

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>UTC RAILCAR REPAIR SERVICES DEFINED BENEFIT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/1984</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UTC RAILCAR REPAIR SERVICES LLC</u> <u>175 WEST JACKSON BLVD.</u> <u>CHICAGO, IL 60604</u>	2b Employer Identification Number (EIN) <u>06-1093099</u> 2c Plan Sponsor's telephone number <u>312-431-5064</u> 2d Business code (see instructions) <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.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2016</u>	<u>GEORGE KASPAR</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☐ Same as Plan Sponsor MARMON RETIREMENT ADMINISTRATIVE COMMITTEE RAILCAR REPAIR SERVICES PENSION CENTER P.O. BOX 20 LINCOLNSHIRE, IL 60069	3b Administrator's EIN 36-3257463
	3c Administrator's telephone number 877-205-7149
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name GENERAL ELECTRIC RAILCAR REPAIR SERVICES CORP.	4b EIN 06-1093099
	4c PN 003
5 Total number of participants at the beginning of the plan year	5 718
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 205
a(2) Total number of active participants at the end of the plan year	6a(2) 185
b Retired or separated participants receiving benefits.....	6b 164
c Other retired or separated participants entitled to future benefits.....	6c 329
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 678
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 20
f Total. Add lines 6d and 6e	6f 698
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

A Name of plan UTC RAILCAR REPAIR SERVICES DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UTC RAILCAR REPAIR SERVICES LLC	D Employer Identification Number (EIN) 06-1093099

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	14379142	
b Actuarial value	2b	14313409	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	176	5691956	5691956
b For terminated vested participants	337	3606799	3606799
c For active participants	205	3652564	4239151
d Total	718	12951319	13537906
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.36%	
6 Target normal cost	6	223907	

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

SIGN HERE			
Signature of actuary	10/04/2016		
AARON L. SENS	Date		
Type or print name of actuary	14-06808		
HEWITT ASSOCIATES LLC	Most recent enrollment number		
Firm name	847-295-5000		
4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-4302	Telephone number (including area code)		
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 ☐

Part II	Beginning of Year Carryover and Prefunding Balances
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		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>4.18%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.56%</u>		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance.....		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III	Funding Percentages
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14	Funding target attainment percentage.....	14	105.72 %
15	Adjusted funding target attainment percentage	15	105.72 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	106.87 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
12/29/2015	7000000	0					
			Totals ►	18(b)	7000000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	6584758

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	223907	
b Excess assets, if applicable, but not greater than line 31a	31b	223907	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6584758	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6584758	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan UTC RAILCAR REPAIR SERVICES DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UTC RAILCAR REPAIR SERVICES LLC	D Employer Identification Number (EIN) 06-1093099	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: KPMG LLP	b EIN: 13-5565207
c Position: ACCOUNTANT	
d Address: 515 BROADWAY ALBANY, NY 12207-2974	e Telephone: 518-427-4600

Explanation: COMPETITIVE BIDDING PROCESS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>UTC RAILCAR REPAIR SERVICES DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UTC RAILCAR REPAIR SERVICES LLC</u>	D Employer Identification Number (EIN) <u>06-1093099</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: GENERAL ELECTRIC PENSION TRUST

b Name of sponsor of entity listed in (a): GENERAL ELECTRIC COMPANY

c EIN-PN <u>14-0689340-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MARMON RETIREMENT MASTER TRUST

b Name of sponsor of entity listed in (a): MARMON RETIREMENT MASTER TRUST

c EIN-PN <u>36-2720574-008</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20000000</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan UTC RAILCAR REPAIR SERVICES DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 UTC RAILCAR REPAIR SERVICES LLC	D Employer Identification Number (EIN) 06-1093099	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	880601
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	14379142	20000000
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14379142	20880601

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14379142	20880601
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	7000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		171358
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7171358

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	568587	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		568587
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		568587

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6602771
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		101312

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: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			90000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
GENERAL ELECTRIC PENSION TRUST	14-0689340	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>UTC RAILCAR REPAIR SERVICES DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UTC RAILCAR REPAIR SERVICES LLC</u>	D Employer Identification Number (EIN) <u>06-1093099</u>

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

UTC Railcar Repair Services Defined Benefit Plan

**Financial Report
December 31, 2015**

UTC Railcar Repair Services Defined Benefit Plan

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Independent Auditor's Report

To the Plan Administrator
UTC Railcar Repair Services Defined Benefit Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of UTC Railcar Repair Services Defined Benefit Plan (formerly known as the Pension Plan for Hourly Employees of General Electric Railcar Services Corporation) (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2015 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion on the 2015 Financial Statements* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements.

