

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 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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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. [x]
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES
1b Three-digit plan number (PN): 003
1c Effective date of plan: 12/01/1950
2a Plan sponsor's name (employer, if for a single-employer plan): GATX CORPORATION
2b Employer Identification Number (EIN): 36-1124040
2c Plan Sponsor's telephone number: 312-621-6200
2d Business code (see instructions): 551112

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor GATX CORPORATION EMPLOYEE BENEFITS COMMITTEE C.O. DIRECTOR EMPLOYEE BENEFITS 233 SOUTH WACKER DR. - 51ST FLOOR CHICAGO, IL 60606-7147	3b Administrator's EIN 36-4003995 3c Administrator's telephone number 312-621-6200
---	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	1524
---	----------	------

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).		
6a(1) Total number of active participants at the beginning of the plan year 6a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h	 392 415 550 411 1376 178 1554 10

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

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
---	---

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GATX CORPORATION</u>	D Employer Identification Number (EIN) <u>36-1124040</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		<u>77483326</u>
b Actuarial value	2b		<u>77483326</u>
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	<u>687</u>	<u>41492671</u>	<u>41492671</u>
b For terminated vested participants	<u>337</u>	<u>11669318</u>	<u>11669318</u>
c For active participants	<u>500</u>	<u>14153057</u>	<u>15771063</u>
d Total	<u>1524</u>	<u>67315046</u>	<u>68933052</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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		<u>5.20 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>894856</u>
b Expected plan-related expenses	6b		<u>687018</u>
c Target normal cost	6c		<u>1581874</u>

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

SIGN HERE			
	Signature of actuary	<u>09/11/2025</u>	Date
	<u>JULIE MALLER</u>	<u>23-08802</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>847-295-5000</u>	Telephone number (including area code)
	<u>MSC# 17755 PO BOX 551343 ATLANTA, GA 30355</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	18955127
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2746795
9	Amount remaining (line 7 minus line 8)	0	16208332
10	Interest on line 9 using prior year's actual return of <u>11.55</u> %	0	1872062
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>5.31</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	18080394

Part III Funding Percentages			
14	Funding target attainment percentage	14	86.17 %
15	Adjusted funding target attainment percentage	15	112.40 %
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	80.01 %
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		
			Totals ▶	18(b)	0	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	0
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 6c)				31a 1581874
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	9530120		926491	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 2508365
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	2508365	2508365	
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 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
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 the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

SCHEDULE C (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>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 GATX CORPORATION	D Employer Identification Number (EIN) 36-1124040	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NORTHERN TRUST

36-1561860

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

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

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

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

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

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

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

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

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

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

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

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

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

AON CONSULTING

22-2232264

(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?
11 51	NONE	385457	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON INVESTMENTS USA INC

36-3109431

(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?
17 51	NONE	77449	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	50990	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MORGAN LEWIS & BOCKIUS LLP

23-0891050

(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?
29	NONE	6566	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 <hr/> 2024 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GATX CORPORATION</u>	D Employer Identification Number (EIN) <u>36-1124040</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COL S&P 500 INDEX FD NL</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4023971</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COL S&P 400 INDEX FD NL</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>366864</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON CORE REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-037</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>362523</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE ACW INDEX FD NL</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-150</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2060623</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE RUSSELL 2000 IND F-NL</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-096</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>348013</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTANT, INC</u>		
c EIN-PN <u>27-2436452-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45367159</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>UBS TRUMBULL DIVERSIFIED PROPERTY</u>		
b Name of sponsor of entity listed in (a): <u>UBS (US) GROUP TRUST</u>		
c EIN-PN <u>36-3762086-091</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>595770</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: MID DURATION LONG CREDIT FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC

c EIN-PN 27-2436452-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19422536
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC

c EIN-PN 27-2436452-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10150
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR US TREASURY STRIPS INDEX

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

c EIN-PN 27-2436452-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153320
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT-TERM INVST FD

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1485270
--------------------------------	------------------------	---

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)
-----------------	----------------------	---

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GATX CORPORATION</u>	D Employer Identification Number (EIN) <u>36-1124040</u>

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	8768
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0
(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)	74196199
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(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	77472384	74204967
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	4801
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	4801
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	77472384	74200166

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)		
(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)		0
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)	1934014
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total.....	2d	1934014

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4526788
(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)	4526788
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	82297
(6) Bank or trust company trustee/custodial fees	2i(6)	50990
(7) Actuarial fees	2i(7)	385457
(8) Legal fees	2i(8)	6566
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	154134
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	679444
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	5206232

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	-3272218
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549067.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 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 2024 This Form is Open to Public Inspection.
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GATX CORPORATION</u>	D Employer Identification Number (EIN) <u>36-1124040</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

