### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

					Inspection		
Part I	Annual Report Iden	tification Information					
For cale	ndar plan year 2011 or fiscal p	<del></del>	_		1/2011		
<b>A</b> This	return/report is for:	X a multiemployer plan;	a multip	le-employer plan; or			
		a single-employer plan;	a DFE	(specify)			
<b>B</b> This	return/report is:	the first return/report;	the fina	I return/report;			
	•	an amended return/report	t; a short	plan year return/report (less	than 12 months).		
<b>C</b> If the	plan is a collectively-bargaine	d plan, check here			▶⊠		
_	k box if filing under:	Form 5558:	_	tic extension;	the DFVC program;		
D Chec	A DOX II IIIIII G UIIGEI.	special extension (enter d		do oxionolon,	and Br vo program,		
D1	u Baata Blass Informs		. ,				
Part	•	nation—enter all requested infor	mation		4b Thomas Parkets		
	ne of plan	ENEFIT PLAN COVERING RAILF	ROAD SHOP CRAFT	& SIGNAL EMPLOYEES	<b>1b</b> Three-digit plan number (PN) ▶		
THE 30	T I LEWENTAL SIGNNESS DI	INCITITION COVERING RAILI	COAD SHOL CIVALL	& SIGNAL LIVIT LOTELS	1c Effective date of plan		
					07/01/1973		
2a Plar	n sponsor's name and address	s, including room or suite number	(Employer, if for singl	e-employer plan)	<b>2b</b> Employer Identification		
NATION					Number (EIN) 52-1162946		
COMMI	IAL CARRIERS CONFERENC	)E			<b>2c</b> Sponsor's telephone		
COMM	ITEE				number		
10011	STREET NW SUITE 500				202-862-7200		
	NGTON, DC 20036-3514				2d Business code (see		
					instructions) 482110		
					1021110		
		complete filing of this return/rep					
					t, including accompanying schedules, pelief, it is true, correct, and complete.		
Staterner	lits and attachments, as well a	is the electronic version of this ret	diffreport, and to the	l l l l l l l l l l l l l l l l l l l	relief, it is true, correct, and complete.		
SIGN	Filed with authorized/valid ele	ctronic signature	10/11/2012	A K GRADIA			
HERE	i ilea with authorized/valid ele	etrome signature.	10/11/2012	ARORADIA			
	Signature of plan administ	rator	Date	Enter name of individual	signing as plan administrator		
OIC.							
SIGN HERE							
<b></b>	Signature of employer/pla	n sponsor	Date	Enter name of individual	signing as employer or plan sponsor		
SIGN HERE							
	•		1	1			

Date

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

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "Sar TIONAL CARRIERS CONFERENCE	me")			ministrator's EIN 1162946
	01 L STREET NW SUITE 500 ASHINGTON, DC 20036-3514				ministrator's telephone mber 202-862-7200
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for th	is plan, enter the name, EIN	and	4b EIN
а	Sponsor's name				4c PN
5	Total number of participants at the beginning of the plan year			5	44130
6	Number of participants as of the end of the plan year (welfare plans comple	te only lines 6a, 6b	o, 6c, and 6d).		
а	Active participants			6a	45874
b	Retired or separated participants receiving benefits			6b	
С	Other retired or separated participants entitled to future benefits			6c	
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>			6d	45874
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefits		6e	
f	Total. Add lines <b>6d</b> and <b>6e</b>			6f	45874
g	Number of participants with account balances as of the end of the plan year complete this item)	` '	·	6g	
h	Number of participants that terminated employment during the plan year wit			6h	
7	less than 100% vested			6h 7	41
8a	If the plan provides pension benefits, enter the applicable pension feature of	odes from the List	of Plan Characteristic Codes		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes				structions:
9a	Plan funding arrangement (check all that apply)  (1) Insurance	9b Plan benef (1)	it arrangement (check all that Insurance	t apply)	
	(2) Code section 412(e)(3) insurance contracts	(2)	Code section 412(e)(3) in	nsuranc	e contracts
	(3) Trust	(3)	Trust		
10	(4) General assets of the sponsor  Check all applicable boxes in 10a and 10b to indicate which schedules are a	(4)	General assets of the sp		had (Saa instructions)
		_		ei allaci	ned. (See instructions)
а	Pension Schedules (1) R (Retirement Plan Information)	b General S	7	-11>	
		(1)	H (Financial Inform	,	o
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(2)	I (Financial Information  A (Insurance Information)		Small Plan)
	actuary	(4)	C (Service Provide	,	ation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	D (DFE/Participatir G (Financial Transi	ng Plan	Information)
		.,	· · · · · · · · · · · · · · · · · · ·		,

# 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 THE SUPPLEMENTAL SICKNESS BENEFIT PLAN COVERING RAILROAD SHOP CRAFT & SIGNAL EMPLOYEES	B Three-digit 508				
C Plan sponsor's name as shown on line 2a of Form 5500  NATIONAL CARRIERS CONFERENCE	D Employer Identification N 52-1162946	Number (EIN)			
Part I Service Provider Information (see instructions)					
You must complete this Part, in accordance with the instructions, to report the information re or more in total compensation (i.e., money or anything else of monetary value) in connection plan during the plan year. If a person received <b>only</b> eligible indirect compensation for which answer line 1 but are not required to include that person when completing the remainder of	n with services rendered to the hand the plan received the required	plan or the person's position with the			
1 Information on Persons Receiving Only Eligible Indirect Compensat	tion				
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of ti indirect compensation for which the plan received the required disclosures (see instructions					
<b>b</b> If you answered line 1a "Yes," enter the name and EIN or address of each person providing received only eligible indirect compensation. Complete as many entries as needed (see instance).		the service providers who			
(b) Enter name and EIN or address of person who provided you di	sclosures on eligible indirect co	ompensation			
(b) Enter name and EIN or address of person who provided you di	isclosure on eligible indirect co	mpensation			
(b) Enter name and EIN or address of person who provided you dis	sclosures on eligible indirect cc	ompensation			
(b) Enter name and EIN or address of paress who availed during		omponenties			
(b) Enter name and EIN or address of person who provided you dis	sciosures on eligible indirect co	ompensation			

