

Form **5500**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).****► Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2010****This Form Is Open to Public Inspection.****Part I Annual Report Identification Information****For the calendar plan year 2010 or fiscal plan year beginning and ending**

- A** This return/report is for: (1) ☒ a multiemployer plan; (3) ☐ a multiple-employer plan; or
(2) ☐ a single-employer plan; (4) ☐ a DFE (specify)
- B** This return/report is: (1) ☐ the first return/report; (3) ☐ the final return/report;
(2) ☒ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ Special extension (enter description)

Part II Basic Plan Information — enter all requested information.

1a Name of plan RAILROAD EMPLOYEES HEALTH FSA	1b Three-digit plan number (PN).... ► 511
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) NATIONAL CARRIERS' CONFERENCE COMMITTEE 1901 L STREET, NW WASHINGTON, DC 20036	1c Effective date of plan 04/01/2005
	2b Employer Identification Number (EIN) 74-3139935
	2c Sponsor's telephone number 202-862-7200
	2d Business code (see instructions) 482110

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 if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			A. K. GRADIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.Form **5500** (2010)

v.092307.1

3a Plan administrator's name and address (If same as plan sponsor, enter 'Same') NATIONAL CARRIERS' CONFERENCE COMMITTEE 1901 L STREET, NW WASHINGTON, DC 20036	3b Administrator's EIN 74-3139935 <hr/> 3c Administrator's telephone number 202-862-7200 <div style="background-color: #cccccc; height: 40px; width: 100%; margin-top: 5px;"></div>
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below: a Sponsor's name	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">b EIN</td> <td style="width: 50%;"></td> </tr> <tr> <td>c PN</td> <td></td> </tr> </table>	b EIN		c PN	
b EIN					
c PN					
5 Total number of participants at the beginning of the plan year	5 522				
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d)					
a Active participants	6a				
b Retired or separated participants receiving benefits	6b				
c Other retired or separated participants entitled to future benefits	6c				
d Subtotal. Add lines 6a , 7b , and 6c	6d 0				
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e				
f Total. Add lines 6d and 6e	6f				
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g				
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 5				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

4A									

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

a Pension Schedules

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

b General Schedules

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

**Schedule C
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Service Provider Information**This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974.

OMB No. 1210-0110

2010**This Form is Open to
Public Inspection.**► **File as an attachment to Form 5500.**

For calendar plan year 2010 or fiscal plan year beginning and ending

A Name of plan RAILROAD EMPLOYEES HEALTH FSA	B Three-digit plan number... ► 511
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CARRIERS' CONFERENCE COMMITTEE	D Employer Identification Number 74-3139935

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 of 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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered 'Yes' to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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"/>

(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"/>

(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

3 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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
		2010
		This Form Is Open to Public Inspection.

For calendar year 2010 or fiscal plan year beginning		and ending	
A Name of plan RAILROAD EMPLOYEES HEALTH FSA		B Three-digit plan number. ►	511
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CARRIERS' CONFERENCE COMMITTEE		D Employer Identification Number (EIN) 74-3139935	

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)	21430	42777
(2) Participant contributions.	1b(2)	52165	
(3) Other. See Statement 1	1b(3)	2	
c General investments:			
(1) Interest-bearing cash (include money market accounts and certificates of deposit).	1c(1)	20057	1932
(2) U.S. Government securities.	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.	1c(3)(A)		
(B) All other.	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.	1c(4)(A)		
(B) Common.	1c(4)(B)		
(5) Partnership/joint venture interests.	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.	1c(8)		
(9) Value of interest in common/collective trusts.	1c(9)		
(10) Value of interest in pooled separate accounts.	1c(10)		
(11) Value of interest in master trust investment accounts.	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other. See Statement 2	1c(15)	6457	5000

d 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	100111	49709
Liabilities			
g Benefit claims payable	1g	50139	
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities See Statement 3	1j	49972	49709
k Total liabilities (add all amounts in lines 1g through 1j).	1k	100111	49709
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l		

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3	
(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)		3
(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)		
(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)		

	(a) Amount	(b) Total
(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)	
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	12
d Total income. Add all income amounts in column (b) and enter total	2d	15

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(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)	
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses: (1) Professional fees	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Investment advisory and management fees	2i(3)	15
(4) Other	2i(4)	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	15
j Total expenses. Add all expense amounts in column (b) and enter total	2j	15

Net Income and Reconciliation

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

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: TMDG, LLC

(2) EIN: 03-0583064

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer 'Yes' for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of 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)			
4b		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)			
4c		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 on line 4d)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f		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?			
4g		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?			
4h		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). See Statement 5	X		
4i			
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). See Statement 6	X		
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)			
4m			
n If 4m was answered 'Yes', check the 'Yes' box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. ☒ Yes ☐ No Amount 0
- 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)

2010

Federal Statements
National Carriers' Conference
Committee

Page 1
74-3139935
Plan No. 511

Client 18-150-1

10/14/11

02:17PM

Statement 1**Schedule H, Page 1, Line 1b(3)****Other Receivables**

Railroad Employees Health FSA 74-3139935 511

	<u>Beginning</u>	<u>Ending</u>
ACCRUED INTEREST.....	\$ 2.	\$ 0.
Total	\$ 2.	\$ 0.