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): 36-1124040 36-4003995

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		0
---	--	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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

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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 9.2 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 85.6 %
 High-Yield Debt: 2.0 % Real Assets: 1.4 % Cash or Cash Equivalents: 1.8 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees
Years Ended December 31, 2024 and 2023
With Report of Independent Auditors

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees

Financial Statements and Supplemental Schedules

Years Ended December 31, 2024 and 2023

Contents

Report of Independent Auditors.....	1
Financial Statements:	
Statements of Net Assets Available for Benefits.....	4
Statements of Changes in Net Assets Available for Benefits.....	5
Notes to Financial Statements.....	6
Supplemental Schedules:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	13
Schedule H, Line 4j - Schedule of Reportable Transactions.....	14



Shape the future
with confidence

Ernst & Young LLP
155 North Wacker Drive
Chicago, Illinois 60606-1787

Tel: +1 312 879 2000
Fax: +1 312 879 4000
ey.com

Report of Independent Auditors

GATX Corporation Employee Benefits Committee
GATX Corporation Retirement Funds Investment Committee
GATX Corporation Non-Contributory Pension Plan for Hourly Employees

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of GATX Corporation Non-Contributory Pension Plan for Hourly Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



Shape the future
with confidence

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.



Shape the future
with confidence

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024, and reportable transactions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Ernst + Young LLP

September 30, 2025

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees

Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments, at fair value	\$ 74,196,199	77,457,115
Interest and dividend receivable	8,768	15,269
Liabilities		
Other payable	(4,801)	—
Net assets available for benefits	\$ 74,200,166	\$ 77,472,384

The accompanying notes are an integral part of these statements.

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2024	2023
Additions		
Net appreciation in the fair value of investments	\$ 1,852,157	\$ 8,213,089
Interest and dividend income	81,857	83,060
	1,934,014	8,296,149
Deductions		
Benefit payments	(4,526,788)	(4,657,896)
Administrative expenses	(679,444)	(680,313)
Net (decrease) increase in net assets	(3,272,218)	2,957,940
Net assets available for benefits at beginning of year	77,472,384	74,514,444
Net assets available for benefits at end of year	\$ 74,200,166	\$ 77,472,384

The accompanying notes are an integral part of these statements.

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees

Notes to Financial Statements

December 31, 2024

1. Description of the Plan

General

The GATX Corporation Non-Contributory Pension Plan for Hourly Employees (the Plan) is a non-contributory defined-benefit pension plan that covers hourly paid employees of GATX Corporation and participating domestic subsidiaries (collectively, the Company) who have attained at least 21 years of age and who have completed one year of service. Participants who entered the Plan accrue a benefit based on years of service multiplied times a benefit rate as specified in the applicable pension agreement, and become fully vested upon completion of five years of service, unless a pension agreement provides an alternative vesting schedule. The Plan provides benefits for normal and early retirement, disability retirement to employee participants disabled after 15 years of service, or a survivor pension to the surviving spouses of participants who die after completing five years of service.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Additional information about the Plan, including the vesting and benefit provisions, is included in the Summary Plan Description. Copies of this document are available from the GATX Corporation Employee Benefits Department.

Contributions

The current funding policy of the Plan is to contribute no less frequently than annually an amount at least equal to the minimum contribution required by law. GATX Corporation may, at its discretion, contribute amounts in excess of the minimum required contribution. During 2024 and 2023, GATX Corporation was not required to make any cash contributions to meet the minimum funding requirements under ERISA.

Plan Termination

The Company has reserved the right to discontinue contributions and terminate the Plan at any time, subject to the provisions of ERISA. In the event of termination of the Plan, each participant shall become fully vested in benefits accrued to such date of termination, and the assets of the Plan shall be allocated in accordance with the statutory priorities set forth in Section 404(a) of ERISA. However, in the event of termination of the Plan, the Pension Benefit Guaranty Corporation guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA.

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees

Notes to Financial Statements (continued)

2. Significant Accounting Policies

Basis of Presentation

The accompanying financial statements were prepared on the accrual basis in accordance with U.S. generally accepted accounting principles (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. The Company regularly evaluates its estimates and judgments based on historical experience and other relevant facts and circumstances. Actual results could differ from these estimates.

Benefit Payments

Benefit payments are recorded when paid.

Subsequent Events

Management evaluated subsequent events for the Plan through September 30, 2025, the date that these financial statements were available to be issued.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for further discussion and disclosures related to fair value measurements.

Certain information related to investments disclosed in these financial statements, including investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in the fair value of investments, interest and dividend income, and investment expenses for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Northern Trust Company, the trustee.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Administrative Expenses

During 2024 and 2023, actuarial, investment manager, legal, and trustee fees were paid by the Plan. All other administrative expenses were paid by the Company.