Basis for Disclaimer of Opinion on the 2015 Financial Statements

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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A. (Wells Fargo) and State Street Bank and Trust Company (State Street) (collectively, the "Trustees"), except for comparing such information with the related information included in the 2015 financial statements. We have been informed by the plan administrator that the Trustees hold the Plan's investment assets and execute related transactions. The plan administrator has obtained certifications from the Trustees as of and for the year ended December 31, 2015 that the information provided to the plan administrator by the Trustees is complete and accurate.

To the Plan Administrator
UTC Railcar Repair Services Defined Benefit Plan

Disclaimer of Opinion on the 2015 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2015 Financial Statements* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements. Accordingly, we do not express an opinion on the 2015 financial statements.

Report on Prior Year Financial Statements

The 2014 financial statements of UTC Railcar Repair Services Defined Benefit Plan as of and for the year ended December 31, 2014, were audited by other auditors, whose report dated September 23, 2015, expressed an unqualified opinion on those statements.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2015 Financial Statements

The form and content of the information included in the 2015 financial statements, other than that derived from the information certified by the Trustees, 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 ERISA.

Plante & Moreau, PLLC

Elgin, Illinois
September 29, 2016

UTC Railcar Repair Services Defined Benefit Plan

Statement of Net Assets Available for Benefits

	December 31, 2015	December 31, 2014
Assets		
Investments at fair value:		
Plan's interest in Marmon Retirement Master Trust (Note 5) \$	20,000,000	\$ -
Plan's interest in General Electric Pension Trust (Note 6)	-	14,379,142
Cash	880,601	-
Net Assets Available for Benefits	\$ 20,880,601	\$ 14,379,142

UTC Railcar Repair Services Defined Benefit Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2015	December 31, 2014
Additions to Net Assets		
Employer contributions	\$ 7,000,000	\$ 140,000
Investment income:		
Plan's interest in General Electric Pension Trust net investment income (Note 6)	171,358	146,083
Net realized gains on a registered investment company - Investment income prior to transfer to General Electric Pension Trust	-	410,020
Total investment income	171,358	556,103
Total additions	7,171,358	696,103
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	568,587	500,054
Administrative expenses	101,312	1,209
Total deductions	669,899	501,263
Net Increase	6,501,459	194,840
Net Assets Available for Benefits		
Beginning of year	14,379,142	14,184,302
End of year	<u>\$ 20,880,601</u>	<u>\$ 14,379,142</u>

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description

The following description of UTC Railcar Repair Services Defined Benefit Plan (formerly known as the Pension Plan for Hourly Employees of General Electric Railcar Services Corporation) (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit plan covering all hourly employees of participating locations employed by the UTC Railcar Repair Services LLC, formally known as the General Electric Railcar Services Corporation (the "Company"). The Company was acquired by the Union Tank Car Company from the General Electric Corporation on December 31, 2015. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Vesting - Eligible participants are entitled to receive retirement benefits regardless of future service with the Company after the participant has completed five years of service or upon reaching the participants normal retirement date (age 65).

Pension Benefits - Plan benefits are provided as follows:

Normal retirement - Upon the attainment of age 65, a participant will receive a monthly pension based on the participating location's fixed rate multiplied by the participant's years of credited service.

Early retirement - For retirement upon the attainment of age 60 and five years of credited service, the amount that would have been paid at normal retirement is reduced actuarially for the period of time by which the early retirement date preceded the participant's attainment of age 65, unless the participant completes 30 years of service, in which case there would be no reduction in benefits.

Disability - Upon the attainment of age 45 and 10 years of credited service and who subsequently becomes totally and permanently disabled, a participant will receive a monthly pension based on the participating location's fixed rate multiplied by the participant's years of credited service.

Funding - All contributions are made by the Company in actuarially determined amounts to provide the Plan with assets sufficient to meet the projected benefits to be paid to plan participants. No participant contributions are permitted. The Company's policy is to make contributions necessary to satisfy minimum ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description (Continued)

Party-in-interest Transactions - Certain plan assets of the Marmon Retirement Master Trust are in investment funds managed by Wells Fargo Bank, N.A. (Wells Fargo) and State Street Bank and Trust Company (State Street) or its affiliates. Prior to September 30, 2014, certain investments of the Plan included shares of a registered investment company advised by GE Asset Management Incorporated. The General Electric Pension Trust also invests in General Electric Company common stock. These transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Administration - Certain employees of the Company provide administrative and trustee services to the Plan. These employees do not receive any compensation from the Plan for their services.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The fair value of the Plan's interest in the Marmon Retirement Master Trust and the General Electric Pension Trust is based on the beginning of the year value of the Plan's interest in the trust plus actual company contributions and allocated investment income less actual benefit payments and allocated administrative expenses.