Statement 2**Schedule H, Page 1, Line 1c(15)****Other General Investments**

Railroad Employees Health FSA 74-3139935 511

	<u>Beginning</u>	<u>Ending</u>
DEPOSITS ON HAND.....	\$ 6,457.	\$ 5,000.
Total	\$ 6,457.	\$ 5,000.

Statement 3**Schedule H, Page 2, Line 1j****Other Liabilities**

Railroad Employees Health FSA 74-3139935 511

	<u>Beginning</u>	<u>Ending</u>
ACCOUNTS PAYABLE.....	\$ 263.	\$ 0.
DUE TO DCAP PLAN.....	40,716.	40,716.
DUE TO PARTICIPATING RAILROADS.....	8,993.	8,993.
Total	\$ 49,972.	\$ 49,709.

Statement 4**Schedule H, Page 3, Line 2c****Other Income**

Railroad Employees Health FSA 74-3139935 511

OTHER.....	\$ 12.
Total	\$ 12.

Statement 5**Schedule H, Page 4, Line 4i****Schedule Of Assets (Held At End Of Year)**

Railroad Employees Health FSA 74-3139935 511

Party In Interest	Identification	Description	Cost	Current Amount
	SEE ATTACHMENT			

2010

Federal Statements
National Carriers' Conference
Committee

Page 2
74-3139935
Plan No. 511

Client 18-150-1

10/14/11

02:17PM

Statement 6
Schedule H, Page 4, Line 4j
Schedule Of Reportable Transactions
Railroad Employees Health FSA 74-3139935 511

<u>Identity Of Party</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost Of Asset</u>	<u>Current Value</u>	<u>Net Gain (Loss)</u>
	SEE ATTACHMENT							

**Application for Extension of Time
To File Certain Employee Plan Returns**

OMB No. 1545-0212

► **For Privacy Act and Paperwork Reduction Act Notice, see instructions.****File With IRS Only****Part I Identification**

A Name of filer, plan administrator, or plan sponsor (see instructions) NATIONAL CARRIERS' CONFERENCE Number, street, and room or suite number (If a P.O. box, see instructions) 1901 L STREET, NW City or town, state, and ZIP code WASHINGTON, DC 20036	B Filer's Identifying Number (see instructions). <input checked="checked" type="checkbox"/> Employer identification number (EIN). ► 74-3139935 <input type="checkbox"/> Social security number (SSN) ►
--	--

C	Plan name	Plan number	Plan year ending		
			MM	DD	YYYY
1	RAILROAD EMPLOYEES HEALTH FSA	511	12	31	10
2					
3					

Part II Extension of Time to File Form 5500 Series, and/or Form 8955-SSA

- 1 I request an extension of time until 10/15/2011 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

- 2 I request an extension of time until _____ to file Form 8955-SSA(see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 1 and/or line 2 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 1 and/or line 2 (above) is no more than the 15th day of the third month after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note: A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 (see instructions)

- 2 I request an extension of time until _____ to file Form 5330.
 You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax.	►	a		
b Enter the payment amount attached	►	b		
c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amentment date.	►	c		

- 3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

THE HEALTH FLEXIBLE SPENDING ARRANGEMENT COMPONENT OF
THE RAILROAD EMPLOYEES NATIONAL FLEXIBLE BENEFITS PROGRAM

Schedule of Assets Held for Investment Purposes
December 31, 2010

Schedule H Item 4(i) – Schedule of Assets Held for Investment Purposes
EIN: 74-3139935
Plan Number: 511

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, <u>Or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, <u>Collateral, Par or Maturity</u>	<u>Cost</u>	Current <u>Value</u>
	Cash and cash equivalents			
*	SunTrust Bank Account 70-04-102-7045795	Money market fund Federated Money Mkt Obligs Tr Prime Obligs Instl FFS #10	<u>\$ 1,932</u>	<u>\$ 1,932</u>

* Known party-in-interest to the Plan.