Accumulated Plan Benefits

Accumulated plan benefits are those future estimated periodic payments that are attributable under the Plan's provisions to the service that employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries and to present employees or their beneficiaries. Benefits payable are included to the extent they are deemed attributable to employee service rendered to the valuation date.

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees

Notes to Financial Statements (continued)

3. Risks and Uncertainties

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

The Plan's actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

4. Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits was as follows:

	December 31, 2023
Vested benefits of participants currently receiving payments	\$ 37,628,169
Other vested benefits	24,012,623
Non-vested benefits	1,513,259
	\$ 63,154,051

The changes in accumulated plan benefits were as follows:

	Year Ended December 31, 2023
Actuarial present value of accumulated plan benefits at beginning of year	\$ 63,909,889
Increase (decrease) during the year attributable to:	
Interest accumulation	3,450,309
Benefit payments	(4,657,896)
Benefits accumulated and other	451,749
Net decrease	(755,838)
Actuarial present value of accumulated plan benefits at end of year	\$ 63,154,051

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees

Notes to Financial Statements (continued)

4. Actuarial Present Value of Accumulated Plan Benefits (continued)

The significant assumptions underlying the actuarial computation were as follows:

Expected long-term rate of return on plan assets:	2023 - 5.60%
	2022 - 5.60%
Mortality rates:	
Healthy	2023 - Amounts-Weighted Rates from the Pri-2012 Mortality Study with Blue Collar Adjustments with Generational Improvements from 2012 using Scale MP-2021
	2022 - Amounts-Weighted Rates from the Pri-2012 Mortality Study with Blue Collar Adjustments with Generational Improvements from 2012 using Scale MP-2021
Disabled	2023 - Amounts-Weighted Disabled Retiree Rates from the Pri-2012 Mortality Study with Generational Improvements with Scale MP-2021
	2022 - Amounts-Weighted Disabled Retiree Rates from the Pri-2012 Mortality Study with Generational Improvements with Scale MP-2021
Retirement ages and rates:	Various rates, ranging from 15% at age 55 to 100% at age 68

The actuary estimated the accumulated plan benefits as of January 1, 2024. There were no significant changes to the Plan that would have changed the valuation had it been performed as of December 31, 2023. These actuarial assumptions were 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.

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees

Notes to Financial Statements (continued)

5. Fair Value Measurements

As defined by GAAP, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are classified according to a three-level hierarchy based on management's judgment about the reliability of the inputs used in the fair value measurement. Level 1 inputs are quoted prices available in active markets for identical assets and liabilities. Level 2 inputs are observable, either directly or indirectly, and include quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 3 inputs are unobservable, meaning they are supported by little or no market activity.

The level in the fair value hierarchy, within which the fair value measurement is classified, is determined based on the lowest level of input that is significant to the fair value measurement in its entirety.

The following tables set forth the fair value of assets of the Plan:

Assets at Fair Value as of December 31, 2024				
	Total	Level 1	Level 2	Level 3
Assets measured at net asset value (1):				
Short-term investment collective trust fund	\$ 1,485,270	\$ —	\$ —	\$ —
Common stock collective trust funds	6,809,621	—	—	—
Fixed-income collective trust funds	64,943,015	—	—	—
Real estate collective trust funds	958,293	—	—	—
Total	\$ 74,196,199	\$ —	\$ —	\$ —

Assets at Fair Value as of December 31, 2023				
	Total	Level 1	Level 2	Level 3
Assets measured at net asset value (1):				
Short-term investment collective trust fund	\$ 2,581,344	\$ —	\$ —	\$ —
Common stock collective trust funds	12,781,409	—	—	—
Fixed-income collective trust funds	60,897,745	—	—	—
Real estate collective trust funds	1,196,617	—	—	—
Total	\$ 77,457,115	\$ —	\$ —	\$ —

(1) In accordance with the relevant accounting standards, investments measured at fair value using the net asset value per share (or its equivalent) practical expedient are not recorded in any specific category of the fair value hierarchy.

The following is a description of the valuation techniques and inputs used as of December 31, 2024 and 2023:

Short-term investment collective trust fund: Valued based on the closing net asset values (NAVs) quoted by the funds. The short-term investment collective trust fund is a highly liquid investment in obligations of the U.S. government, or its agencies or instrumentalities, and the related money market instruments. The short-term investment fund has no restrictions on redemption frequency or advance notice periods required for redemption. The fund seeks to provide safety of principal, daily liquidity, and a competitive yield over the long term.

