

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>RAILROAD EMPLOYEES HEALTH FSA</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>511</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/2005</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>511</u>	1c Effective date of plan <u>04/01/2005</u>	
1b Three-digit plan number (PN) ▶	<u>511</u>				
1c Effective date of plan <u>04/01/2005</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>NATIONAL CARRIERS CONFERENCE</u> <u>COMMITTEE</u> <u>1901 L STREET NW</u> <u>SUITE 500</u> <u>WASHINGTON, DC 20036</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>74-3139935</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>202-862-7200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>482110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>74-3139935</u>	2c Sponsor's telephone number <u>202-862-7200</u>	2d Business code (see instructions) <u>482110</u>	
2b Employer Identification Number (EIN) <u>74-3139935</u>					
2c Sponsor's telephone number <u>202-862-7200</u>					
2d Business code (see instructions) <u>482110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	MATTHEW DUBNANSKY
	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 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") NATIONAL CARRIERS CONFERENCE 1901 L STREET NW SUITE 500 WASHINGTON, DC 20036	3b Administrator's EIN 74-3139935 3c Administrator's telephone number 202-862-7200
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	0
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , 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	0
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
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

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

A Name of plan <u>RAILROAD EMPLOYEES HEALTH FSA</u>	B Three-digit plan number (PN) ▶ <u>511</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CARRIERS CONFERENCE</u>	D Employer Identification Number (EIN) <u>74-3139935</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>RAILROAD EMPLOYEES HEALTH FSA</u>	B Three-digit plan number (PN) ►	<u>511</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CARRIERS CONFERENCE</u>	D Employer Identification Number (EIN) <u>74-3139935</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	42777	0
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1932	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)		
	(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)	5000	0

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	49709	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	49709	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	49709	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	0	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)	5	
(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)		5
(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
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5

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)	5	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		0
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: 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, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5b(1) Name of plan(s)

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

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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, 2011 and 2010, 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, 2011, and the supplemental schedules of assets held for investment purposes as of December 31, 2011 and of reportable transactions exceeding 5% of the Plan assets for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the 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 4 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 5, 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, 2011, and as of December 31, 2010.

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 5, 2012

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

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="" 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	11
2					
3					

1 I request an extension of time until 10/15/2012 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.

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

FINANCIAL STATEMENTS
(Together with report of Independent Public Accountants)

December 31, 2011 and 2010

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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, 2011 and 2010, 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, 2011, and the supplemental schedules of assets held for investment purposes as of December 31, 2011 and of reportable transactions exceeding 5% of the Plan assets for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the 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 4 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 5, 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, 2011, and as of December 31, 2010.

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 5, 2012

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

Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	2011	2010
ASSETS		
Investments, at fair value	\$ -	\$ 1,932
Deposits on hand	-	5,000
Amounts due from participating railroads	<u>-</u>	<u>42,777</u>
Total assets	<u>-</u>	<u>49,709</u>
LIABILITIES		
Due to the Dependent Care Assistance Plan	-	40,716
Due to participating railroads	<u>-</u>	<u>8,993</u>
Total liabilities	<u>-</u>	<u>49,709</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ -</u></u>	<u><u>\$ -</u></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, 2011

ADDITIONS

Investment income:	
Interest income	\$ 5
Less investment expenses	<u>(5)</u>
Total additions	<u>-</u>

DEDUCTIONS

Total deductions	<u>-</u>
Net increase (decrease)	-

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>-</u>
End of year	<u><u>\$ -</u></u>

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, 2011 and 2010

	2011	2010
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Health claims payable	\$ <u> -</u>	\$ <u> -</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, 2011

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

Health claims payable:

Balance at beginning of year	\$ -
Claims reported and approved for payment	-
Claims paid	-
	<hr/>
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. All participant claims were liquidated as of March 31, 2010.

All Plan activity in the year ended December 31, 2011 related to the liquidation of amounts overpaid by participating railroads and amounts due to the Dependent Care Assistance Plan that were incorrectly deposited to the Plan in prior years. Final liquidation of the Plan's remaining liabilities occurred in December 2011, after which, there were no assets remaining in the Plan. No net assets reverted to participating railroads.

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. Users of the financial statements should refer to the Plan's Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan was a defined contribution plan established April 1, 2005 pursuant to collective-bargaining. The Plan was 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.

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.

NOTES TO FINANCIAL STATEMENTS

Note 2. Description of the Plan (continued)

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 no longer subject to examinations by these jurisdictions for this purpose for years prior to 2008.

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.

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. As of December 31, 2010, investments were valued based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan had the ability to access, which was the same as cost.