The common collective trust funds and private equity and real estate partnerships are valued at net asset value per share or its equivalent of the fund, which is based on the fair value of the fund's underlying assets.

Private equity security valuations are reviewed at the end of each reporting period utilizing available market data to determine whether or not any fair value adjustments are necessary. The market data includes recent transactions in the same or similar instruments, completed or pending third-party transactions in the underlying investment or comparable issuers. Unobservable inputs include company-specific fundamentals and other third-party transactions in that security.

Real estate investments are valued using discounted cash flow techniques on estimated future cash flows generated by the property, market analysis, and sales comparison information. Cash flow estimates are based on current market estimates that reflect current and projected lease profiles and available industry information about expected trends in rental, occupancy, and capitalization rates.

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

The fixed-income securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. In infrequent circumstances, pricing vendors may provide valuations that are based on significant unobservable inputs, and in those circumstances the investment securities are classified as Level 3 investments.

The money market fund is valued at fair value based on its outstanding balance.

Publicly traded equity securities, mutual funds, and registered investment companies are generally valued based on quoted market prices.

When quoted market prices are unobservable, pricing information is obtained from independent pricing vendors. The pricing vendors use various pricing models for each asset class that are consistent with what other market participants would use. The inputs and assumptions to the model of the pricing vendors are derived from market observable sources including: benchmark yields, reported trades, broker/dealer quotes, issuer spreads, benchmark securities, bids, offers, and other market-related data.

See Note 5 and 6 for additional information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Company.

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 by the valuation date. These include benefits expected to be paid to the following:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by a professional actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2014 and 2013 are summarized as follows:

Retirement age	- 2014 and 2013 - Rates graded by age, ranging from 60 to 67
Actuarial cost method	- 2014 and 2013 - Standard unit credit cost method
Assumed rate of return	- 2014 - 7.50 percent - 2013 - 7.00 percent
Mortality basis	- 2014 - RP-2006 Generational Mortality Table with Scale MP-2015 Improvement - 2013 - RP-2000 mortality table for annuitants and non-annuitants per section 1.430(h)(3)-I

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

Change in Accounting Principle - Beginning in 2015, the accumulated plan benefit information and the changes in accumulated plan benefit information have been disclosed on a beginning of the year-basis in the notes to the financial statements. Previously such information was presented as of the end of the year and as separate statements in the financial report. Accounting principles generally accepted in the United States of America and the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 allow disclosure of actuarial information as of the beginning or end of the year. The change did not have an impact on the net assets available for benefits or the changes in net assets available for benefits.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties - Contributions to the Plan and the actuarial present value accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

New Accounting Pronouncement - During 2015, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) Nos. 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*, and 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) I. Fully Benefit Responsive Investment Contracts, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. ASU No. 2015-07 amended ASC 820, *Fair Value Measurements*, and removed the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. Part II of ASU No. 2015-12 is applicable to the Plan and will modify the investment disclosures under ASC 820 and 960. The disclosure requirements for ASU Nos. 2015-07 and 2015-12 are effective for fiscal years beginning after December 15, 2016 and 2015, respectively, for nonpublic entities, and are required to be adopted retrospectively for all comparative periods presented. Management does not expect the adoption of these standards to have a significant impact on the Plan's financial statements.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 29, 2016, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

On December 31, 2015, the Plan changed trustee, from State Street Bank and Trust Company to Wells Fargo Bank, N.A. (collectively, the "Trustees"). The Trustees held the Plan's investments and executed all investment transactions as of December 31, 2015. The investment balances as of December 31, 2015 and related investment results for the year then ended, included in the accompanying financial statements, including the Master Trust information included in Note 5 and 6, are based solely on information provided by the Trustees.

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries from AON Hewitt. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of and for the year ended December 31, 2014, the most recent actuarial valuation, is as follows:

Actuarial Present Value of Accumulated Plan Benefits -

Vested benefits:

Participants currently receiving benefit payments	\$ 5,189,493
Other vested participants	<u>6,360,551</u>

Total vested benefits 11,550,044

Nonvested benefits 602,556

Total actuarial present value of accumulated plan benefits \$ 12,152,600

Actuarial Present Value of Accumulated Plan Benefits - Beginning of year

\$ 11,933,134

Increase (decrease) during the year attributable to:

Interest 818,114

Changes in actuarial assumptions* (483,753)

Plan amendments** 280,942

Benefits accumulated 104,217

Benefits paid (500,054)

Net increase 219,466

Actuarial Present Value of Accumulated Plan Benefits - End of year

\$ 12,152,600

* Changes in actuarial assumptions is a net change that primarily relates to an increase in the assumptions as a result of the change in the mortality assumption and a decrease in the assumptions as a result of the change in the assumed rate of return. See Note 2 for additional information.