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

Common stock collective trust funds and fixed-income collective trust funds: Valued based on the closing NAV prices quoted by the funds. None of the collective trust funds have restrictions on redemption frequency or advance notice periods required for redemption. The investment objective of each of the common stock funds is long-term total return through capital appreciation and current income. The fixed-income funds are each designed to deliver safety and stability by preserving principal and accumulated earnings. The fixed-income funds seek to achieve, over an extended period of time, total returns comparable or superior to broad measures of the long-term domestic investment grade credit bond market.

Real estate collective trust funds: Valued based on the NAV provided by the funds' administrators. A lack of liquidity in the funds may limit or delay redemptions. The investment objective of the real estate funds, which are diversified by location and property type, is long-term return through property appreciation, current income, and timely sales.

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated June 22, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended and restated, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Related-Party and Party-in-Interest Transactions

The Plan holds units of collective trust funds, which are managed by the trustee. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Supplemental Schedules

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees
EIN 36-1124040 Plan #003

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024**

Identity of Issue	Number of Shares or Units	Cost	Current Value
Fixed income collective trust funds			
AGT US Long-Term Fixed Active Credit Fund	5,349,901 units	\$ 53,200,809	\$ 45,367,159
AON Mid Duration Long Credit Fund	1,748,203 units	18,942,553	19,422,536
AON Hewitt 20+ Year US Treasury Strips Fund	31,809 units	214,046	153,320
		72,357,408	64,943,015
Common stock collective trust funds			
NT Collective S&P 500 Index Fund *	178 units	1,208,438	4,023,971
NT Collective All Country World Ex-US IMI Fund * ..	9,825 units	1,269,442	2,060,623
NT Collective Russell 2000 Index Fund *	5,650 units	168,934	348,013
NT Collective S&P 400 Index Fund *	97 units	126,556	366,864
AGT Global Real Estate Fund	669 units	8,022	10,150
		2,781,392	6,809,621
Real estate collective trust funds			
UBS Trumbull Property Fund	69 units	731,212	595,770
AON Core Real Estate - Class I Fund	27,568 units	306,106	362,523
		1,037,318	958,293
Short-term investment collective trust fund			
NT Collective Short Term Investment Fund *	1,485,270 units	1,485,270	1,485,270
Total			\$ 74,196,199

* Party-in-interest to the Plan.

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees
EIN 36-1124040 Plan #003

**Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024**

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of plan assets						
Northern Trust	S&P 500 Index Fund	\$ —	\$ 5,110,000	\$ 1,604,148	\$ 5,110,000	\$ 3,505,852
Aon Hewitt Group Trust...	Mid Duration Long Credit Fund.	9,780,000	—	9,780,000	9,780,000	—
		—	1,250,000	1,205,228	1,250,000	44,772
Northern Trust	Collective Short-Term Investment Fund	4,723,758	—	4,723,758	4,723,758	—
		—	5,819,832	5,819,832	5,819,832	—

There were no category (i) (ii) or (iv) reportable transactions during the year ended December 31, 2024.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Noncontributory Pension Plan for Hourly Employees
 EIN: 36-1124040 PN: 003

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		31	1							
25-29	1	24	30	2						
30-34		30	33	12	1					
35-39		22	21	9	4					
40-44		11	12	6	12	3				
45-49		8	9	8	5	6	1			
50-54		3	7	9	13	5	4			
55-59		3	4	4	4	2	4	1		
60-64		2		3	6	5	2	2	1	
65-69				3	1			1		1
70+										

N-392

Note: The active headcount shown on line 3c(1) includes 108 participants that are actively employed by GATX Corporation, but are excluded from the above chart. These participants are no longer accruing a benefit under the GATX Corporation Noncontributory Pension Plan for Hourly Employees because they have transferred to the GATX Corporation Noncontributory Pension Plan for Salaried Employees.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Noncontributory Pension Plan for Hourly Employees
 EIN: 36-1124040 PN: 003

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 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62 with at least 15 years of service Age 63 with less than 15 years of service
Optional Form of Payment Election Rates	50% Single Life Annuity 20% 50% Joint & Survivor Annuity 30% 75% Joint & Survivor Annuity
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are two years older than their spouses.
Vacation Pay Received in Year of Retirement	Two weeks

Schedule SB Attachment (Form 5500)—2024 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$687,018. The expected PBGC premiums plus the prior year's expenses
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Noncontributory Pension Plan for Hourly Employees
 EIN: 36-1124040 PN: 003

Table 1

Retirement Rates

Age	Years of Service		
	0-14	15-29	30+
55	0.00%	0.00%	15.00%
56	0.00%	0.00%	15.00%
57	0.00%	0.00%	15.00%
58	0.00%	0.00%	15.00%
59	0.00%	0.00%	15.00%
60	0.00%	15.00%	20.00%
61	0.00%	15.00%	20.00%
62	0.00%	25.00%	25.00%
63	0.00%	25.00%	25.00%
64	0.00%	15.00%	20.00%
65	50.00%	60.00%	60.00%
66	25.00%	35.00%	35.00%
67	25.00%	35.00%	35.00%
68+	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Noncontributory Pension Plan for Hourly Employees
 EIN: 36-1124040 PN: 003