THE HEALTH FLEXIBLE SPENDING ARRANGEMENT COMPONENT OF
THE RAILROAD EMPLOYEES NATIONAL FLEXIBLE BENEFITS PROGRAM

Schedule of Reportable Transactions
Exceeding 5% of the Plan Assets
For the Year Ended December 31, 2010

Schedule H Item 4(j) – Schedule of Reportable Transactions

EIN: 74-3139935

Plan Number: 511

(a)	(b)	(c)	(d)	(g)	(i)
<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Asset Cost</u>	<u>Current Value</u>
SunTrust Bank Account 70-04-102-7045795	(See attached schedule as prepared and reported by SunTrust Bank)				



REPORTABLE TRANSACTIONS WORKSHEET

1/1/10 THROUGH 12/31/10

ACCOUNT 7045795

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RAILROAD EMPLOYEES HEALTH FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 609010DF7 - FEDERATED MKKT PRIME OBLIG-I #10 FFS						
09/20/10 B	2,007.8100	1.0000		-2,008 *	2,008	
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
01/04/10 B	4,067.1400	1.0000		-4,067 *	4,067	
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
01/06/10 S	4,201.5000	1.0000		4,202 *	4,202	0
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
01/07/10 B	5,186.2600	1.0000		-5,186 *	5,186	
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
01/13/10 S	4,430.8000	1.0000		4,431 *	4,431	0
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
01/20/10 S	6,698.5000	1.0000		6,699 *	6,699	0
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
01/27/10 S	7,890.5300	1.0000		7,891 *	7,891	0
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
02/03/10 S	1,561.4400	1.0000		1,561 *	1,561	0
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
02/10/10 S	4,405.8800	1.0000		4,406 *	4,406	0
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
02/11/10 B	2,171.1500	1.0000		-2,171 *	2,171	
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
02/17/10 S	1,121.6000	1.0000		1,122 *	1,122	0
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
02/24/10 S	1,110.9800	1.0000		1,111 *	1,111	0
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
04/28/10 B	4,162.9400	1.0000		-4,163 *	4,163	
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
05/05/10 S	2,063.1900	1.0000		2,063 *	2,063	0
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
09/20/10 S	2,007.8100	1.0000		2,008 *	2,008	0
GRAND TOTAL						
				53,089	53,089	0



REPORTABLE TRANSACTIONS WORKSHEET

ACCOUNT 7045795

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1/1/10 THROUGH 12/31/10

RAILROAD EMPLOYEES HEALTH FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
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CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

ISSUE: 609010DF7 - FEDERATED MKKT PRIME OBLIG-I #10 FFS

09/20/10 B	2,007.8100	1.0000	0	-2,008 *	2,008	0
10/01/10 B	0.2000	1.0000	0	0	0	0
10/05/10 B	0.0100	1.0000	0	0	0	0
11/01/10 B	0.3100	1.0000	0	0	0	0
12/01/10 B	0.3000	1.0000	0	0	0	0
SUB-TOTAL OF BUYS # 5			0	2,008	2,008	
10/08/10 S	0.4400	1.0000	0	0	0	0
11/08/10 S	0.4400	1.0000	0	0	0	0
11/10/10 S	10.0000	1.0000	0	10	10	0
12/08/10 S	0.4300	1.0000	0	0	0	0
12/29/10 S	65.5300	1.0000	0	66	66	0
SUB-TOTAL OF SALES # 5			0	76	76	0
SUB-TOTAL			0	2,084	2,084	0

ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MH#594

01/04/10 B	4,067.1400	1.0000	0	-4,067 *	4,067	
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REPORTABLE TRANSACTIONS WORKSHEET