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.

Allowance for doubtful accounts

As of December 31, 2010, the Plan utilized the allowance method to account for uncollectible receivables. An allowance for doubtful accounts for the Plan's receivable balances was not considered necessary as probable uncollectible amounts had 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 as of December 31, 2010 represented supplemental contributions required by the participating railroads to cover the shortfall in the Plan. These contributions were paid into the Plan as cash was needed to fund the obligations as they came due and payable.

NOTES TO FINANCIAL STATEMENTS

Note 3. Significant Accounting Policies (continued)

Subsequent events

The Plan had no subsequent events through October 5, 2012, the date the financial statements were available to be issued.

Note 4. Investments

Investments were held by a bank administered trust fund. The following table represents the fair value of those investments as of December 31, 2011 and 2010. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2011	2010
Investments at estimated fair value:		
Money market fund*	\$ -	\$ 1,932

*Investments held as of December 31, 2010 were in Federated Money Mkt Oblig Tr Prime Oblig Inst FFS #10. There were no investments held as of December 31, 2011.

Note 5. 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.

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, 2011

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	\$ -	\$ -

* 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, 2011

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

1/1/11 THROUGH 12/31/11

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 MKT PRIME OBLIG-I #10 FFS						
10/17/11 S	1,930.1800	1.0000		0	1,930 *	1,930 0
ISSUE: 609068DF5 - FEDERATED TRSY OBLIG MM-I #68 FFS						
10/17/11 B	1,930.1800	1.0000		0	-1,930 *	1,930
ISSUE: 609068DF5 - FEDERATED TRSY OBLIG MM-I #68 FFS						
12/29/11 S	1,929.5000	1.0000		0	1,930 *	1,930 0
GRAND TOTAL						
				0	5,790	5,790 0

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

01/03/11 B	0.3100	1.0000		0	0	0
02/01/11 B	0.3100	1.0000		0	0	0
03/01/11 B	0.2800	1.0000		0	0	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/11 THROUGH 12/31/11

ACCOUNT 7045795

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RAILROAD EMPLOYEES HEALTH FSA

DATE BOUGHT/STOCK	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
04/01/11 B	0.3100	1.0000	0	0	0	0
05/02/11 B	0.3000	1.0000	0	0	0	0
06/01/11 B	0.3100	1.0000	0	0	0	0
07/01/11 B	0.1600	1.0000	0	0	0	0
08/01/11 B	0.0900	1.0000	0	0	0	0
09/01/11 B	0.2300	1.0000	0	0	0	0
10/03/11 B	0.3000	1.0000	0	0	0	0
SUB-TOTAL OF BUYS # 10						
01/10/11 S	0.4300	1.0000	0	0	0	0
02/08/11 S	0.4200	1.0000	0	0	0	0
03/08/11 S	0.4200	1.0000	0	0	0	0
04/08/11 S	0.4200	1.0000	0	0	0	0
05/09/11 S	0.4200	1.0000	0	0	0	0
06/08/11 S	0.4200	1.0000	0	0	0	0
07/11/11 S	0.4200	1.0000	0	0	0	0
08/08/11 S	0.4200	1.0000	0	0	0	0
09/09/11 S	0.4200	1.0000	0	0	0	0
10/11/11 S	0.4200	1.0000	0	0	0	0
10/17/11 S	1,930.1800	1.0000	0	1,930 *	1,930	0
SUB-TOTAL OF SALES # 11						
				1,930	1,930	0
SUB-TOTAL						
				1,930	1,930	0
ISSUE: 609068DF5 - FEDERATED TRSY OBLIG MN-I #68 FFS						
10/17/11 B	1,930.1800	1.0000	0	-1,930 *	1,930	0
11/01/11 B	0.1600	1.0000	0	0	0	0
SUB-TOTAL OF BUYS # 2						
				1,930	1,930	0
11/08/11 S	0.4200	1.0000	0	0	0	0
12/08/11 S	0.4200	1.0000	0	0	0	0
12/29/11 S	1,929.5000	1.0000	0	1,930 *	1,930	0
SUB-TOTAL OF SALES # 3						
				1,930	1,930	0
SUB-TOTAL						
				3,860	3,860	0
GRAND TOTAL						
				5,790	5,790	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/11 THROUGH 12/31/11

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 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

Schedule of Reportable Transactions
Exceeding 5% of the Plan Assets
For the Year Ended December 31, 2011