Table 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
18	19.30%	19.30%	19.30%	19.30%	18.40%	18.40%
19	19.30%	19.30%	19.30%	19.30%	18.40%	18.40%
20	19.30%	19.30%	19.30%	19.30%	18.40%	18.40%
21	19.30%	19.30%	19.30%	19.30%	18.40%	18.40%
22	18.40%	18.40%	18.40%	18.40%	17.50%	17.50%
23	17.40%	17.40%	17.40%	17.40%	16.60%	16.60%
24	16.60%	16.60%	16.60%	16.60%	15.90%	15.90%
25	15.70%	15.70%	15.70%	15.70%	15.00%	15.00%
26	15.00%	15.00%	15.00%	15.00%	14.30%	14.30%
27	14.10%	14.10%	14.10%	14.10%	13.40%	13.40%
28	14.00%	13.30%	13.30%	13.30%	12.70%	12.70%
29	14.00%	13.10%	12.70%	12.70%	12.10%	12.10%
30	14.00%	13.10%	12.10%	11.90%	11.30%	11.30%
31	14.00%	13.10%	12.10%	11.20%	10.70%	10.70%
32	14.00%	13.10%	12.10%	11.20%	10.10%	10.10%
33	14.00%	13.10%	12.10%	11.20%	9.50%	9.50%
34	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Noncontributory Pension Plan for Hourly Employees
 EIN: 36-1124040 PN: 003

Table 2 (continued)

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
35	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
36	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
37	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
38	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
39	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
40	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
41	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
42	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
43	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
44	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
45	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
46	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
47	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
48	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
49	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
50	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
51	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
52	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
53	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%
54+	14.00%	13.10%	12.10%	11.20%	8.90%	8.90%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Noncontributory Pension Plan for Hourly Employees
 EIN: 36-1124040 PN: 003

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.090%	45	0.215%
16	0.090%	46	0.232%
17	0.090%	47	0.251%
18	0.090%	48	0.274%
19	0.090%	49	0.301%
20	0.090%	50	0.330%
21	0.092%	51	0.363%
22	0.094%	52	0.403%
23	0.096%	53	0.452%
24	0.098%	54	0.511%
25	0.100%	55	0.580%
26	0.102%	56	0.660%
27	0.104%	57	0.760%
28	0.106%	58	0.880%
29	0.108%	59	1.020%
30	0.110%	60	1.180%
31	0.112%	61	1.360%
32	0.114%	62	1.570%
33	0.116%	63	1.810%
34	0.118%	64	2.080%
35	0.120%	65	2.380%
36	0.123%	66	2.710%
37	0.127%	67	3.070%
38	0.133%	68	3.460%
39	0.141%	69+	3.880%
40	0.150%		
41	0.160%		
42	0.171%		
43	0.184%		
44	0.199%		

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Noncontributory Pension Plan for Hourly Employees
 EIN: 36-1124040 PN: 003

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

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	3.19%	4.06	223.15
56	3.27%	3.90	218.32
57	3.62%	4.13	235.51
58	4.07%	4.41	256.04
59	4.67%	4.95	292.22
60	12.72%	12.97	778.06
61	12.81%	11.96	729.43
62	19.57%	16.02	993.08
63	19.83%	13.40	844.03
64	16.27%	9.15	585.52
65	48.19%	23.22	1509.33
66	29.44%	7.88	519.98
67	29.37%	5.63	377.10
68	76.68%	9.95	676.36
69	47.57%	1.38	95.43
70	100.00%	1.47	102.55
Total		134.47	8436.11
Weighted Average			62.74

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees
EIN 36-1124040 Plan #003

**Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024**

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of plan assets						
Northern Trust	S&P 500 Index Fund	\$ —	\$ 5,110,000	\$ 1,604,148	\$ 5,110,000	\$ 3,505,852
Aon Hewitt Group Trust...	Mid Duration Long Credit Fund.	9,780,000	—	9,780,000	9,780,000	—
		—	1,250,000	1,205,228	1,250,000	44,772
Northern Trust	Collective Short-Term Investment Fund	4,723,758	—	4,723,758	4,723,758	—
		—	5,819,832	5,819,832	5,819,832	—

There were no category (i) (ii) or (iv) reportable transactions during the year ended December 31, 2024.