1/1/10 THROUGH 12/31/10

ACCOUNT 7045795

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RAILROAD EMPLOYEES HEALTH FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
01/04/10 B	2.1500	1.0000	0	-2	2	0
01/07/10 B	5,186.2600	1.0000	0	-5,186 *	5,186	0
01/21/10 B	204.5600	1.0000	0	-205	205	0
02/01/10 B	1.0500	1.0000	0	-1	1	0
02/11/10 B	2,171.1500	1.0000	0	-2,171 *	2,171	0
03/01/10 B	0.0800	1.0000	0	0	0	0
03/03/10 B	50.4800	1.0000	0	-50	50	0
03/10/10 B	288.0600	1.0000	0	-288	288	0
04/07/10 B	38.9100	1.0000	0	-39	39	0
04/14/10 B	708.7700	1.0000	0	-709	709	0
04/28/10 B	4,162.9400	1.0000	0	-4,163 *	4,163	0
05/03/10 B	0.0300	1.0000	0	0	0	0
06/01/10 B	0.0400	1.0000	0	0	0	0
07/01/10 B	0.0600	1.0000	0	0	0	0
08/02/10 B	0.2000	1.0000	0	0	0	0
09/01/10 B	0.2400	1.0000	0	0	0	0
SUB-TOTAL OF BUYS # 17			0	16,881	16,881	0
01/06/10 S	4,201.5000	1.0000	0	4,202 *	4,202	0
01/11/10 S	6.6700	1.0000	0	7	7	0
01/13/10 S	4,430.8000	1.0000	0	4,431 *	4,431	0
01/20/10 S	6,698.5000	1.0000	0	6,699 *	6,699	0
01/27/10 S	7,890.5300	1.0000	0	7,891 *	7,891	0
02/03/10 S	1,561.4400	1.0000	0	1,561 *	1,561	0
02/08/10 S	3.9700	1.0000	0	4	4	0
02/10/10 S	4,405.8800	1.0000	0	4,406 *	4,406	0
02/17/10 S	1,121.6000	1.0000	0	1,122 *	1,122	0
02/24/10 S	1,110.9800	1.0000	0	1,111 *	1,111	0
03/08/10 S	0.6000	1.0000	0	1	1	0
03/17/10 S	418.1800	1.0000	0	418	418	0
03/24/10 S	47.5600	1.0000	0	48	48	0
03/31/10 S	74.3700	1.0000	0	74	74	0
04/08/10 S	0.0600	1.0000	0	0	0	0
04/21/10 S	744.1700	1.0000	0	744	744	0
05/05/10 S	2,063.1900	1.0000	0	2,063 *	2,063	0
05/10/10 S	0.1100	1.0000	0	0	0	0
05/12/10 S	119.0000	1.0000	0	119	119	0
06/08/10 S	0.5200	1.0000	0	1	1	0
07/09/10 S	0.4400	1.0000	0	0	0	0
08/09/10 S	0.4400	1.0000	0	0	0	0
09/09/10 S	0.4400	1.0000	0	0	0	0
09/15/10 S	30.0000	1.0000	0	30	30	0
09/20/10 S	2,007.8100	1.0000	0	2,008 *	2,008	0



ACCOUNT 7045795

REPORTABLE TRANSACTIONS WORKSHEET

1/1/10 THROUGH 12/31/10

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RAILROAD EMPLOYEES HEALTH FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
SUB-TOTAL OF SALES # 25			0	36,940	36,940	0
SUB-TOTAL			0	53,821	53,821	0
GRAND TOTAL			0	55,905	55,905	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

THE HEALTH FLEXIBLE SPENDING ARRANGEMENT COMPONENT OF
THE RAILROAD EMPLOYEES NATIONAL FLEXIBLE BENEFITS PROGRAM

FINANCIAL STATEMENTS
(Together with report of Independent Public Accountants)

December 31, 2010 and 2009

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500 East Pratt Street • Suite 525 • Baltimore, Maryland 21202-3178
Telephone: 443.743.1277 • Facsimile: 443.743.1295



INDEPENDENT AUDITOR'S REPORT

To the National Carriers' Conference Committee with respect to
The Health Flexible Spending Arrangement Component of
The Railroad Employees National Flexible Benefits Program

We were engaged to audit the accompanying statements of net assets available for benefits and of plan benefit obligations of The Health Flexible Spending Arrangement Component of The Railroad Employees National Flexible Benefits Program (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2010, and the supplemental schedules of assets held for investment purposes as of December 31, 2010 and of reportable transactions exceeding 5% of the Plan assets for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Notes 3 and 5, which was certified by SunTrust Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 6, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2010, and as of December 31, 2009.

As further discussed in Note 1, the Plan sponsor elected to terminate the plan effective December 31, 2009. In accordance with accounting principles generally accepted in the United States of America, the Plan uses the liquidation basis of accounting.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Baltimore, Maryland
October 10, 2011

THE HEALTH FLEXIBLE SPENDING ARRANGEMENT COMPONENT OF
THE RAILROAD EMPLOYEES NATIONAL FLEXIBLE BENEFITS PROGRAM

Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009
ASSETS		
Investments, at fair value	<u>\$ 1,932</u>	<u>\$ 20,057</u>
Receivables:		
Participants' contributions	-	52,165
Accrued interest	<u>-</u>	<u>2</u>
	<u>-</u>	<u>52,167</u>
Deposits on hand	<u>5,000</u>	<u>6,457</u>
Amounts due from participating railroads	<u>42,777</u>	<u>21,430</u>
Total assets	<u>49,709</u>	<u>100,111</u>
LIABILITIES		
Accounts payable	-	263
Due to the Dependent Care Assistance Plan	40,716	40,716
Due to participating railroads	<u>8,993</u>	<u>8,993</u>
Total liabilities	<u>49,709</u>	<u>49,972</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 50,139</u>

The Notes to Financial Statements are an integral part of these statements.

THE HEALTH FLEXIBLE SPENDING ARRANGEMENT COMPONENT OF
THE RAILROAD EMPLOYEES NATIONAL FLEXIBLE BENEFITS PROGRAM

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2010

ADDITIONS

Investment income:	
Interest income	\$ 3
Less investment expenses	(15)
	(12)
Other income	12
Total additions	-

DEDUCTIONS

Benefits paid to or for participants, beneficiaries and dependents:	
Health claims	50,139
Administrative expenses	-
Total deductions	50,139
Net increase (decrease)	(50,139)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	50,139
End of year	\$ -

The Notes to Financial Statements are an integral part of this statement.