Page <b>3 -</b> 1	
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				r Indirect Compensation		
				ch person receiving, directly or ne plan or their position with the		
		(	a) Enter name and EIN or	address (see instructions)		
AETNA, IN	IC.			MINGTON AVENUE RD, CT 06186		
06-603349	2					
(b) Service Code(s)	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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
15 13 12	NONE	2663068	Yes No X	Yes No		Yes No No
		(	a) Enter name and EIN or	address (see instructions)		
TMDG, LLC	C		SUITE 5			
			BALTIMO	ORE, MD 21202		
03-058306	4					
(b) Service Code(s)	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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
10	NONE	113719	Yes No 🗵	Yes No		Yes No No
		(	a) Enter name and EIN or	address (see instructions)		
SUNTRUS	T BANKS, INC.		SUITE 3	CHTREE STREET NE 200 A, GA 30308		
58-046633	0					
(b) Service Code(s)	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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
21	NONE	6273	Yes X No	Yes 🛛 No 🗌		Yes No X

Page	3 -	2
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answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	total compensation
			(a) Enter name and EIN or	address (see instructions)		
WEAVER I	BROTHERS INSURAN		7315 WIS EAST SU	CONSIN AVE		
52-159016	9					
(b) Service Code(s)	Relationship to employer, employer 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?
22	NONE	14829	Yes No X	Yes No		Yes No
		(	(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be	(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	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required	(g) Enter total indirect compensation received by service provider excluding eligible indirect	(h)  Did the service provider give you a formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element (f). If none, enter -0	estimated amount?
			Yes No	Yes No		Yes No
		(	(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

# Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compens or provides contract administrator, consulting, custodial, investment advisory, investment ma questions for (a) each source from whom the service provider received \$1,000 or more in inc provider gave you a formula used to determine the indirect compensation instead of an amount many entries as needed to report the required information for each source.	nagement, broker, or recordkeepinç direct compensation and (b) each so	g services, answer the following ource for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he 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	formula used to determine	compensation, including any the service provider's eligibility he 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	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information				
4 Provide, to the extent possible, the following information for ear this Schedule.	ch service provide	r who failed or refused to provide the information necessary to complete		
(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		

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Pa	rt III	Termination Information on Accountants and Enrolled Actuaries (see insection) (complete as many entries as needed)	structions)
а	Name		b ein:
С	Positio	n:	
d	Addres	es:	e Telephone:
Ex	olanatio	1:	
а	Name:		b EIN:
C	Positio		
d	Addres		<b>e</b> Telephone:
Exp	olanatio	n:	
а	Name:		<b>b</b> EIN:
С	Positio		
d	Addres		e Telephone:
Ex	olanatio	n:	
а	Name:		b EIN:
C	Positio		
d	Addres		e Telephone:
Ex	olanatio	n:	
а	Name:		b EIN:
C	Positio	n:	
d	Addres		<b>e</b> Telephone:
Ex	planatio	1:	

# SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2011 or fiscal plan year beginning

### **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.

and ending

12/31/2011

01/01/2011

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

A Name of plan THE SUPPLEMENTAL SICKNESS BENEFIT PLAN COVERING RAILROAD SHO EMPLOYEES	IGNAL	B Three-digit plan number (PN)	•	508	
C Plan sponsor's name as shown on line 2a of Form 5500  NATIONAL CARRIERS CONFERENCE			<b>D</b> Employer Identification	ion Number (E	EIN)
TWITTER OF WITHER COST ENCINCE			52-1162946		
Part I Asset and Liability Statement					
1 Current value of plan assets and liabilities at the beginning and end of the plan the value of the plan's interest in a commingled fund containing the assets of r lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance benefit at a future date. Round off amounts to the nearest dollar. MTIAs, C and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. Se	more than one pose contract which contract which contract which contract which contract with the contr	plan on a l ch guaran	line-by-line basis unless thees, during this plan year	he value is re <mark>p</mark> r, to pay a spe	portable on ecific dollar
Assets		<b>(a)</b> Be	eginning of Year	<b>(b)</b> End	of Year
a Total noninterest-bearing cash	1a		117881		38094
<b>b</b> Receivables (less allowance for doubtful accounts):					
(1) Employer contributions	1b(1)		2012310		2037584
(2) Participant contributions	1b(2)				
(3) Other	1b(3)		1773014		2123234
C General investments:  (1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		3968316		3992657
(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)				

1c(8)

1c(9)

1c(10)

1c(11)

1c(12)

1c(13)

1c(14)

1c(15)

(8) Participant loans .....

(9) Value of interest in common/collective trusts.....

(10) Value of interest in pooled separate accounts......

(11) Value of interest in master trust investment accounts .....

(15) Other.....

contracts).....

funds)......(14) Value of funds held in insurance company general account (unallocated

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7871521	8191569
	Liabilities			
g	Benefit claims payable	1g	7378179	7675761
h	Operating payables	1h	451199	510294
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	42143	5514
k	Total liabilities (add all amounts in lines 1g through1j)	1k	7871521	8191569
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11		

# 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
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	23538863	
	(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)		23538863
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3819	
	(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)		3819
	(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)		

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		(a) Amount	(b) Total
<b>2b</b> (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		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total	2d		23542682
Expenses			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20678894	
(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)	- 400		20678894
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	_		
h Interest expense	01:		
i Administrative expenses: (1) Professional fees	0:/4)	133613	
(2) Contract administrator fees	0:(0)	2663068	
(3) Investment advisory and management fees	2:/2\	6273	
(4) Other		60834	
(5) Total administrative expenses. Add lines 2i(1) through (4)	0:/5)	00004	2863788
. , , , , , , , , , , , , , , , , , , ,			23542682
j Total expenses. Add all expense amounts in column (b) and enter total  Net Income and Reconciliation			
	2k		
k Net income (loss). Subtract line 2j from line 2d	ZR		
Transfers of assets:	21(1)		
(1) To this plan			
(2) From this plan	2I(2)		
Part III Accountant's Opinion			
3 Complete lines 3a through 3c if the opinion of an independent qualified publ attached.	lic accountant is at	tached to this Form 5500. Com	plete line 3d if an opinion is not
<b>a</b> The attached opinion of an independent qualified public accountant for this p	plan is (see instruc	ctions):	
(1) Unqualified (2) Qualified (3) Disclaimer (4)	4) Adverse		
<b>b</b> Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.	 103-8 and/or 103-1	12(d)?	X Yes No
<b>C</b> Enter the name and EIN of the accountant (or accounting firm) below:			
(1) Name: TMDG, LLC		(2) EIN: 03-0583064	
<b>d</b> The opinion of an independent qualified public accountant is <b>not attached</b> by	pecause:		
(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be at	ttached to the next	Form 5500 pursuant to 29 CFI	₹ 2520.104-50.