** The plan amendments reflect an increase in the benefit multiplier for certain eligible participants.

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 5 - Interest in Marmon Retirement Master Trust

The Plan's investments at December 31, 2015 are in the Marmon Retirement Master Trust (the "Master Trust"), which was established for the investment of assets of the Plan, the Marmon Consolidated Defined Benefit Plan, and the Union Tank Car Company East Chicago, Indiana Hourly Employees' Retirement Plan. Each participating plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by Wells Fargo Bank, N.A. (the "Trustee"). At December 31, 2015, the Plan's interest in the net assets of the Master Trust was approximately 41 percent. Investment income and administrative expenses relating to the Master Trust are allocated to the participating plans based upon average monthly balances invested by each participating plan, except for certain administrative expenses that are attributable and charged specifically to the Plan. On December 31, 2015, the Plan's assets of approximately \$20.9 million transferred from the General Electric Pension Trust to the Master Trust (see Note 6).

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset. Significant Level 3 inputs include net asset values, third-party valuations, private transactions, market comparables, and discounted cash flows.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 5 - Interest in Marmon Retirement Master Trust (Continued)

The following table presents detail of the Master Trust, including assets measured at fair value on a recurring basis at December 31, 2015:

	Balance at December 31, 2015	Level 1	Level 2	Level 3
Marmon Retirement Master Trust:				
Mutual funds:				
Equity investments	\$ 3,560,471	\$ 3,560,471	\$ -	\$ -
Fixed-income investments	13,013,460	13,013,460	-	-
Money market fund	20,047,658	-	20,047,658	-
Common collective trust fund - Equity investment (1)	12,962,878	-	12,962,878	-
Total investments	\$ 49,584,467	\$ 16,573,931	\$ 33,010,536	\$ -
Proceeds receivable from securities sold	280,049			
Net assets of Master Trust	\$ 49,864,516			

(1) The common collective trust fund invests primarily in equity securities, which may include common stocks, options, and futures.

There were no unfunded commitments or redemption rules on the investments at December 31, 2015.

Note 6 - Interest in General Electric Pension Trust

The Plan's investments were in the General Electric Pension Trust (the "GE Trust") from September 30, 2014 through December 31, 2015. The GE Trust was established for the investment of assets of the Plan and several other General Electric-sponsored defined benefit plans. Each participating plan has an undivided interest in the GE Trust. The GE Trust assets are held by State Street Bank and Trust Company. At December 31, 2014, the Plan's interest in the net assets of the GE Trust was less than 1 percent. Investment income and administrative expenses related to the GE Trust were allocated to the participating plans based upon average monthly balances invested by each participating plan, except for certain administrative expenses that are attributable and charged specifically to the Plan. The Plan no longer participated in the GE Trust as of December 31, 2015 (see Note 5).

ASC 820 defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements (see Note 5 for additional fair value measurements).

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 6 - Interest in General Electric Pension Trust (Continued)

The following table presents detail of the GE Trust net assets and liabilities, including assets and liabilities measured at fair value on a recurring basis at December 31, 2014:

	Balance at December 31, 2014	Level 1 (in thousands)	Level 2	Level 3
GE Trust Investments:				
Public equity securities:				
U.S. equity securities	\$13,349,316	\$11,841,518	\$1,507,798	\$ -
Non-U.S. equity securities	9,429,975	7,233,641	2,196,334	-
Fixed-income securities:				
Fixed income and cash investment funds	4,636,738	253,049	4,383,689	-
U.S. corporate	5,310,951	-	5,309,035	1,916
Residential mortgage-backed	1,152,848	-	1,151,637	1,211
U.S. government and federal agency	2,542,545	-	2,542,545	-
Other debt securities	2,207,860	-	2,204,600	3,260
Private equity securities (1)	5,408,353	-	33,372	5,374,981
Real estate (1)	3,223,817	-	-	3,223,817
Other (2)	2,388,227	-	73,220	2,315,007
Total investments	49,650,630	\$19,328,208	\$19,402,230	\$10,920,192
Cash	161,097			
Receivables:				
Due from brokers	76,613			
Income receivable	190,947			
Other receivables	30,308			
Total receivables	297,868			
Total assets	50,109,595			
Liabilities:				
Due to brokers	326,323			
Accounts payable and accrued expenses	34,658			
Total liabilities	360,981			
Net assets of the GE Trust	\$49,748,614			

(1) Included direct investments and investment funds

(2) Substantially all represented hedge fund investments

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 6 - Interest in General Electric Pension Trust (Continued)

The GE Trust had unfunded commitments of approximately \$2,351 million as of December 31, 2014 related to investments in private equity and real estate partnerships.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the end of reporting period. There were no significant transfers between Level 1 and Level 2 during 2015 and 2014.