THE HEALTH FLEXIBLE SPENDING ARRANGEMENT COMPONENT OF
THE RAILROAD EMPLOYEES NATIONAL FLEXIBLE BENEFITS PROGRAM

Statements of Plan Benefit Obligations
December 31, 2010 and 2009

	2010	2009
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Health claims payable	\$ <u> - </u>	\$ <u> 50,139 </u>

The Notes to Financial Statements are an integral part of these statements.

THE HEALTH FLEXIBLE SPENDING ARRANGEMENT COMPONENT OF
THE RAILROAD EMPLOYEES NATIONAL FLEXIBLE BENEFITS PROGRAM

Statement of Changes in Plan Benefit Obligations
For the Year Ended December 31, 2010

AMOUNTS CURRENTLY PAYABLE TO OR FOR
PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS

Health claims payable:

Balance at beginning of year	\$ 50,139
Claims reported and approved for payment	-
Claims paid	<u>(50,139)</u>
Balance at end of year	<u>\$ -</u>

The Notes to Financial Statements are an integral part of this statement.

NOTES TO FINANCIAL STATEMENTS

Note 1. Plan Termination

A resolution to terminate the Plan was adopted by the Plan Sponsor during the 2009 Plan year and became effective at the close of business on December 31, 2009. Benefits continued to be reimbursed by the Plan for eligible health care expenses submitted by Plan participants and received by the Plan Administrator through March 31, 2010. The financial statements include an obligation due from the participating railroads that represents the estimated deficit required to be funded to satisfy all Plan obligations.

Note 2. Description of the Plan

The following description of The Health Flexible Spending Arrangement Component of The Railroad Employees National Flexible Benefits Program (the Plan) provides only general information. Participants should refer to the Plan's Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established April 1, 2005 pursuant to collective-bargaining. The Plan is administered by the National Carriers' Conference Committee and is subject to the provisions of the Railway Labor Act, as amended, and the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits

The Plan will reimburse a participant for eligible health care expenses incurred during the calendar year for which the participant has not been previously reimbursed and will not seek reimbursement elsewhere. The reimbursement is limited to the participant's annual election for Health Flexible Spending Arrangement (FSA) benefits.

Eligibility

Upon satisfying the eligibility and coverage requirements, as outlined in the Plan's Summary Plan Description, a prospective participant must make an annual election to participate in the Plan.

NOTES TO FINANCIAL STATEMENTS

Note 2. Description of the Plan (continued)

Participant accounts

An individual account is maintained for each participant of the Plan. This account is credited for contributions provided by the participant and charged for all reimbursements made to the participant during the Plan year.

Regardless of the amount actually credited to a participant's account, the amount available to the participant at any time within a period of coverage shall equal the total annual Health FSA benefit election reduced by any prior reimbursements to the participant in the same period of coverage.

Experience gains

If the Plan has an experience gain for the Plan year (the total of all amounts remitted to the Plan for the year plus earnings on such amounts exceeds the total amount of all reimbursements for health care expenses for the Plan year), then such gain shall be used to defray reasonable administrative costs of the Plan. Any remaining gain shall remain in the Plan to defray reasonable administrative costs of the Plan for subsequent years or, at the Plan Sponsor's discretion, may be distributed in any manner permitted by the Code and ERISA.

Vesting

Participants are immediately vested in their account. (See additional disclosure related to forfeitures)

Payment of benefits

Benefits will be paid for eligible health care expenses submitted by a Plan participant and received by the Plan Administrator no later than March 31st following the close of the Plan year.

Any benefit check sent to a participant that is not cashed within ninety (90) days of the date on which it is issued shall be forfeited, and the participant shall have no further right to receive reimbursement for the health care expenses for which such benefit check was issued, unless, within one (1) year from the date the check was issued, the participant demonstrates to the Plan Administrator's satisfaction that the check was not received.

NOTES TO FINANCIAL STATEMENTS

Note 2. Description of the Plan (continued)

Forfeitures

Any balance remaining in the participant's account as of March 31st for the preceding Plan year, December 31st, will be forfeited by the participant and will remain in the Plan to defray reasonable administrative costs.

Period of coverage

In general, the period of coverage for a participant shall commence on January 1st and terminate on December 31st of the Plan year. However, in the case where a participant ceases to remain eligible to participate in the Plan, the period of coverage will terminate on the date on which participant's eligibility terminates.

Funding

The Plan is funded through participant contributions. If the Plan experiences a shortfall, the Plan will either borrow the funds necessary to pay claims or require the participating employers to make supplemental contributions to cover the shortage.