Pai	rt IV	Compliance Questions					
4	CCTs 103-12	and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or	5.	
	During	the plan year:		Yes	No	Amo	unt
а	period	nere a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures illy corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	close o	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans and by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.)	4b		X		
С	Were	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	reporte	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		X		
		<b>'</b>		Χ			1000000
e		nis plan covered by a fidelity bond?	4e				1000000
f	by frau	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4f		X		
g		e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	4g		Х		
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, se instructions for format requirements.)	411 4i	X			
j	Were a	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j	X			
k	Were	all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X		
ı	Has th	e plan failed to provide any benefit when due under the plan?	41		X		
m	If this i	is an individual account plan, was there a blackout period? (See instructions and 29 CFR	4m				
n	If 4m v	was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a		esolution to terminate the plan been adopted during the plan year or any prior plan year? "enter the amount of any plan assets that reverted to the employer this year	Yes	s X No	Amou	nt:	
5b	transfe	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, identi	fy the pla	an(s) to wh	nich assets or liabil	ities were
	5b(1)	Name of plan(s)			<b>5b(2)</b> EIN	l(s)	<b>5b(3)</b> PN(s)



# Certified Public Accountants & Healthcare Consultants

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 Supplemental Sickness Benefit Plan Covering Railroad Shop Craft and Signal Employees

We were engaged to audit the accompanying statements of net assets available for benefits and of plan benefit obligations of The Supplemental Sickness Benefit Plan Covering Railroad Shop Craft and Signal Employees (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 3 and 8, which was certified by SunTrust Bank, the trustee of the Plan, except for companing the 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 8, 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.

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

TMEGUA

# Form **5500**

Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation The same of the

# 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			
For the calendar plan year 2011 or fiscal plan ye			<u>ending</u>
A This return/report is for: (1) X a multiemplo		· 🛏	multiple-employer plan; or
(2) a single-emp	loyer plan;	(4) 💹 a D	FE (specify)
■ <b>-</b>		🗆	
B This return/report is: (1) the first return	• •	, , H	e final return/report;
· · ·	return/report;	(4) [ a s	hort 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: X Form 5558;		au	tomatic extension; the DFVC program;
	nsion (enter description)		
Basic Plan Information — ent	er all requested informat	ion.	
1a Name of plan	TE DI 11 GOLDON	_	1b Three-digit
THE SUPPLEMENTAL SICKNESS BENEF		G	plan number (PN) ► 508
RAILROAD SHOP CRAFT & SIGNAL EM	IPLOYEES		1c Effective date of plan
			07/01/1973
2a Plan sponsor's name and address, including room or suite	number (Employer, if for single-e	employer plan)	2b Employer Identification Number (EIN)
NIETONII GIPDIEDGI GOVERNICE			52-1162946
NATIONAL CARRIERS' CONFERENCE COMMITTEE			2c Sponsor's telephone number
1901 L STREET, NW, SUITE 500			202-862-7200
WASHINGTON, DC 20036-3514			2d Business code (see instructions)
,			482110
Caution: A penalty for the late or incomplete filing			
Under penalties of perjury and other penalties set forth in the instr well as the electronic version of this return/report if it is being filed	uctions, I declare that I have exar electronically, and to the best of	mined this return/report, includi my knowledge and belief, it is	ing accompanying schedules, statements and attachments, as true, correct, and complete.
Sign Old A	, ,		
HERE U.V. Thal	10/10/15	A. K. GRADIA	
Signature of plan administrator	Date	Enter na	me of individual signing as plan administrator
žijo).			
<b>FERE</b>			
Signature of employer/plan sponsor	Date	Enter name	of individual signing as employer or plan sponsor
SIN. FERE			•
Signature of DFE	Date	E	nter name of individual signing as DFE
For Paperwork Reduction Act Notice and OMB C	ontrol Numbers, see the	instructions for Form	5500 Form 5500 (2011)

v.012611

Form <b>3300</b> (2011	orm <b>5500</b> (20	)1	1	)
------------------------	---------------------	----	---	---

Page 2

3a Plan administrator's name and address (If same as plan sponsor, enter 'Same')			<b>3b</b> Administrator 52-11625		,
NATIONAL CARRIERS' CONFERENCE COMMITTEE 1901 L STREET, NW, SUITE 500 WASHINGTON, DC 20036-3514			3c Administrator 202-862-72	's telepi	hone number
<ul> <li>4 If the name and/or EIN of the plan sponsor has changed since the l name, EIN and the plan number from the last return/report:</li> <li>a Sponsor's name</li> </ul>	ast return/rep	ort filed fo	r this plan, enter th	ie -	b EIN
5 Total number of participants at the beginning of the plan year				5	44130
6 Number of participants as of the end of the plan year (welfare plans	s complete on	ly lines <b>6a</b>	. <b>6b. 6c.</b> and <b>6d</b> )		44120
a Active participants				6a	45874
<b>b</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	45874
e Deceased participants whose beneficiaries are receiving or are entit	tled to receive	benefits.		6e	
f Total. Add lines 6d and 6e				6f	45874
<b>g</b> Number of participants with account balances as of the end of the p complete this item)	olan year (only	y defined c	ontribution plans	6 g	
h Number of participants that terminated employment during the plan than 100% vested.	year with acc	rued bene	fits that were less	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiempl	loyer plans compl	ete this item)		7	41
8 a If the plan provides pension benefits, enter the applicable pension feature codes from the plan provides welfare benefits, enter the applicable welfare feature codes from the plan provides welfare benefits, enter the applicable welfare feature codes from the plan provides welfare benefits, enter the applicable welfare feature codes from the plan provides welfare benefits, enter the applicable welfare feature codes from the plan provides welfare benefits, enter the applicable welfare feature codes from the plan provides welfare benefits, enter the applicable welfare feature codes from the plan provides welfare benefits, enter the applicable welfare feature codes from the plan provides welfare benefits, enter the applicable welfare feature codes from the plan provides welfare benefits, enter the applicable welfare feature codes from the plan provides welfare benefits, enter the applicable welfare feature codes from the plan provides welfare benefits and the plan provides welfa				:	
9a Plan funding arrangement (check all that apply)	9b Plan b	enefit arra	ngement (check al	I that	apply)
(1) Insurance	(n) [	Insurance	•		
(2) Code section 412(e)(3) insurance contracts	(2)	Code sed	tion 412(e)(3) insu	rance	contracts
<b>(3)</b> X Trust	(3) X	Trust			
(4) General assets of the sponsor	(4)		assets of the spons		
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and				struction	ns)
a Pension Schedules		al Schedul			
(1) R (Retirement Plan Information)	(1) <u>X</u>	Н	(Financial Informa		
(2) MB (Multiemployer Defined Benefit Plan and Certain	(2)	'	(Financial Informa		- Small Plan)
Money Purchase Plan Actuarial Information) – signed by	(3)	^A	(Insurance Information		<b>!</b> :\
the plan actuary  SB (Single-Employer Defined Benefit Plan Information) —	(4) <u>X</u>	C	(Service Provider		•
signed by the plan actuary	<del></del>	D	(DFE/Participating		•
Signed by the plan actualy	(6)	G	(Financial Transac	uon S	scriedules)