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


▶ **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 GATX CORPORATION NONCONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GATX CORPORATION	D Employer Identification Number (EIN) 36-1124040	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	77,483,326
	b Actuarial value	2b	77,483,326
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	687	41,492,671
	b For terminated vested participants	337	11,669,318
	c For active participants	500	14,153,057
	d Total	1,524	67,315,046
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	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	5.20%
6	Target normal cost		
	a Present value of current plan year accruals	6a	894,856
	b Expected plan-related expenses	6b	687,018
	c Target normal cost	6c	1,581,874

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	 JULIE MALLER Signature of actuary	09/11/2025 Date
	JULIE MALLER Type or print name of actuary	2308802 Most recent enrollment number
	AON CONSULTING, INC. Firm name	847-295-5000 Telephone number (including area code)
	MSC# 17755 PO BOX 551343 ATLANTA GA 30355 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	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	18,955,127
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,746,795
9	Amount remaining (line 7 minus line 8)	0	16,208,332
10	Interest on line 9 using prior year's actual return of <u>11.55%</u>	0	1,872,062
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>5.31%</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	18,080,394

Part III		Funding Percentages	
14	Funding target attainment percentage	14	86.17%
15	Adjusted funding target attainment percentage	15	112.40%
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	80.01%
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	
Totals ▶			18(b)	0	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	0

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	
0	0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 6c).....	31a	1,581,874	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	9,530,120	926,491	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	2,508,365	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,508,365	2,508,365
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Noncontributory Pension Plan for Hourly Employees
 EIN: 36-1124040 PN: 003

Schedule SB, line 26b – Schedule of Projection of Expected
 Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	129,896	416,985	4,457,254	5,004,135
2025	242,350	468,208	4,273,969	4,984,527
2026	332,658	493,611	4,090,432	4,916,701
2027	383,449	537,037	3,906,750	4,827,236
2028	455,342	580,732	3,723,453	4,759,527
2029	518,775	608,226	3,535,948	4,662,949
2030	573,471	643,201	3,349,232	4,565,904
2031	649,646	654,406	3,169,795	4,473,847
2032	706,527	676,144	2,992,342	4,375,013
2033	788,387	741,580	2,817,177	4,347,144
2034	846,439	759,546	2,644,595	4,250,580
2035	904,849	776,818	2,474,705	4,156,372
2036	953,450	804,505	2,307,810	4,065,765
2037	1,000,074	806,307	2,144,347	3,950,728
2038	1,038,804	813,381	1,984,265	3,836,450
2039	1,088,174	812,918	1,828,471	3,729,563
2040	1,140,141	833,625	1,677,172	3,650,938
2041	1,179,687	843,064	1,530,765	3,553,516
2042	1,220,793	853,669	1,389,679	3,464,141
2043	1,263,582	846,715	1,254,365	3,364,662
2044	1,296,610	847,428	1,125,264	3,269,302
2045	1,350,870	828,211	1,002,806	3,181,887
2046	1,379,889	816,816	887,395	3,084,100
2047	1,407,352	800,810	779,392	2,987,554
2048	1,438,386	783,647	679,110	2,901,143
2049	1,450,355	761,283	586,794	2,798,432
2050	1,469,909	746,371	502,618	2,718,898
2051	1,461,705	721,165	426,667	2,609,537
2052	1,470,443	704,702	358,907	2,534,052
2053	1,492,393	681,457	299,176	2,473,026
2054	1,497,374	649,013	247,178	2,393,565
2055	1,488,747	617,863	202,493	2,309,103
2056	1,480,647	587,478	164,582	2,232,707
2057	1,471,151	555,082	132,832	2,159,065
2058	1,452,143	527,183	106,574	2,085,900

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Noncontributory Pension Plan for Hourly Employees
 EIN: 36-1124040 PN: 003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	1,418,287	493,720	85,119	1,997,126
2060	1,383,993	469,708	67,788	1,921,489
2061	1,342,249	438,268	53,934	1,834,451
2062	1,295,932	408,028	42,959	1,746,919
2063	1,243,198	379,001	34,326	1,656,525
2064	1,192,633	351,251	27,565	1,571,449
2065	1,140,538	324,796	22,278	1,487,612
2066	1,085,859	299,638	18,140	1,403,637
2067	1,031,166	275,762	14,888	1,321,816
2068	977,115	253,148	12,317	1,242,580
2069	923,841	231,767	10,272	1,165,880
2070	871,396	211,592	8,635	1,091,623
2071	819,817	192,596	7,320	1,019,733
2072	769,145	174,751	6,263	950,159
2073	719,425	158,037	5,413	882,875

Schedule SB Attachment (Form 5500)—2024 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	December 1, 1950. Amended and restated January 1, 2011.
Plan Year	January 1 to December 31.
Employer	GATX Corporation and its affiliated companies who with consent of GATX Corporation become parties to and adopt the plan.
Participants	<p>All employees who were covered on December 31, 1975, will continue as participants in this plan. Other employees become participants when the employee meets the following requirements:</p> <ol style="list-style-type: none">(1) Employee has attained age 21.(2) Employee has completed one year of service.(3) Employee is not covered by the GATX Corporation Non-Contributory Pension Plan for Salaried Employees.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Pension Agreement 1 (Steelworkers)

Normal Retirement

Eligibility

Age 65 and five years of service.