Changes in Level 3 assets measured at fair value on a recurring basis for the years ended December 31, 2015 and 2014 are as follows:

	January 1, 2015	Net Realized Gains (Losses)	Net Unrealized (Losses) Gains	Purchases	Sales	Transfers Into (Out of) Level 3 (a)	December 31, 2015
	(in thousands)						
Fixed-income securities:							
U.S. corporate	\$ 1,916	\$ 36	\$ (4)	\$ -	\$ (1,085)	\$ (863)	\$ -
Residential							
mortgage-backed	1,211	(2,963)	2,847	-	1,050	-	45
Other debt securities	3,260	(754)	227	1,406	(2,404)	116	1,851
Equity securities - Non-	-	(654)	(3,339)	3,783	(2,999)	6,020	2,811
U.S. equity securities							
Private equity securities	5,374,981	452,797	198,182	652,933	(1,575,307)	-	5,103,586
Real estate	3,223,817	127,873	258,073	665,131	(986,357)	51,011	3,339,548
Other	2,315,007	24,036	(50,900)	306,061	(192,010)	-	2,402,194
	<u>\$ 10,920,192</u>	<u>\$ 600,371</u>	<u>\$ 405,086</u>	<u>\$ 1,629,313</u>	<u>\$ (2,761,211)</u>	<u>\$ 56,284</u>	<u>\$ 10,850,035</u>

	January 1, 2014	Net Realized Gains (Losses)	Net Unrealized (Losses) Gains	Purchases	Sales	Transfers Into (Out of) Level 3 (a)	December 31, 2014
	(in thousands)						
Fixed-income securities:							
U.S. corporate	\$ -	\$ (1)	\$ (7)	\$ 1,930	\$ (6)	\$ -	\$ 1,916
Residential							
mortgage-backed	-	(491)	2,694	-	(992)	-	1,211
Other debt securities	371	(8,250)	8,131	3,008	-	-	3,260
Private equity securities	6,322,443	610,598	(55,083)	524,804	(2,002,250)	(25,531)	5,374,981
Real estate	3,383,323	36,663	343,901	424,918	(964,988)	-	3,223,817
Other	1,635,505	48,870	87,301	405,256	(170,262)	308,337	2,315,007
	<u>\$ 11,341,642</u>	<u>\$ 687,389</u>	<u>\$ 386,937</u>	<u>\$ 1,359,916</u>	<u>\$ (3,138,498)</u>	<u>\$ 282,806</u>	<u>\$ 10,920,192</u>

- (a) Transfers in and out of Level 3 are considered to occur at the beginning of the period. The transfers into Level 3 are primarily due to the movement of certain assets into a hedge fund structure

Both observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3 assets. As a result, the unrealized gains and losses for these assets presented in the tables above may include changes in fair value that were attributable to both observable and unobservable inputs.

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 6 - Interest in General Electric Pension Trust (Continued)

Information related to the significant unobservable inputs used in the valuation of Level 3 investments as of December 31, 2014 is as follows (in thousands):

Investment	Fair Value December 31, 2014	Valuation Technique	Unobservable Input (b)(c)	Weighted Average	Range of Unobservable Inputs
Private equity	\$ 4,677,568	Net asset value	Third-party allocation	N/A	N/A
		Market comparables	EBITDA multiple	10.6X	7.5X-12.5X
			Revenue multiple	2.9X	1.9X-3.9X
			Book value multiple	1.1X	1.1X
	71,437	Private transaction	EBITDA multiple	7.7X	7.7X
			Recent financing	N/A	N/A
			Recent acquisitions	N/A	N/A
Real estate	174,996	Income approach	Discount rate	17.1%	10.0%-30.0%
	1,543,032	Discounted cash flow	Capitalization rate	6.7%	5.0%-8.5%
			Discount rate	7.7%	6.8%-11.0%
	1,402,742	Net asset value	Third-party valuation	N/A	N/A
Shares in hedge fund	2,315,007	Net asset value	Third-party valuation	N/A	N/A
Other (a)	568,930	Other	Other	N/A	N/A
Total	<u>\$ 10,920,192</u>				

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

The GE Trust also holds other assets and liabilities not measured at fair value on a recurring basis, including accrued income, unsettled trades, accrued liabilities, and payables. The fair value of these assets and liabilities approximates the carrying amounts in the accompanying financial statements due to the short maturity of the instructions.