# Form **5558**

(Rev. June 2011)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0212

File With IRS Only

Part I Identification							
A Name of filer, plan administrator, or plan sponsor (see instructions)		<u>u</u>	umber (see instructi	ons).			
NATIONAL CARRIERS' CONFERENCE		X Employer identificati	Employer identification number (EIN),				
Number, street, and room or suite number (If a P.O. box, see instructions)							
1901 L STREET, NW, SUITE 500		<b>▶</b> 52-1162	946				
City or town, state, and ZIP code		Social security numb	per (SSN)				
WASHINGTON, DC 20036-3514			, , ,				
C Plan name			DI-	Plan	year er	nding	
C Plan name			Plan number	MM	DD	YYYY	
1 THE SUPPLEMENTAL SICKNESS BENEFIT PLAN	COMEDING		500	10	21	11	
THE SUPPLEMENTAL SICKNESS BENEFIT PLAN	COVERING		508	12	31	11	
2							
Boxt II Extension of Time to File Form FEOO Service	andles Fesses Of	SEE CCA					
Part II Extension of Time to File Form 5500 Series,	and/or Form 85	155-55A		-			
2 I request an extension of time until to file Note. A signature IS NOT required if you are requesting an e	e Form 8955-SSA( extension to file Fo						
The application is automatically approved to the date shown normal due date of Form 5500 series, and/or Form 8955-SSA 2 (above) is no more than the 15th day of the third month aft You must attach a copy of this Form 5558 to each Form 550	A for which this ext ter the normal due	ension is requested, date.	and (b) the date	e on line	e 1 and	or line	
Note: A signature is not required if you are requestion as a few in		0					
Note: A signature is not required if you are requesting an extension Part III Extension of Time to File Form 5330 (see ins	on to file Form 550	U or Form 5500-EZ,					
2 I request an extension of time until to fil							
You may be approved for up to a six (6) month extension to	file Form 5330, aft	er the normal due da	ite of Form 5330 I	40			
a Enter the Code section(s) imposing the tax		▶ a					
<b>b</b> Enter the payment amount attached							
b Litter the payment amount attached			b	1			
c For excise taxes under section 4980 or 4980F of the Code, et	nter the reversion/a	amentment date	► c				
3 State in detail why you need the extension							
-							
						-	
						-	
7							
-							
-							
Under penalties of perjury, I declare that to the best of my knowledge and belief, the state	ements made on this forn	n are true, correct, and comi	plete, and that I am a	uthorized	to prepare		
this application.		, , , , , , , , , , , , , , , , , , , ,					
Signature •			Date	<b>&gt;</b>			

FINANCIAL STATEMENTS (Together with report of Independent Public Accountants)

December 31, 2011 and 2010

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## Certified Public Accountants & Healthcare Consultants

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## INDEPENDENT AUDITOR'S REPORT

To the National Carriers' Conference Committee with respect to
The Supplemental Sickness Benefit Plan Covering Railroad Shop Craft and Signal Employees

We were engaged to audit the accompanying statements of net assets available for benefits and of plan benefit obligations of The Supplemental Sickness Benefit Plan Covering Railroad Shop Craft and Signal Employees (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 3 and 8, which was certified by SunTrust Bank, the trustee of the Plan, except for comparing the 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 8, 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.

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

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

	2011	2010
ASSETS		
Investments, at fair value	\$ 3,992,657	\$ 3,968,316
Receivables: Participating railroads' contributions Plan benefit overpayments Accrued interest	2,037,584 123,772 31	2,012,310 - 586
	2,161,387	2,012,896
Cash	38,094	117,881
Amounts due from participating railroads	1,999,431	1,772,428
Total assets	<u>8,191,569</u>	7,871,521
LIABILITIES		
Accounts payable and accrued expenses	510,294	451,199
Due to Maintenance of Way Employees Supplemental Sickness Benefit Plan	5,514	42,143
Total liabilities	515,808	493,342
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,675,761</u>	<u>\$ 7,378,179</u>

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

# Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2011

## **ADDITIONS**

Investment income: Interest income	\$ 3,819
Less investment expenses	( 6,273)
	( 2,454)
Participating railroads' contributions	23,538,863
Total additions	23,536,409
DEDUCTIONS	
Benefits paid to participants	20,381,312
Administrative expenses	2,857,515
Total deductions	23,238,827
Net increase (decrease)	297,582
NET ASSETS AVAILABLE FOR BENEFITS Beginning of year	7,378,179
End of year	<u>\$ 7,675,761</u>

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

Statements of Plan Benefit Obligations (As Determined by Aetna) December 31, 2011 and 2010

2011

2010

AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS Claims payable and claims incurred but not reported

**\$** 7,675,761 **\$** 7,378,179

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

Statement of Changes in Plan Benefit Obligations (As Determined by Aetna) For the Year Ended December 31, 2011

AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS	
Balance at beginning of year Claims approved for payment and claims incurred but not reported Claims paid	\$ 7,378,179 20,678,894 <u>( 20,381,312</u> )
Balance at end of year	<u>\$ 7,675,761</u>

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

### Note 1. Description of the Plan

The following description of The Supplemental Sickness Benefit Plan Covering Railroad Shop Craft and Signal Employees (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 was established in 1973 pursuant to collective-bargaining to supplement the sickness benefits provided pursuant to the Railroad Unemployment Insurance Act for eligible railroad shop and signal employees of participating railroads. 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's supplemental sickness benefits are provided on a self-insured basis. The Plan is primarily administered by a third party administrator, Aetna, pursuant to an Administrative Service Only contract.

### Eligibility

Upon satisfying the eligibility and coverage requirements, as outlined in the Plan's Summary Plan Description, employees of the participating railroads are entitled to receive the benefits provided by the Plan.