Tax status

The Trust established pursuant to the Plan to hold the Plan's assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code and, accordingly, the Trust's net investment income is exempt from income taxation. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan Sponsor believes that the Plan, as amended, continues to qualify and to operate as designed.

Representatives of the Plan Sponsor considered the Plan's tax positions relative to FASB ASC 740, Income Taxes (which includes FASB Interpretation No. 48 (FIN 48) – Accounting for Uncertainty in Income Taxes) and believes that the Plan has maintained its tax exempt status and had taken no uncertain tax positions. Therefore, no provision or liability for income taxes has been included in the financial statements. The Plan is subject to routine examination by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress. Based on the three year statute of limitations that restricts the tax filing from examination by the IRS and other taxing jurisdictions for income tax purposes, the Plan Sponsor believes it is not longer subject to examinations by these jurisdictions for this purpose for years prior to 2007.

NOTES TO FINANCIAL STATEMENTS

Note 3. Significant Accounting Policies

Basis of accounting

The financial statements of the Plan are prepared on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

New accounting pronouncements

In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures* (ASU No. 2010-06), which amends ASC 820, adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The adoption of this pronouncement did not have a material impact on the Plan's financial statements.

Valuation of investments and income recognition

Investments are reported at fair value. 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Fair value of financial instruments

The Plan administrator believes the carrying value of financial instruments, as stated in the financial statements, approximates their fair value.

NOTES TO FINANCIAL STATEMENTS

Note 3. Significant Accounting Policies (continued)

Participant contributions and contributions receivable

Employee contributions are remitted to the Plan on at least a monthly basis in accordance with the participant's annual Health FSA benefit election. Employee contributions are recognized as revenue in the period in which the compensated service giving rise to the contribution is rendered.

Participants' COBRA contributions

A participant, who experiences a qualifying event, as defined by Federal COBRA guidelines, may self-pay to continue coverage in the Plan for a limited period of time. Participants' COBRA contributions are recognized when due and payable.

Allowance for doubtful accounts

The Plan utilizes the allowance method to account for uncollectible receivables. Unless otherwise noted, an allowance for doubtful accounts for the Plan's receivable balances is not considered necessary as probable uncollectible amounts have been determined by the Plan Administrator not to be significant to the financial statements.

Amounts due from participating railroads

The amounts due from participating railroads represent supplemental contributions required by the participating railroads to cover the shortfall in the Plan. These contributions are paid into the Plan as cash is needed to fund the obligations as they come due and are payable. (See Note 1 for additional disclosure related to funding and Note 8 for Plan termination.)

Due to the Dependent Care Assistance Plan

The amounts due to the Dependent Care Assistance Plan (DCAP) represent contributions that were improperly deposited into the Plan during 2009 and 2008 by a participating railroad.

Subsequent events

The Plan has evaluated subsequent events through October 10, 2011 the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

Note 4. Investments

Investments are held by a bank administered trust fund. The following table represents the fair value of those investments as of December 31, 2010 and 2009. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2010	2009
Investments at estimated fair value:		
Money market fund*	\$ 1,932	\$ 20,057

*Investments held as of December 31, 2009 were in SunTrust STI Classic Fund. Investments held as of December 31, 2010 were in Federated Money Mkt Obligs Tr Prime Ogls Instl FFS #10.

Note 5. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2

Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value Measurements (continued)

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Money Market Fund – shares of a money market portfolio are considered cash equivalents and are valued at their carrying amount due to their short-term nature.

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

As of December 31, 2010, and 2009, all of the Plan's investment assets have been determined by management of the Plan to be level 1.

Note 6. Information Certified by the Plan's Trustee and the Plan Administrator

The following information included in the financial statements and supplemental schedules was provided and certified by the Trustee, SunTrust Bank, and the Plan Administrator as complete and accurate.

- Investments
- Accrued interest
- Investment income
- Schedule of assets held for investment purposes
- Schedule of reportable transactions

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTES TO FINANCIAL STATEMENTS

Note 7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2010 and 2009 financial statements to the Form 5500.

	2010	2009
Net assets available for benefits as reported within the financial statements	\$ -	\$ 50,139
Benefit obligations currently payable	<u>-</u>	<u>(50,139)</u>
Net assets available for benefits as reported within the Form 5500	<u>\$ -</u>	<u>\$ -</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31, 2010.

	2010
Benefits paid to participants as reported within the financial statements	\$ 50,139
Add: Amounts payable at end of year	-
Less: Amounts payable at beginning of year	<u>(50,139)</u>
Benefits paid to participants as reported within the Form 5500	<u>\$ -</u>

Amounts currently payable to or for participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31st but not yet paid as of that date.