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 6 - Interest in General Electric Pension Trust (Continued)

The net investment income of the GE Trust is as follows for the year ended December 31:

	2015	2014
	(in thousands)	
Net investment income:		
Interest and dividend income	\$ 1,026,496	\$ 928,227
Net realized and unrealized (loss) gain in value of		
Public equity securities	(509,687)	265,048
Fixed-income securities	(708,958)	811,621
Private equity securities	695,390	690,853
Real estate	347,708	433,474
Other	(63,404)	114,481
Total net realized and unrealized loss	(238,951)	2,315,477
Net realized and unrealized loss in foreign currency	(25,370)	(70,111)
Net investment income	\$ 762,175	\$ 3,173,593

Note 7 - Derivative Financial Instruments

In the normal course of business, the GE Trust enters into transactions in various financial instruments with off-balance-sheet risk. These financial instruments involve varying degrees and types of risks, including credit and market risks, which may be in excess of the amounts recognized in the net assets of the GE Trust.

Credit risk represents the potential loss to the GE Trust due to possible nonperformance by obligors and counterparties of the terms of their contracts. Counterparty credit risk (the risk that counterparties will default and not make payments to the GE Trust according to the terms of the applicable agreements) are managed on an individual counterparty basis. There are provisions in the GE Trust's master agreements that require counterparties to post collateral (typically cash or U.S. Treasury Securities) from time to time depending on stated conditions, for example when the GE Trust's receivable due from that counterparty, measured at current market value, exceeds a specified limit.

Where there are agreements to net derivative exposures with a counterparty, exposures with that counterparty are netted and applied to the value of collateral posted to the GE Trust to determine the net exposure. These net exposures are actively monitored against defined limits and appropriate actions are taken in response, including requiring additional collateral. Market risk represents the potential loss to the GE Trust due to the decrease in the value of an off-balance-sheet financial instrument caused primarily by changes in interest rates or foreign exchange rates, or a combination thereof.

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 7 - Derivative Financial Instruments (Continued)

Forward contracts and futures represent agreements to purchase or sell securities, money market instruments or foreign currencies at a future date and at a specified price. Short sells represent commitments to purchase securities at a future date. Options give the holder the right, but not the obligation, to purchase or sell securities at a future date and at a specified price.

Both credit and market risks exist with respect to forward contracts. Market risk exists with respect to futures, short sells and options. These positions are carried at current market value, and the unrealized gain or loss is included in due to brokers and due from brokers in the GE Trust's statement of net assets. Financial futures are marked to market and settled with the broker on a daily basis. With futures contracts, there is minimal counterparty credit risk to the GE Trust since futures contracts are exchange traded and the exchange's clearinghouse, as counterparty to all traded futures, guarantees the futures against default. The GE Trust does not anticipate that losses, if any, as a result of credit or market risk would materially affect the net asset position of the GE Trust. The GE Trust, to a limited extent, enters into transactions involving other financial instruments and commitments as an integral part of the overall management of the investment portfolio. The GE Trust has elected to offset the fair value amounts recognized for receivables and payables for derivative positions executed with the same counter party under the same master netting agreement.

The derivative contracts entered into by the GE Trust summarized by primary risk exposure as noted below in the statement of net assets of the GE Trust as of December 31, 2014 follows (in thousands):

	Asset Derivative Fair Value	Liability Derivative Fair Value
<u>Derivatives Classified in Other Investments - Rights</u>	\$ 237	\$ -
<u>Derivatives Classified in Due from Brokers or Due to Brokers:</u>		
Futures		
Equity index	-	278
Fixed income	2,749	1,191
Forwards, foreign currency	113	42,170

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 7 - Derivative Financial Instruments (Continued)

The effects of derivative instruments classified in the net appreciation (depreciation) in the value of other investments on the statement of changes in net assets of the GE Trust for the year ended December 31, 2015 and 2014 are shown below:

December 31, 2015				
(in thousands)				
Derivatives	Total Notional/Cost Amount of Derivative Contracts		Realized Appreciation (Depreciation) on Derivatives Recognized in Income	Change in Unrealized Appreciation (Depreciation) on Derivatives Recognized in Income
	Purchased	Sold		
Options	\$ 81,687	\$ 41,492	\$ (19,851)	\$ (26,513)
Rights	2,458	1,452	355	(124)
Warrants	70	-	-	(70)
Futures	19,962,164	19,718,594	20,613	2,375
Forwards, foreign currency	1,254,047	1,240,589	67,912	12,447
Credit default swaps	172,924	129,553	16,781	(28,225)

December 31, 2014				
(in thousands)				
Derivatives	Total Notional/Cost Amount of Derivative Contracts		Realized Appreciation (Depreciation) on Derivatives Recognized in Income	Change in Unrealized Appreciation (Depreciation) on Derivatives Recognized in Income
	Purchased	Sold		
Options	\$ 170,383	\$ 280,943	\$ (10)	\$27,575
Rights	4,216	-	155	124
Warrants	1,376	1,376	569	-
Futures	19,134,956	19,813,130	576	1,833
Forwards, foreign currency	2,977,524	2,922,228	(23,863)	85,437
Credit default swaps	278,301	-	4,599	951