#### **Funding**

The participating railroads' obligation to provide contributions to the Plan arises pursuant to the terms and conditions of the collective-bargaining agreements, Plan document and related practices. Contributions to the Plan are provided by the participating railroads in the amount determined after discussions with Aetna. The railroads fund the obligations of the Plan on a monthly basis as they become due and payable during the year.

#### 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

## Note 1. Description of the Plan (continued)

## Tax status (continued)

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

#### Plan termination

In the event of termination of the Plan, the Trust's remaining assets will be used to provide for the payment of any and all obligations of the Plan. Such payments shall be for the exclusive benefit of the Plan participants and beneficiaries and to defray the administrative expenses of the Plan.

#### Note 2. Significant Accounting Policies

#### Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America except that benefit payments are recorded when paid.

#### 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 certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements. Accordingly, actual results could differ from those estimates.

## Note 2. Significant Accounting Policies (continued)

### New accounting pronouncements

In January 2010, the FASB issued Accounting Standards Update (ASU) No. 2010-06, Fair Value Measurements and Disclosures (Topic 820) – Improving Disclosures About Fair Value Measurements, 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 was 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 is 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.

### Participating railroads' contributions and contributions receivable

Each participating railroad provides a monthly contribution to the Plan as determined annually. Participating railroad contributions are recognized as revenue in the period in which the compensated service giving rise to the contribution is rendered.

#### Allowance for doubtful accounts

The Plan utilizes the allowance method to account for uncollectible receivables. Unless otherwise noted (See Note 5), 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.

## Note 2. Significant Accounting Policies (continued)

## Amounts due from participating railroads

The amounts due from participating railroads represent an unfunded commitment, pursuant to the collective-bargaining agreements, Plan document and related practices, by each participating railroad, to contribute to the Plan sufficient funds to enable the Plan to pay the benefits provided by it for that railroad's employees.

### Subsequent events

The Plan has evaluated subsequent events through October 5, 2012 the date the financial statements were available to be issued.

### Note 3. Investments

Investments are 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\*

\$ 3.992.657

\$ 3,968,316

\*Investments held as of December 31, 2010 were in Federated Money Mkt Obligs Tr Prime Obligs InstI FFS #10. Investments held as of December 31, 2011 were in Federated Trsy Oblig MM-I #68 FFS.

#### Note 4. 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:

## Note 4. Fair Value Measurements (continued)

### 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.

#### 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, 2011 and 2010.

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.

## Note 4. Fair Value Measurements (continued)

As of December 31, 2011 and 2010 all of the Plan's investment assets have been determined by the Plan Sponsor to be level 1.

## Note 5. Plan Benefit Overpayment Receivable

Pursuant to the Plan's Summary Plan Description, should a Plan participant receive one or more types of certain subsequent payments from a government entity, another plan, or another insurance arrangement (See Plan's Summary Plan Description for a complete listing of these subsequent payments) in connection with a disability claim that has been paid by the Plan, the payment will reduce the basic benefit payable by the Plan and an overpayment will be created.

Upon receiving such a payment, the Plan participant is obligated to repay the overpayment to the Plan. Generally, the overpayment is equal to the lesser of the disability claim paid by the Plan or the total amount subsequently received by the Plan participant.

Based on current and historical collection patterns, the Plan Sponsor has determined that any amounts not repaid by Plan participants within one year of receipt of such payments will be deemed uncollectible. The following table represents the balance of the plan benefit overpayment receivable as of December 31, 2011, which only includes amounts that have been reported to and recorded by Aetna as of December 31, 2011 (see below for further explanation of gain contingency associated with the receipt of future awards that have not been communicated to Aetna and recorded as an overpayment as of December 31, 2011):

		2011
Total plan benefit overpayment receivable Allowance		486,504 362,732)
Net plan benefit overpayment receivable	<u>\$</u>	123,772

For the year ended December 31, 2010, the Plan Sponsor evaluated the collectability of the outstanding receivable balance and determined the balances to be immaterial to the financial statements. Therefore, the Plan recognized the plan benefit overpayment refunds when received and netted them against benefits paid to participants. The following table represents the balance of the plan benefit overpayment receivable as of December 31, 2010:

## Note 5. Plan Benefit Overpayment Receivable (continued)

	2010
Total plan benefit overpayment receivable Allowance	653,004 ( 594,396)
Net plan benefit overpayment receivable	<u>\$ 58,608</u>

The gain contingency associated with the receipt of future awards that have not been communicated to Aetna and recorded as an overpayment as of December 31st may result in prospective overpayments to a participant and refunds receivable to the Plan. This gain contingency has not been recognized by the Plan because the Plan Sponsor believes this amount cannot be reasonably estimated as of the financial statement date.

### Note 6. Post-Retirement Benefits and Other Plan Obligations

The Plan provides no post-retirement benefits.

Plan obligations as of December 31st for claims payable and claims incurred by participants but not reported as of that date are estimated by Aetna. Such estimated amounts are reported in the accompanying statement of the plan benefit obligations at present value. Based on the current nature of the obligation, generally within nine months of the end of the Plan year, discounting the obligation was not necessary.

For measurement purposes, the Insurance Underwriters at Aetna evaluated all open, pending and closed claims relating to the Plan year and determined the run-out for these claims for at least three months subsequent to the year end. The Underwriter then compared the actual claims run-out to historical run-out patterns to develop a reserve factor, which was applied to claims related to the Plan year on an incurred basis. The resulting claims obligation was added to the claims run-out liability described above to develop the total obligation, which was recognized for financial statement reporting purposes.

## Note 7. Concentration of Participating Railroads

There are approximately 40 railroads participating in the Plan, of which 4 Class I railroads comprised approximately 73% and 70% of the total Plan activity as of and for the years ended December 31, 2011 and 2010, respectively.

This activity includes, but is not limited to, participating railroad contributions receivable and amounts due from participating railroads as of December 31, 2011 and 2010, and participating railroads' contributions for the years ended December 31, 2011 and 2010 as follows:

# Note 7. Concentration of Participating Railroads (continued)

	Percentage of Total Plan Activity		
Railroad	2011	2010	
Α	23.1%	22.5%	
В	19.9%	19.2%	
С	15.8%	14.2%	
D	14.6%	14.0%	

## Note 8. 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.

## Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2011 and 2010 financial statements to the Form 5500.

