCOUNTANTS AND ENROLLED ACTUARIES**

**COMPANY:** GENERAL ELECTRIC RAILCAR REPAIR SERVICES CORP.  
**PLAN NAME:** PENSION PLAN FOR HOURLY EMPLOYEES OF GENERAL ELECTRIC RAILCAR SERVICES CORPORATION  
**EIN/PN:** 06-1093099 / 003  
**PYE:** 12/31/2011

### Explanation:

The actuarial services provided by the firm, Towers Watson Delaware Inc. were terminated effective January 1, 2011. As a result of this change in service providers, the enrolled actuary, Jason R. Benbow, was replaced. The change in actuarial firms was a decision of management in an effort to consolidate services and reduce administrative expenses. There have been no outstanding material disputes or disagreements concerning the termination.

Signed:

Ellen MacGillis

Plan Administrator

Pension Plan for Hourly Employees of GE Railcar Services Corporation

Dated:

10.3.2012

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

The most recent amendment reflected in the following plan provisions was effective December 14, 2010.

| Eligible Employees      | All hourly-paid employees at a participating location.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|-------------------------|---------|-------------------------|---------|-------------------------|---------|-------------------------|---------|-------------------------|---------|-------------------------|---------|-------------------------|---------|-------------------------|---------|----------------------|---------|
| Participation date      | Later of date on which the participating location becomes covered under the plan and the first day of the month coincident or following the date of becoming an eligible employee.                                                                                                                                                                                                                                                                                                                                                                                                                            |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| Definitions             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| Vesting Service         | One year for each calendar year of employment in which at least 1,000 hours are worked.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| Benefit service         | One year for each plan year during which the participant works at least 1,600 hours. If the participant earns less than 1,600 hours, a partial year of service will be credited to the closest 1/10 of a year.<br><br>In addition, the participant does not receive any credited service if he completes less than 501 Hours in any plan year, unless disability, retirement, death occurs, or participation commences or resumes in that year.<br><br>Benefit service is not credited prior to the date a participant's participating location becomes covered under the plan.                               |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| Normal Retirement Date  | First of the month coinciding with or following the attainment of age 65 and 5 years of participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| Monthly Pension Benefit | Benefit service multiplied by the benefit rate in effect on the participant's last day of employment at his participating location.<br><br>Benefit service is capped for certain locations as indicated below.                                                                                                                                                                                                                                                                                                                                                                                                |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| Participating Locations | <b>Texarkana, Arkansas (maximum benefit service is 35 years)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
|                         | <table> <tr> <th>Date</th><th>Benefit Rate</th></tr> <tr> <td>01/01/1984 – 01/31/1984</td><td>\$10.50</td></tr> <tr> <td>02/01/1984 – 11/01/1987</td><td>\$11.00</td></tr> <tr> <td>11/02/1987 – 12/31/1990</td><td>\$12.00</td></tr> <tr> <td>01/01/1991 – 12/31/1993</td><td>\$13.00</td></tr> <tr> <td>01/01/1994 – 12/31/1996</td><td>\$15.00</td></tr> <tr> <td>01/01/1997 – 12/31/1999</td><td>\$16.00</td></tr> <tr> <td>01/01/2000 – 12/31/2007</td><td>\$17.00</td></tr> <tr> <td>01/01/2008 – 08/24/2008</td><td>\$24.00</td></tr> <tr> <td>08/25/2008 and later</td><td>\$30.00</td></tr> </table> | Date | Benefit Rate | 01/01/1984 – 01/31/1984 | \$10.50 | 02/01/1984 – 11/01/1987 | \$11.00 | 11/02/1987 – 12/31/1990 | \$12.00 | 01/01/1991 – 12/31/1993 | \$13.00 | 01/01/1994 – 12/31/1996 | \$15.00 | 01/01/1997 – 12/31/1999 | \$16.00 | 01/01/2000 – 12/31/2007 | \$17.00 | 01/01/2008 – 08/24/2008 | \$24.00 | 08/25/2008 and later | \$30.00 |
| Date                    | Benefit Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| 01/01/1984 – 01/31/1984 | \$10.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| 02/01/1984 – 11/01/1987 | \$11.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| 11/02/1987 – 12/31/1990 | \$12.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| 01/01/1991 – 12/31/1993 | \$13.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| 01/01/1994 – 12/31/1996 | \$15.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| 01/01/1997 – 12/31/1999 | \$16.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| 01/01/2000 – 12/31/2007 | \$17.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| 01/01/2008 – 08/24/2008 | \$24.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |
| 08/25/2008 and later    | \$30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |              |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                         |         |                      |         |

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

**Waterloo, Iowa (maximum benefit service is 35 years)**

| <b>Date</b>             | <b>Benefit Rate</b> |
|-------------------------|---------------------|
| 01/01/1984 – 06/04/1987 | \$10.50             |
| 06/05/1987 – 12/31/1989 | \$11.00             |
| 01/01/1990 – 12/31/1996 | \$14.00             |
| 01/01/1997 – 12/31/1999 | \$15.00             |
| 01/01/2000 – 12/31/2004 | \$17.00             |
| 01/01/2005 – 12/31/2007 | \$20.00             |
| 01/01/2008 – 12/31/2009 | \$24.00             |
| 01/01/2010 – 12/31/2010 | \$25.00             |
| 01/01/2011 – 12/31/2011 | \$26.00             |
| 01/01/2012 – 12/31/2012 | \$27.00             |
| 01/01/2013 – 12/31/2013 | \$28.00             |
| 01/01/2014 – 12/31/2014 | \$29.00             |