UTC Railcar Repair Services Defined Benefit Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 8 - Tax Status

The Plan has received a determination letter dated September 21, 2010 from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although, the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 9 - Plan Termination

While it has not expressed an intent to do so, the plan sponsor has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions set forth in the plan document and ERISA. Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Schedule SB Attachment (Form 5500)—2015 Plan Year
 UTC RailCar Repair Plan Defined Benefit Plan.
 EIN: 06-1093099 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

Attained 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	7	12								
25-29	1	18	1							
30-34	6	14	8	2						
35-39	1	15	7	3	1					
40-44	3	6	8	3	2	3				
45-49		6	5	3	3	1	5			
50-54		9	7	1		1	2	1		
55-59	2	4	2	2		6	2	10	1	
60-64		1					3	7		
65-69										
70+										

N-205

Schedule SB Attachment (Form 5500)—2015 Plan Year
UTC RailCar Repair Plan Defined Benefit Plan.
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2014), without regard to interest rate stabilization
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.15%
Retirement Age	
Active Participants	See Tables 1–3
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2015 static mortality table for annuitants and non-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 occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Schedule SB Attachment (Form 5500)—2015 Plan Year
UTC RailCar Repair Plan Defined Benefit Plan.
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Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2013 Plan Year

7.00%, limited to 6.76%

2014 Plan Year

7.00%, limited to 6.99%

Trust Expenses Included in Target Normal Cost

\$0

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
UTC RailCar Repair Plan Defined Benefit Plan.
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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)—2015 Plan Year
UTC RailCar Repair Plan Defined Benefit Plan.
EIN: 06-1093099 PN: 001

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)—2015 Plan Year
UTC RailCar Repair Plan Defined Benefit Plan.
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Table 3

Retirement Rates—Participants with Social Security Retirement Age of 67

<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	50.00%
67+	100.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
 UTC RailCar Repair Plan Defined Benefit Plan.
 EIN: 06-1093099 PN: 001

Table 4

Withdrawal Rates

Age	Rate	Age	Rate
15	25.00%	45	7.00%
16	25.00%	46	7.00%
17	25.00%	47	7.00%
18	25.00%	48	7.00%
19	25.00%	49	7.00%
20	25.00%	50	5.00%
21	25.00%	51	5.00%
22	25.00%	52	5.00%
23	25.00%	53	5.00%
24	25.00%	54	5.00%
25	15.00%	55	5.00%
26	15.00%	56	5.00%
27	15.00%	57	5.00%
28	15.00%	58	5.00%
29	15.00%	59	5.00%
30	10.00%	60+	0.00%
31	10.00%		
32	10.00%		
33	10.00%		
34	10.00%		
35	9.00%		
36	9.00%		
37	9.00%		
38	9.00%		
39	9.00%		
40	8.00%		
41	8.00%		
42	8.00%		
43	8.00%		
44	8.00%		

Schedule SB Attachment (Form 5500)—2015 Plan Year
UTC RailCar Repair Plan Defined Benefit Plan.
EIN: 06-1093099 PN: 001

Table 5

Disability Rates

Age	Rate	Age	Rate
20	0.125%	50	1.250%
21	0.125%	51	1.250%
22	0.125%	52	1.250%
23	0.125%	53	1.250%
24	0.125%	54	1.250%
25	0.175%	55	5.000%
26	0.175%	56	5.000%
27	0.175%	57	5.000%
28	0.175%	58	5.000%
29	0.175%	59	5.000%
30	0.225%	60	3.000%
31	0.225%	61	3.000%
32	0.225%	62	3.000%
33	0.225%	63	3.000%
34	0.225%	64	3.000%
35	0.350%	65+	0.000%
36	0.350%		
37	0.350%		
38	0.350%		
39	0.350%		
40	0.500%		
41	0.500%		
42	0.500%		
43	0.500%		
44	0.500%		
45	0.750%		
46	0.750%		
47	0.750%		
48	0.750%		
49	0.750%		

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

A Name of plan UTC Railcar Repair Services Defined Benefit Plan.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UTC Railcar Repair Services LLC	D Employer Identification Number (EIN) 06-1093099	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>	
2	Assets:	
	a Market value	14,379,142
	b Actuarial value	14,313,409
3	Funding target/participant count breakdown	
	a For retired participants and beneficiaries receiving payment.....	176 5,691,956 5,691,956
	b For terminated vested participants.....	337 3,606,799 3,606,799
	c For active participants.....	205 3,652,564 4,239,151
	d Total.....	718 12,951,319 13,537,906
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐	
	a Funding target disregarding prescribed at-risk assumptions	4a
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5	Effective interest rate.....	5 6.36%
6	Target normal cost.....	6 223,907