		2011		2010
Net assets available for benefits as reported within the financial statements	\$	7,675,761	\$	7,378,179
Benefit obligations currently payable	_(	7,675,761)	7	7,378,179)
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, 2011.

## Note 9. Reconciliation of Financial Statements to Form 5500 (continued)

Benefits paid to participants as reported within the financial statements	\$ 20,381,312
Add: Amounts payable at end of year	7,675,761
Less: Amounts payable at beginning of year	<u>( 7,378,179</u> )
Benefits paid to participants as reported within the Form 5500	<u>\$ 20,678,894</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 and for incurred but not reported benefit claims as of December 31st.

#### Note 10. 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.

The total obligations for claims payable and claims incurred but not reported, as calculated and reported to the Plan by Aetna as of December 31, 2011 and 2010 is based on certain assumptions pertaining to health care trends and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

## Note 11. Contingencies

The Plan is subject to lawsuits arising out of the ordinary course of business. The Plan Sponsor is of the opinion, based on available known facts, that the ultimate disposition of asserted claims would not have a material affect on the financial position or results of operations of the Plan.

SUPPLEMENTAL SCHEDULES

## Schedule of Assets Held for Investment Purposes December 31, 2011

Schedule H Item 4(i) – Schedule of Assets Held for Investment Purposes EIN: 52-1162946 Plan Number: 508				
(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	<u>Cost</u>	Current <u>Value</u>
	Money Market Funds			
*	SunTrust Bank Account 70-04-102-7036739	Money Market Fund Federated Trsy Oblig MM-I #68 FFS	<u>\$ 3,992,657</u>	<u>\$ 3,992,657</u>

<sup>\*</sup> Known party-in-interest to the Plan.

# 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: 52-1162946 Plan Number: 508

(a)	(b)	(c)	(d)	(g)	(i)
		Purchase	Selling	Asset	Current
Identity of Party Involved	<b>Description of Assets</b>	<u>Price</u>	<u>Price</u>	<u>Cost</u>	<u>Value</u>

SunTrust Bank

Account 70-04-102-7036739 (See attached schedule as prepared and reported by SunTrust Bank)

### 1/1/11 THROUGH 12/31/11

ACCOUNT 7036739

RAILROAD - SSB PLAN CVR SHP C&S

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DATE Bought/Sold

PAR VALUE SHARES

UNIT PRICE

EXPENSE INCURRED

PRINCIPAL CASH

BEGINNING MARKET VALUE COMPARATIVE VALUE (5%)

ERISA COST GAIN/LOSS

**ERISA COST** 

3,968,901.83

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

				_																							
204,812	312,936	959'689	1,095,501	254,033		1,719,195	309,259		415,227		1,509,664		277,796		304,936		620,832		805,452		269,419		227,263		1,230,149		270,532
204,812 *	312,936 *	* 959'689-	-1,095,501 *	254,033 *	•	-1,719,195 #	309,259 *		415,227 *		-1,509,664 *		277,796 *		304,936 *		-620,832 *		-805,452 *		269,419 ₽		-227,263 #		-1,230,149 *		270,532 *
5	0	0	0	0		•	•				0		0		0		0		0		•		•		0		0
- FEDERATED MMKT PRIME OBLIG-1 #10 FFS 204,812.1900 1.0000 - ECHERATED MMKT DRIME ORITO-1 #10 EFS	312,936.3600 - FEDERATED MMKT PRIME 0	689,645.7400 1.0000	1,095,501.2900 1.0000	- FEDERATED MMKT PRIME OBLIG-I #10 FFS 254,032,6200	PRIME	1,719,194.9500 1.0000	* FEDERALED MAKI PRIME UBLIG*1 #10 PTS 309.259.3600	PRIME	415,226.6900 1.0000	PRIME	1,509,663.7300 1.0000	- FEDERATED MHKT PRIME OBLIG-I #10 FFS	277,796.0000 1.0000	- FEDERATED MMKT PRIME OBLIG-I #10 FFS	304,935.5400 1.0000	- FEDERATED MMKT PRIME OBLIG-I #10 FFS	620,831.9300 1.0000	- FEDERATED MMKT PRIME OBLIG-I #10 FFS	805,451.6400 1.0000	- FEDERATED MMKT PRIME OBLIG-I #10 FFS	269,419.4200 1.0000	PRIME C	227,265.4900 1.0000	PRIME	1,250,148.8500	- FEDERATED MMKT PRIME	270,531.6900 1.0000
ISSUE: 609010DF7 01/04/11 S	\$ 609010DF7	01/19/11 B		ISSUE: 609010DF7 02/03/11 S	ISSUE: 609010DF7		1550E: 609010DF/ 03/01/11 S	609010DF7	03/09/11 \$	ISSUE: 609010DF7	03/17/11 B	ISSUE: 609010DF7	04/01/11 S	ISSUE: 609010DF7	04/13/11 S	ISSUE: 609010DF7	04/18/11 B	ISSUE: 609010DF7	04/19/11 B	ISSUE: 609010DF7	05/02/11 \$	ISSÚE: 609010DF7	05/17/11 B	ISSUE: 609010DF7		1SSUE: 609010DF7	06/01/11 \$