Note 8. Risks and Uncertainties

The Plan invests in money market funds with SunTrust. These investments are exposed to credit risk. Due to the level of risk associated with these investments given the current economic condition and uncertainty in the market place, it is at least reasonably possible that changes in the value of these investments may occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

SUPPLEMENTAL SCHEDULES

THE HEALTH FLEXIBLE SPENDING ARRANGEMENT COMPONENT OF
THE RAILROAD EMPLOYEES NATIONAL FLEXIBLE BENEFITS PROGRAM

Schedule of Assets Held for Investment Purposes
December 31, 2010

Schedule H Item 4(i) – Schedule of Assets Held for Investment Purposes
EIN: 74-3139935
Plan Number: 511

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity	Cost	Current Value
	Cash and cash equivalents			
*	SunTrust Bank Account 70-04-102-7045795	Money market fund Federated Money Mkt Obligs Tr Prime Obligs Instl FFS #10	\$ 1,932	\$ 1,932

* Known party-in-interest to the Plan.

THE HEALTH FLEXIBLE SPENDING ARRANGEMENT COMPONENT OF
THE RAILROAD EMPLOYEES NATIONAL FLEXIBLE BENEFITS PROGRAM

Schedule of Reportable Transactions
Exceeding 5% of the Plan Assets
For the Year Ended December 31, 2010

Schedule H Item 4(j) – Schedule of Reportable Transactions
EIN: 74-3139935
Plan Number: 511

(a)	(b)	(c)	(d)	(g)	(i)
<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Asset Cost</u>	<u>Current Value</u>
SunTrust Bank Account 70-04-102-7045795	(See attached schedule as prepared and reported by SunTrust Bank)				



REPORTABLE TRANSACTIONS WORKSHEET

1/1/10 THROUGH 12/31/10

ACCOUNT 7065795

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RAILROAD EMPLOYEES HEALTH FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 609010DF7 - FEDERATED MKT PRIME OBLIG-I #10 FFS						
09/20/10 B	2,007.8100	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
01/04/10 B	4,067.1400	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
01/06/10 S	4,201.5000	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
01/07/10 B	5,186.2600	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
01/13/10 S	4,430.8000	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
01/20/10 S	6,698.5000	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
01/27/10 S	7,890.5300	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
02/03/10 S	1,561.4400	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
02/10/10 S	4,405.8800	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
02/11/10 B	2,171.1500	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
02/17/10 S	1,121.6000	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
02/24/10 S	1,110.9800	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
04/28/10 B	4,162.9400	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
05/05/10 S	2,063.1900	1.0000				
ISSUE: 76628T264 - RIDGEWORTH FD-INSTL CASH MGMT MM#594						
09/20/10 S	2,007.8100	1.0000				
GRAND TOTAL				53,089	53,089	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/10 THROUGH 12/31/10

ACCOUNT 7045795

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RAILROAD EMPLOYEES HEALTH FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
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CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

ISSUE: 609010DF7 - FEDERATED MKT PRIME OBLIG-I #10 FFS

09/20/10 B	2,007.8100	1.0000				
10/01/10 B	0.2000	1.0000				
10/05/10 B	0.0100	1.0000				
11/01/10 B	0.3100	1.0000				
12/01/10 B	0.3000	1.0000				
SUB-TOTAL OF BUYS # 5						
10/08/10 S	0.4400	1.0000				
11/08/10 S	0.4400	1.0000				
11/10/10 S	10.0000	1.0000				
12/08/10 S	0.4300	1.0000				
12/29/10 S	65.5300	1.0000				
SUB-TOTAL OF SALES # 5						
SUB-TOTAL						