Statement by Enrolled Actuary

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

SIGN HERE	<u>Aaron L. Sens</u> <u>(AS)</u> Signature of actuary	<u>10/4/2016</u> Date
	AARON L. SENS Type or print name of actuary	1406808 Most recent enrollment number
	HEWITT ASSOCIATES LLC Firm name	847-295-5000 Telephone number (including area code)
	4 OVERLOOK POINT LINCOLNSHIRE IL 60069-4302 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) 2015
v. 150123

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	223,907	
b Excess assets, if applicable, but not greater than line 31a	31b	223,907	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6,584,758	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6,584,758	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB Attachment (Form 5500)—2015 Plan Year
UTC RailCar Repair Plan Defined Benefit Plan.
EIN: 06-1093099 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2015

Date	Amount	Days to Discount to 1/1/2015 at 6.36%	Interest Adjusted Contribution
December 29, 2015	<u>\$ 7,000,000</u>	362	<u>\$ 6,584,758</u>
Total Contribution	\$ 7,000,000		\$ 6,584,758

Schedule SB Attachment (Form 5500)—2015 Plan Year
UTC RailCar Repair Plan Defined Benefit Plan.
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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.

Retirement Rates – Participants with Social Security Retirement Age of 65

			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(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	100.00%	0.4309	28.01
		Weighted Average	63.45

Retirement Rates – Participants with Social Security Retirement Age of 66

Table 2			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(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	100.00%	0.1077	7.11
		Weighted Average	63.72

Retirement Rates – Participants with Social Security Retirement Age of 67

Table 3			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(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

Schedule SB Attachment (Form 5500)—2015 Plan Year
 UTC RailCar Repair Plan Defined Benefit Plan.
 EIN: 06-1093099 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

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 1,000 hour calendar year of employment measured from date of hire.
Credited Service	One year for each plan year during which the participant worked 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. 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.
Normal Retirement Date	First of the month coinciding with or following the attainment of age 65 and five years of service.
Monthly Pension Benefit	Credited service multiplied by the benefit rate in effect on the participant's last day of employment at his participating location.
Participating Locations	Texarkana, Arkansas

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)—2015 Plan Year
 UTC RailCar Repair Plan Defined Benefit Plan.
 EIN: 06-1093099 PN: 001

Waterloo, Iowa

Date	Benefit Rate
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
01/01/2015–12/31/2015	\$30.00
01/01/2016–12/31/2016	\$31.00
01/01/2017–12/31/2017	\$32.00
01/01/2018–12/31/2018	\$33.00
01/01/2019–12/31/2019	\$34.00
01/01/2020–12/31/2020	\$35.00

Sayre, Pennsylvania

Date	Benefit Rate
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
01/01/2010–12/31/2011	\$33.00
01/01/2012–12/31/2016	\$35.00

Schedule SB Attachment (Form 5500)—2015 Plan Year
 UTC RailCar Repair Plan Defined Benefit Plan.
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Laporte, Texas

Date	Benefit Rate
11/06/2006 and later	\$30.00

Omaha, Nebraska

Date	Benefit Rate
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%.
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 five 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 for reasons other than death, disability, or retirement 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.

Schedule SB Attachment (Form 5500)—2015 Plan Year
UTC RailCar Repair Plan Defined Benefit Plan.
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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. Participants who attained age 60 and completes at least 30 years of vesting service is eligible to receive an unreduced pension benefit on his annuity start date.
Postponed Retirement	Monthly pension benefit determined as of actual retirement date.
Disability Retirement	Monthly pension benefit determined as of disability, unreduced for early commencement.
Termination With Deferred Vested Benefit	Monthly pension benefit determined as of termination date, reduced by 1/180 for each month prior to normal retirement date.
Death With Preretirement Spouse Benefits	Monthly preretirement spouse benefit is payable immediately as a 50% joint and survivor if eligible for early retirement, or as of participant's earliest retirement date if the participant dies before becoming eligible for an early retirement benefit.
Other Plan Provisions	
Normal Form of Benefit	Single life annuity.
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.

Schedule SB Attachment (Form 5500)—2015 Plan Year
UTC RailCar Repair Plan Defined Benefit Plan.
EIN: 06-1093099 PN: 001

Plan Changes Since the Prior Year

The funding valuation reflects the following any plan change.

- A change in the plan multiplier for the Waterloo division from \$29 to \$30.

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 Plan sponsor's name has changed from General Electric Railcar Repair Services Corp to UTC Railcar Repair Services LLC