0

### 1/1/11 THROUGH 12/31/11

ACCOUNT 7036739

RAILROAD - SSB PLAN CYR SHP CLS

PACE 73

ERISA COST GAIN/LOSS		•															•		,			•	•	9							0			Ö		•				•
ERISA COST		475,910	496.084		1,012,205		282,628	309,618		677,494	*** 600	9077799	292,834		1,609,001	279 666	55555	352,180		1,541,715		291,418		208761015	3.079.802		289,282		856,272	1	282,542	1.587.747		298,348		275,312		1,607,385	) ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	30,287,252
PRINCIPAL CASH		475,910 *	* 980 767-		-1,012,205 #	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	* 979'787	309,618 *	1	- 677,494	X 0000	× 000	292,834 *		-1,609,001 *	x x20 TCC	× 1177.7.23	352,180 *		-1,541,715 *		291,418 *	; 60 60 60 60 60 60 60 60 60 60 60 60 60	* 208161016	-3.079.802 #		-289,282 *		-856,272 #		282,542 *	-1.582.337 *		298,348 ×		275,312 *		-1,607,385 *		30,287,252
EXPENSE INCURRED		•	a	•	0	•	-	0		•	-	•	•		•		•	•		•		0	•	5	•		•		0	•	•	•	•	•		•				
UNIT	I-	ب نہ	1.0000	OBLIG-I	i	OBLIG-I #10 FFS	٠,	· -i	OBLIG-I #10 FFS	1.0000	1-81140	OBLIG-I		OBLIG-I	٠; ،	1.0000	. 4	<b>.</b>	OBLIG-I	1.0000	OBLIG-I	1.	08LIG-I #10 FFS	9	•	*		#		MM-I 468 FFS	•		# 1-##		MM-I #68 FFS		#	1.0000		
SHARES PAR VALUE	FED	475,909.7300 Fencesten MMYT Betwe objec		FED	1,012,204.9600	FEDERATED MMKT PRIME OBLIG	FED	309,617.5500	FEDERATED MHKT PRIME OBLIG	677,494.1800 CENEBATED MART BOINE		FED	292,834.0300	ц,		rederaled maki PKIME UBLIG- 277,948,4500	FED	352,180.2900	FEDERATED HHKT PRIHE	1,541,715.0700	8		TEDEKATED MAKI PRIME	4		FEDERATED TRSY OBLIG MM-I	289,281.7000			1	CENERATED TOSY ONLIE MM-T		1	298,347.8400			•	1,607,384.9900		OTAL
DATE BOUGHT/SOLD	ISSUE: 609010DF7 -	06/02/11 \$ Teshe- 409010067 -		ISSUE: 609010DF7 -		ISSUE: 609010DF7 - n7/05/11 c	ISSUE: 609010DF7 -		ISSUE: 609010DF7 -	07/18/11 B TSSUE: 400100E7 -	- A	ISSUE: 609010DF7 -	08/01/11 S	ISSUE: 609010DF7 -	. 06/18/11 B		ISSUE: 609010DF7 -		ISSUE: 609010DF7 -		ISSUE: 609010DF7 -	8	10/17/11 & UNULUDE ( = 10/17/11 &		-	ISSUE: 609068DF5 -		ISSUE: 609068DF5 -	<b>A</b>	135UE: 609U66DF5 -	TSSHE - 609068DFF -		ISSUE: 609068DF5 -		ISSUE: 609068DF5 -	S	ISSUE: 609068DF5 .	12/19/11 \$		GRAND TOTAL



1/1/11 THROUGH 12/31/11

RATLROAD - SSB PLAN CVR SHP CAS

PAGE 74

ACCOUNT 7036739

DATE Bought/Sold

SHARES Par value

UNIT PRICE

EXPENSE INCURRED

PRINCIPAL CASH

ERISA COST

ERISA COST GAIN/LOSS

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 MMKT PRIME OBLIG-I #10 FFS

### LYLY1 THROUGH 12/31/11

ACCOUNT 7036739

RATLROAD - SSB PLAN CVR SHP CAS

	PAR VALUE	PRICE	INCURRED	PRINCIPAL CASH	ERISA COST	CATIVALOSS
07/01/11 3	277.7100	1.0000	•	-278	278	
07/18/11 8	677,494.1800	1.0000		* 565.229-	469.779	
07/19/11 B	802,488.1400	1.0000			100 A	
07/25/11 3	177,923.0600	1.0000		-177.923	177.923	
08/01/11 B	267.4500	1.0000	•	-267	776	
08/18/11 3	1,609,000.5400	1.0000		* [00.609.[-		
08/23/11 B	145,583.4100	1.0000		1267.734		
09/01/11 B	519.7700	1.0000	, 6	2001	000.007	
09/19/11 3	1.541.715.0700			0.26	07¢	
09/21/11 B	171 087 2700			# CT/ ThC/T	41/146'T	
10/02/11	372.6400	1.0000	9 6	18711-	171,987	
		1			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
SUB-T(	SUB-TOTAL OF BUYS # 33		•	15,227,759	15,227,759	
01/03/11 \$	174,936.1100	1.0000	•	726 271	720 921	
01/04/11 \$	204.812.1900	0000-1		1 014 700	DCC-11-11	
01/05/11 \$	50,970.9700	1.0000		- 40,021	710(107	•
01/06/11 \$	512,936.3600	1.0000		# 710 CIT	717.12	
01/07/11 S	57,603.9800	1.0000		37.604	207.73	
01/10/11 S	568.5100	1.0000		675	674	
01/10/11 \$	55,803.2800	1.0000		55.803	, R.R.	
01/11/11 \$	27,314.6400	1.0000		27.315	27.318	
01/12/11 \$	101,510.5000	1.0000	•	101,511	101.511	
01/13/11 S	38,221.8600	1.0000	•	38,222	38,222	
01/14/11 \$	46,402.7500	1.0000	•	46,403	66,403	
01/18/11 S	101,634.2200	1.0000		101,634	101,634	
01/20/11 \$	158,746.4400	1.0000	•	138,746	138.746	
01/21/11 \$	66,224.4600	1.0000	•	66,224	66.224	
01/52/11 \$	72,599.1900	1.0000	•	72,399	72,399	
01/26/11 \$	124,925.4200	1.0000	•	124,925	124.925	
01/21/11 \$	5,081.6900	1.0000	•	5,082	5,032	
01/28/11 \$	84,684.6700	1.0000	•	84,685	04.605	
01/31/11 \$	62,228.7100	1.0000	•	62,229	62.229	
02/01/11 \$	80,571.7800	1.0000	•	80.572	222.00	
02/02/11 S	61,885.3100	1.0000		61,685	1.88.	
02/03/11 \$	254,032.6200	1.0000		+ K50-75C	10 79C	
02/07/11 \$	163,060.3800	1.0000		163.060	030,152	
02/08/11 \$	497.6500	1.0000		0 00 00 00 00 00 00 00 00 00 00 00 00 0		
02/08/11 \$	70,352.8000	1.0000		NAM. GV	70.454	
02/09/11 S	29,651.0100	1.0000	•	29.651	29.65	
02/10/11 S	114,047.3200	1.0000		114.047	116.067	
02/11/11 \$	23,905,6600	1.0000		23,906	25.906	
02/14/11 \$	44,296.6700	1.0000	•	44.297	44.297	
02/15/11 S	109,022.7400	1.0000	•	109,023	109,023	
02/16/11 \$	34,575.4800	1.0000		34.575	262 28	
			•			