**Sayre, Pennsylvania (maximum benefit service is 40 years)**

| <b>Date</b>             | <b>Benefit Rate</b> |
|-------------------------|---------------------|
| 01/01/1984 – 01/01/1987 | \$10.00             |
| 01/02/1987 – 10/18/1987 | \$10.50             |
| 10/19/1987 – 12/31/1990 | \$11.00             |
| 01/01/1991 – 12/31/1993 | \$13.00             |
| 01/01/1994 – 12/31/1996 | \$15.00             |
| 01/01/1997 – 12/31/1999 | \$16.00             |
| 01/01/2000 – 10/18/2002 | \$17.00             |
| 10/19/2002 – 10/18/2003 | \$20.00             |
| 10/19/2003 – 12/31/2006 | \$24.00             |
| 01/01/2007 – 12/01/2007 | \$28.00             |
| 01/01/2008 – 12/31/2009 | \$30.00             |
| 01/01/2010 – 10/18/2011 | \$33.00             |

**Laporte, Texas (maximum benefit service is 35 years)**

| <b>Date</b>          | <b>Benefit Rate</b> |
|----------------------|---------------------|
| 11/06/2006 and later | \$30.00             |

**Omaha, Nebraska (maximum benefit service is 35 years)**

| <b>Date</b>          | <b>Benefit Rate</b> |
|----------------------|---------------------|
| 06/02/2008 and later | \$30.00             |

Monthly Preretirement  
Spouse Benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment prior to participant's age 65.

Actuarial Equivalence

Mortality table set forth in IRS Revenue Ruling 2001-62 and an interest rate of 7%.

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

Eligibility for Benefits

|                              |                                                                                                                                               |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement            | Retirement on normal retirement date.                                                                                                         |
| Early Retirement             | Retirement before normal retirement date and on or after both attaining age 60 and completing 5 years of vesting service.                     |
| Late Retirement              | Retirement after normal retirement date.                                                                                                      |
| Disability Retirement        | Determined to be totally and permanently disabled on or after attaining age 45 and completing 10 years of vesting service.                    |
| Deferred vested              | Termination after completing five years of vesting service.                                                                                   |
| Preretirement Spouse Benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse and five years of service. |

Monthly Benefits Paid Upon the  
Following Events

|                                          |                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement                        | Monthly pension benefit determined as of normal retirement date.                                                                                                                                                                                                                                                                    |
| Early Retirement                         | Monthly pension benefit determined as of early retirement date, reduced by 1/180 for each month prior to normal retirement date.<br><br>Participants who attain age 60 and complete at least 30 years of vesting service are eligible to receive unreduced pension benefits.                                                        |
| Postponed Retirement                     | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                    |
| Disability Retirement                    | Monthly pension benefit determined as of date of disability, unreduced for early commencement.                                                                                                                                                                                                                                      |
| Termination with Deferred Vested Benefit | Monthly pension benefit determined as of termination date. Benefits can commence as early as age 55 and are reduced by 1/180 for each month benefit commencement precedes normal retirement date.                                                                                                                                   |
| Death with Preretirement Spouse Benefits | 50% of the participant's accrued benefit as adjusted for the cost of the 50% joint and survivor option. The benefit can commence as early as the later of the date of death or the date the participant would have reached early retirement eligibility; reduced for commencement prior to the participant's normal retirement age. |

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

Other Plan Provisions

|                           |                                                                                                                                  |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Normal Form of Benefit    | Single Life Annuity for unmarried participants.<br>50% joint and survivor annuity for married participants.                      |
| Optional Forms of Benefit | Single life annuity, 50% contingent annuitant, 75% contingent annuitant, or 100% contingent annuitant.                           |
| Maximum on Benefits       | All benefits for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. |

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

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

The Enrolled Actuary changed from Jason R. Benbow (Towers Watson) to Jon E. Hamberg (Aon Hewitt).

Supplemental Schedule I

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, 2011

| 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     | 727,253             | \$ 727,253          |
| * GE Strategic Investment Fund                            | Registered investment company | 848,176             | 9,050,036           |
| Total Assets (Held at End of Year)                        |                               |                     | <u>\$ 9,777,289</u> |

\* Party in interest as defined by ERISA.

See accompanying Independent Auditors' Report.

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

Schedule SB, line 32—Schedule of Amortization Bases

| <b>Type Of Base</b> | <b>Present Value of<br/>Installments</b> | <b>Valuation Date<br/>Established</b> | <b>Remaining Years<br/>in Amortization<br/>Period</b> | <b>Amortization<br/>Amount</b> |
|---------------------|------------------------------------------|---------------------------------------|-------------------------------------------------------|--------------------------------|
| Shortfall           | \$959,759                                | January 1, 2008                       | 4                                                     | \$253,454                      |
| Shortfall           | \$238,237                                | January 1, 2009                       | 5                                                     | \$51,247                       |
| Shortfall           | (\$459,139)                              | January 1, 2010                       | 6                                                     | (\$85,259)                     |
| Shortfall           | \$285,826                                | January 1, 2011                       | 7                                                     | \$47,027                       |

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Pension Plan for Hourly Employees of General Electric Railcar Services  
Corporation  
EIN: 61-093099 PN: 003

Schedule SB, line 25—Change in Method

The funding valuation reflects the following method changes:

- A change in the interest rate assumption from segment rates with no lookback (as of January 2010) to segment rates with a four-month lookback (as of September 2010).
- A change in the Enrolled Actuary and the business organization providing actuarial services to the plan.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.