Benefit

Effective as noted, a monthly benefit of the following rate multiplied by years of service:

Effective	Rate
March 1, 2001	\$42.00
January 1, 2002	\$43.00
January 1, 2004	\$44.00
March 1, 2005	\$45.00
March 1, 2006	\$46.00
March 1, 2023	\$47.00
March 1, 2026	\$48.00

The monthly benefit payable at normal retirement will not be less than the accrued benefit as of January 1, 1998.

Liberty Steamship rate is \$56.25 per year of service with GATX, up to 30 years of service; plus \$75.00 per year of service with GATX over 30 years. For purposes of determining eligibility to retire and for purposes of determining whether the employee has 30 years of service for eligibility to receive the higher per year of service benefit accrual only, the employee's years of service with Oglebay Norton will be recognized.

Vacation Benefit

Eligibility

Early, normal, or late retirement under the plan.

Benefit

An amount equal to 13 weeks' vacation pay less any vacation pay previously received in the year of retirement, payable as a lump sum in lieu of the first three monthly pension payments.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Early Retirement

Eligibility Age 60 and 15 years of service, or 30 years of service.

Benefit Monthly benefit is equal to the normal monthly benefit accrued to date of retirement, multiplied by an actuarially determined early retirement adjustment factor (no reduction if age 62 or 30 years of service).

Liberty Steamship supplement of \$400 per month if 30 years of service (includes service with Oglebay Norton).

Late Retirement

Monthly benefit is computed as a normal retirement benefit, based upon credited service at date of retirement.

Disability

Eligibility Fifteen years of service.

Benefit Monthly benefit is equal to the normal monthly benefit accrued to date of disability. A \$300 monthly supplement is also payable until Social Security payments begin.

70/80 Points Retirement

Eligibility Age less than 62 with 15 years of service, and either:

- (1) Age 55 with 70 age-service points; or
- (2) 80 age-service points.

Termination of employment must be due to layoff, disability, or plant shutdown.

Benefit Monthly benefit is equal to the normal monthly benefit, accrued to date of retirement. A \$300 (\$350 if termination due to permanent layoff or plant shutdown) monthly supplement is also payable until the participant is eligible for Social Security benefits.

Rule of 65 Retirement

Eligibility

- (1) Age less than 55;
- (2) 20 years of continuous service as of last day worked;
- (3) At least 65, but less than 80 points;
- (4) Participant's continuous service is broken by reason of a layoff or disability, or participant is voluntarily placed on layoff due to a plant shutdown; and
- (5) The participant is not offered suitable long-term employment by the company.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Benefit	Monthly benefit is equal to the normal monthly benefit, accrued to date of termination. A \$300 (\$350 if termination due to permanent layoff or plant shutdown) monthly supplement is also payable until the participant is eligible for Social Security benefits. The amount of the supplement is subject to reduction under an earnings test.
Deferred Vested	
Eligibility	Five years of service.
Benefit	Monthly benefit equal to the normal monthly benefit, accrued to the date of termination. If the employee has not attained age 40 on the date of termination, or has not completed 15 years of service, this amount is multiplied by an early retirement adjustment factor if payable before age 65. If the employee has reached age 40 and has 15 or more years of service on the date of termination, this amount is reduced only if payable before age 62. In any event, no benefit is payable prior to age 60.
Normal Form of Annuity	
	For unmarried participants, the normal form of annuity is a life annuity (five-year certain and life annuity for Liberty Steamship). For married participants, the normal form is a 50% joint and survivor annuity which is actuarially equivalent to the life annuity.
Surviving Spouse's Benefit	
Eligibility	Fifteen years of service. Deferred vested participants are not eligible for this benefit.
Benefit	Monthly benefit payable to a surviving spouse equal to 50% of the participant's pension, exclusive of any supplements (if death occurs after retirement), or 50% of the normal monthly benefit the participant would have received at age 62 (if death occurs before retirement), subject to a minimum benefit of \$115 per month in each case. The minimum benefit increases to \$120 per month effective March 1, 2023 and \$125 per month effective March 1, 2026. Once the widow or widower becomes eligible to receive Social Security payments, the spouse's pension is reduced by 50% of such amount, subject to a minimum benefit of \$65 per month.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Preretirement Death Benefit Option

Eligibility

Five years of service.