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

1/1/11 THROUGH 12/31/11

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
BEGINNING MARKET VALUE 1,932.13						
COMPARATIVE VALUE (5%) 96.61						

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 609010DF7 - FEDERATED MKT PRIME OBLIG-I #10 FFS						
10/17/11 S	1,930.1800	1.0000	0	1,930 *	1,930	0
ISSUE: 609068DF5 - FEDERATED TRSY OBLIG MM-I #68 FFS						
10/17/11 B	1,930.1800	1.0000	0	-1,930 *	1,930	0
ISSUE: 609068DF5 - FEDERATED TRSY OBLIG MM-I #68 FFS						
12/29/11 S	1,929.5000	1.0000	0	1,930 *	1,930	0
GRAND TOTAL						
			0	5,790	5,790	0

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

01/03/11 B	0.3100	1.0000	0	0	0	0
02/01/11 B	0.3100	1.0000	0	0	0	0
03/01/11 B	0.2800	1.0000	0	0	0	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/11 THROUGH 12/31/11

ACCOUNT 7045795

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RAILROAD EMPLOYEES HEALTH FSA

DATE BOUGHT/STLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
04/01/11 B	0.3100	1.0000	0	0	0	0
05/02/11 B	0.3000	1.0000	0	0	0	0
06/01/11 B	0.3100	1.0000	0	0	0	0
07/01/11 B	0.1600	1.0000	0	0	0	0
08/01/11 B	0.0900	1.0000	0	0	0	0
09/01/11 B	0.2300	1.0000	0	0	0	0
10/03/11 B	0.3000	1.0000	0	0	0	0
SUB-TOTAL OF BUYS # 10						
01/10/11 S	0.4300	1.0000	0	0	0	0
02/08/11 S	0.4200	1.0000	0	0	0	0
03/08/11 S	0.4200	1.0000	0	0	0	0
04/08/11 S	0.4200	1.0000	0	0	0	0
05/09/11 S	0.4200	1.0000	0	0	0	0
06/08/11 S	0.4200	1.0000	0	0	0	0
07/11/11 S	0.4200	1.0000	0	0	0	0
08/08/11 S	0.4200	1.0000	0	0	0	0
09/09/11 S	0.4200	1.0000	0	0	0	0
10/11/11 S	0.4200	1.0000	0	0	0	0
10/17/11 S	1,930.1800	1.0000	0	1,930 *	1,930	0
SUB-TOTAL OF SALES # 11						
			0	1,930	1,930	0
SUB-TOTAL						
			0	1,930	1,930	0
ISSUE: 609068DF5 - FEDERATED TRSY OBLIG MN-I #68 FFS						
10/17/11 B	1,930.1800	1.0000	0	-1,930 *	1,930	0
11/01/11 B	0.1600	1.0000	0	0	0	0
SUB-TOTAL OF BUYS # 2						
			0	1,930	1,930	0
11/08/11 S	0.4200	1.0000	0	0	0	0
12/08/11 S	0.4200	1.0000	0	0	0	0
12/29/11 S	1,929.5000	1.0000	0	1,930 *	1,930	0
SUB-TOTAL OF SALES # 3						
			0	1,930	1,930	0
SUB-TOTAL						
			0	3,860	3,860	0
GRAND TOTAL						
			0	5,790	5,790	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/11 THROUGH 12/31/11

ACCOUNT 7045795

PAGE 20

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 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

Schedule of Assets Held for Investment Purposes
December 31, 2011

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	\$ _____ -	\$ _____ -

* Known party-in-interest to the Plan.

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089**2011**


This Form Is Open to
Public Inspection.

Annual Report Identification Information

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


- 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)

Basic Plan Information — enter all requested information.

1a Name of plan RAILROAD EMPLOYEES HEALTH FSA	1b Three-digit plan number (PN) ... ► 511 1c Effective date of plan 04/01/2005
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) NATIONAL CARRIERS' CONFERENCE COMMITTEE 1901 L STREET, NW WASHINGTON, DC 20036 BUS LOC: SUITE 500	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.

 Signature of plan administrator	10/10/12 Date	A. K. GRADIA Enter name of individual signing as plan administrator
 Signature of employer/plan sponsor	 Date	 Enter name of individual signing as employer or plan sponsor
 Signature of DFE	 Date	 Enter name of individual signing as DFE

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

Form **5500** (2011)

v.012611

3a Plan administrator's name and address (If same as plan sponsor, enter 'Same') 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
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		b EIN c PN
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5 Total number of participants at the beginning of the plan year	5	0
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	0
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: <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">4A</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>	

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) <input 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 type="checkbox"/> SB (Single-Employer Defined Benefit Plan Information) – signed by the plan actuary	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) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)