ISSUE: 76628T264 - RIDGENORTH FD-INSTL CASH NGMT MM#594

01/04/10 B 4,067.1400 1.0000

-4,067

4,067



REPORTABLE TRANSACTIONS WORKSHEET

1/1/10 THROUGH 12/31/10

ACCOUNT 7045795

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RAILROAD EMPLOYEES HEALTH FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
01/04/10 B	2.1500	1.0000	0	-2	2	
01/07/10 B	5,186.2600	1.0000	0	-5,186 *	5,186	
01/21/10 B	204.5600	1.0000	0	-205	205	
02/01/10 B	1.0500	1.0000	0	-1	1	
02/11/10 B	2,171.1500	1.0000	0	-2,171 *	2,171	
03/01/10 B	0.0800	1.0000	0	0	0	
03/03/10 B	50.4800	1.0000	0	-50	50	
03/10/10 B	288.0600	1.0000	0	-288	288	
04/07/10 B	38.9100	1.0000	0	-39	39	
04/14/10 B	708.7700	1.0000	0	-709	709	
04/28/10 B	4,162.9400	1.0000	0	-4,163 *	4,163	
05/03/10 B	0.0300	1.0000	0	0	0	
06/01/10 B	0.0400	1.0000	0	0	0	
07/01/10 B	0.0600	1.0000	0	0	0	
08/02/10 B	0.2000	1.0000	0	0	0	
09/01/10 B	0.2400	1.0000	0	0	0	
SUB-TOTAL OF BUYS # 17				16,881	16,881	
01/06/10 S	4,201.5000	1.0000	0	4,202 *	4,202	0
01/11/10 S	6.6700	1.0000	0	7	7	0
01/13/10 S	4,430.8000	1.0000	0	4,431 *	4,431	0
01/20/10 S	6,698.5000	1.0000	0	6,699 *	6,699	0
01/27/10 S	7,890.5300	1.0000	0	7,891 *	7,891	0
02/03/10 S	1,561.4400	1.0000	0	1,561 *	1,561	0
02/08/10 S	3.9700	1.0000	0	4	4	0
02/10/10 S	4,405.8800	1.0000	0	4,406 *	4,406	0
02/17/10 S	1,121.6000	1.0000	0	1,122 *	1,122	0
02/24/10 S	1,110.9800	1.0000	0	1,111 *	1,111	0
03/08/10 S	0.6000	1.0000	0	1	1	0
03/17/10 S	418.1800	1.0000	0	418	418	0
03/24/10 S	47.5600	1.0000	0	48	48	0
03/31/10 S	74.3700	1.0000	0	74	74	0
04/08/10 S	0.0600	1.0000	0	0	0	0
04/21/10 S	744.1700	1.0000	0	744	744	0
05/05/10 S	2,063.1900	1.0000	0	2,063 *	2,063	0
05/10/10 S	0.1100	1.0000	0	0	0	0
05/12/10 S	119.0000	1.0000	0	119	119	0
06/08/10 S	0.5200	1.0000	0	1	1	0
07/09/10 S	0.4400	1.0000	0	0	0	0
08/09/10 S	0.4400	1.0000	0	0	0	0
09/09/10 S	0.4400	1.0000	0	0	0	0
09/15/10 S	30.0000	1.0000	0	30	30	0
09/20/10 S	2,007.8100	1.0000	0	2,008 *	2,008	0



ACCOUNT 7045795

REPORTABLE TRANSACTIONS WORKSHEET

1/1/10 THROUGH 12/31/10

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RAILROAD EMPLOYEES HEALTH FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
SUB-TOTAL OF SALES # 25			0	36,940	36,940	0
SUB-TOTAL			0	53,821	53,821	0
GRAND TOTAL			0	55,905	55,905	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

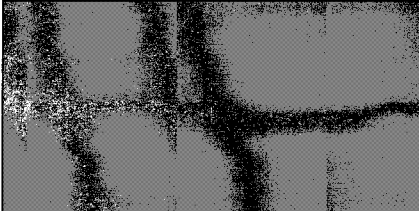
Form **5500**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).****► Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2010****This Form Is Open to Public Inspection.****Annual Report Identification Information****For the calendar plan year 2010 or fiscal plan year beginning****and ending**


- A** This return/report is for: (1) ☒ a multiemployer plan; (3) ☐ a multiple-employer plan; or
 (2) ☐ a single-employer plan; (4) ☐ a DFE (specify)
- B** This return/report is: (1) ☐ the first return/report; (3) ☐ the final return/report;
 (2) ☒ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ Special extension (enter description)

Part II Basic Plan Information — enter all requested information.

1a Name of plan RAILROAD EMPLOYEES HEALTH FSA	1b Three-digit plan number (PN).... ► 511
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) NATIONAL CARRIERS' CONFERENCE COMMITTEE 1901 L STREET, NW WASHINGTON, DC 20036	1c Effective date of plan 04/01/2005 2b Employer Identification Number (EIN) 74-3139935 2c Sponsor's telephone number 202-862-7200 2d Business code (see instructions) 482110 

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 if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE  Signature of plan administrator	10-13-2011 Date	A. K. GRADIA Enter name of individual signing as plan administrator
SIGN HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.Form **5500** (2010)

v.092307.1

3a Plan administrator's name and address (If same as plan sponsor, enter 'Same')

NATIONAL CARRIERS' CONFERENCE
COMMITTEE
1901 L STREET, NW
WASHINGTON, DC 20036

3b Administrator's EIN

74-3139935

3c Administrator's telephone number

202-862-7200

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:**a** Sponsor's name**b** EIN**c** PN**5** Total number of participants at the beginning of the plan year **5** 522**6** Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**)**a** Active participants **6a****b** Retired or separated participants receiving benefits **6b****c** Other retired or separated participants entitled to future benefits **6c****d** Subtotal. Add lines **6a**, **7b**, and **6c** **6d** 0**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits **6e****f** Total. Add lines **6d** and **6e** **6f****g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) **6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested **6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) **7** 5**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

4A									
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9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

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

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

b General Schedules

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