Benefit

Monthly benefit payable to a surviving spouse equal to 50% of the amount that the participant accrued up to his date of death. Payment will commence on the date the participant would have reached his earliest retirement eligibility had he survived. Benefits are reduced for early retirement and are adjusted for the election of the 50% option.

Actuarial Equivalence

7.0% interest and the RP-2000 Combined Healthy Mortality table, weighted 100% male.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Other Negotiated Agreements

Normal Retirement	Same as Pension Agreement 1 (Steelworkers) as it applied to retirements prior to January 1, 1998 for part (1). For part (2): For Agreement 5 (Seattle): (2) \$12.00 multiplied by years of service up to 15, plus \$13.50 multiplied by years of service in excess of 15 but not more than 30, plus \$15.00 multiplied by years of service in excess of 30. For other Agreements, the same as Agreement 5 (Seattle) except the accrual rates are: \$13.50/\$15.00/\$16.50 for Agreements 6 (Carson), 7 (Norco), 8 (Pasadena and Galena Park), and 10 (Carteret). \$13.50/15.00/\$16.50 increased by 5% for Agreement 9 (Argo).
Vacation Benefit	Same as Pension Agreement 1 (Steelworkers).
Early Retirement	Same as Pension Agreement 1 (Steelworkers) except Agreement 5 (Seattle) has no provision for “30 and out” retirement.
Late Retirement	Same as Pension Agreement 1 (Steelworkers).
Disability	Same as Pension Agreement 1 (Steelworkers) except: The amount of the monthly supplement is \$350 for Agreement 10 (Carteret), and \$230 for Agreement 9 (Argo).
70/80 Points Retirement	Same as Pension Agreement 1 (Steelworkers) except that the amount of the monthly supplement is \$230 for Agreement 9 (Argo), \$350 for Agreement 10 (Carteret), and \$300 for all causes for all other Agreements.
“Rule of 65” Retirement	Same as Pension Agreement 1 (Steelworkers), except that Agreements 5 (Seattle) and 9 (Argo) have no provisions for “Rule of 65” retirement.
Deferred Vested	Same as Pension Agreement 1 (Steelworkers).
Normal Form of Annuity	Same as Pension Agreement 1 (Steelworkers).
Surviving Spouse’s Benefit	Same as Pension Agreement 1 (Steelworkers) except that the minimum benefits are \$107.50 and \$57.50 in Agreements 5 (Seattle), and 9 (Argo).
Preretirement Death Benefit Option	Same as Pension Agreement 1 (Steelworkers).

Schedule SB Attachment (Form 5500)—2024 Plan Year
Noncontributory Pension Plan for Hourly Employees
EIN: 36-1124040 PN: 003

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- The benefit rate for Pension Agreement 1 increased to \$47 per month effective March 1, 2023.
- The minimum surviving spouse benefit for Pension Agreement 1 increased to \$120 per month effective March 1, 2023.

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.

GATX Corporation Non-Contributory
Pension Plan for Hourly Employees
EIN 36-1124040 Plan #003

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024**

Identity of Issue	Number of Shares or Units	Cost	Current Value
Fixed income collective trust funds			
AGT US Long-Term Fixed Active Credit Fund	5,349,901 units	\$ 53,200,809	\$ 45,367,159
AON Mid Duration Long Credit Fund	1,748,203 units	18,942,553	19,422,536
AON Hewitt 20+ Year US Treasury Strips Fund	31,809 units	214,046	153,320
		72,357,408	64,943,015
Common stock collective trust funds			
NT Collective S&P 500 Index Fund *	178 units	1,208,438	4,023,971
NT Collective All Country World Ex-US IMI Fund * ..	9,825 units	1,269,442	2,060,623
NT Collective Russell 2000 Index Fund *	5,650 units	168,934	348,013
NT Collective S&P 400 Index Fund *	97 units	126,556	366,864
AGT Global Real Estate Fund	669 units	8,022	10,150
		2,781,392	6,809,621
Real estate collective trust funds			
UBS Trumbull Property Fund	69 units	731,212	595,770
AON Core Real Estate - Class I Fund	27,568 units	306,106	362,523
		1,037,318	958,293
Short-term investment collective trust fund			
NT Collective Short Term Investment Fund *	1,485,270 units	1,485,270	1,485,270
Total			\$ 74,196,199

* Party-in-interest to the Plan.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Noncontributory Pension Plan for Hourly Employees
 EIN: 36-1124040 PN: 003

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 13,319,447	January 1, 2023	14	\$ 1,271,245
Shortfall	\$ (3,789,327)	January 1, 2024	15	\$ (344,754)