## REPORTABLE TRANSACTIONS MORKSHEET

1/1/11 THROUGH 12/31/11

1/1/11 INRUMEN 12/31/11

RAILROAD - SSB PLAN CVR SHP C&S

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**GAIN/LOSS** ERISA COST 83,705 415,227 71,772 70,316 509,259 554 59,023 92,728 554 57,817 30,369 47,170 81,578 12,037 64,274 361,779 58,503 68,364 92,402 93,144 42,002 78,039 77,083 98,159 60,313 66,419 01,029 80,177 39,701 62,054 79,924 116,600 37,264 79,878 71,478 63,938 69,784 52,904 120,356 304,936 62,454 .02,954 33,951 ERISA COST 114,586 78,039 59,023 92,728 52,904 554 554 504,936 12,037 277,796 77,083 269,419 57,817 83,705 180,177 30,369 509,259 47,170 39,701 62,054 81,578 415,227 71,772 79,924 64,274 116,600 37,264 79,878 71,478 63,938 69,784 70,316 120,356 58,503 68,364 92,402 93,144 42,002 62,454 98,159 60,313 01,029 102,954 33,951 PRINCIPAL CASH INCURRED EXPENSE 0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 0000 .0000 0000. .0000 0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 0000 .0000 0000 .0000 0000 0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 . 8000 UNIT 59,023.4200 71,478.4100 83,705.2300 80,177.2300 309,259.3600 47,170.2800 39,701.4500 81,577.7900 116,600.0400 37,264.3600 52,904.0400 114,586.3600 92,402.1000 42,001.6600 269,419.4200 .01,029.2900 57,817.4000 30,368.6700 62,053.7100 554.4600 112,036.6800 115,226.6900 79,923.7300 64,274.2200 33,950.5100 79,877.8500 69,784.2500 92,727.9900 102,953,9200 277,796.0000 70,316.2300 .20,355.9600 304,935.5400 93,143.9500 78,039.3700 77,083.0200 62,453.6200 98,158.7600 60,313.4700 52,227.0700 71,771.8800 63,937.6300 553.9200 58,503.2800 68,364.2800 PAR VALUE SHARES BOUGHT/SOLD 03/02/11 04/29/11 03/08/11 03/08/11 3711/11 03/14/11 11/50/50 02/23/11 02/28/11 03/01/11 04/28/11 05/03/11 11/50/50 03/03/11 03/04/11 03/07/11 03/16/11 03/21/11 03/22/11 03/24/11 03/25/11 03/28/11 03/31/11 04/04/11 04/07/11 14/08/11 04/11/11 14/14/11 14/20/11 11/13/50 11/22/50 02/25/11 03/09/11 03/10/11 03/15/11 04/08/11 04/26/11 5/02/11 03/23/11 03/29/11 03/30/11 04/01/11 04/05/11 11/21/50 14/13/11 DATE



## REPORTABLE TRANSACTIONS MORKSHEET

### LYLY11 THROUGH 12/31/11

RATLROAD - SSB PLAN CVR SHP CAS

## REPORTABLE TRANSACTIONS WORKSHEET

1/1/11 THROUGH 12/31/11

RAILROAD - SSB PLAN CVR SHP CAS

ERISA COST GAIN/LOSS	•	, ,		•		•			0	•	D	0	0	0			<b>.</b>	<b>.</b>	<b>3</b> C			•	•	0		•	•	0		0	<b>.</b>					0	0	•	•	•	•		0	•
ERISA COST	51.345	59.941	72,105	116,133	47,029	79,723	82,827	292,834	63,660	56,283	84,371	505	49,148	160,327	48,671	/ 100 · 10 · 10 · 10 · 10 · 10 · 10 · 10	1/6/04	700'10 700'10	33,476	64.700	58,131	63,879	63,526	277,943	61,088	106,702	39,555	67,400	552,180	94,782	50,078	778-71	518	90,942	62,778	89,358	22,442	56,714	74,713	115,997	74,045	53,426	78,423	102,824
PRINCIPAL CASH	51.345	59,941	72,105	116,133	47,029	79,723	82,827	292,834 *	63,660	56,283	84,371	505	49,148	160,327	1/0/85	74,887	1000	460.10 400.10	58:676	64,700	58,131	63,879	63,526	277,943 *	61,088	106,702	39,555	67,400	352,180 *	94,782	8/0 °00 8/2 '00	16.867	518	90,942	62,778	89,358	22,442	56,714	74,713	115,997	74,045	53,426	78,423	102,824
EXPENSE INCURRED	•	•	•	•	•	•	•	•	•		•	0	•	•	<b>-</b>	<b>&gt;</b> c	· c	• 6		0	0	•	0	•	•	0	•	•	0 1		9 6		•		0	•	•	0	0	0	0	0	0	0
UNIT	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		9000		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000 1.0000	1.0000	1,0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
SHARES PAR VALUE	51,344.9000	59,941.3200	72,104.7500	116,133.1200	47,028.9300	79,723.2700	82,826.9500	292,834.0300	63,660.0000	56,283.2000	84,371.0700	504.8900	0001.741.84	DUCC:/35/001	0010:0/0/01	30.371.6100	69.599.4700	91,295,5800	38,675,6300	64,700.2700	58,131.0100	63,879.3700	63,525.7800	277,943.4500	61,088.0100	106,702.1000	39,554,5300	67,400,1800	352,180.2900 64 TB1 0500	54,781,9900 50,027 5400	175.0000	16,867.3000	517.7100	90,941.9600	62,777.9500	89,357.5200	22,441.8700	56,714.2000	74,712.5200	115,996.9500	74,044.6100	53,425.6600	78,422.6900	102,824.2700
DATE BOUGHT/SOLD	07/20/11 \$	07/21/11 S		_		_	_			_		08/08/11 S		08/10/11 5						08/19/11 \$									09/0/11 \$			09/08/11 S												09/27/11 \$

### THROUGH 12/31/11 מעו

### ACCOUNT 7036739

### RAILROAD - SSB PLAN CVR SHP CAS

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ERISA COST GAIN/LOSS 73,355 291,418 84,905 46,614 97,734 95,469 3,079,802 34,423,832 94,682 103,647 60,137 20,110 19,196,073 **ERISA COST** 291,418 # 94,682 73,355 52,258 103,647 97,734 3,079,802 84,905 511 95,469 20,110 54,423,832 46,614 60,137 19,196,073 PRINCIPAL CASH INCURRED EXPENSE ..0000 0000 .0000 .0000 .0000 .0000 1.0000 . 0000 .0000 .0000 0000 1.0000 0000.1 UNIT PRICE 52,257.9400 291,418.3500 73,354.8500 94,681.5800 46,614.3700 30,982.9000 84,904.5200 103,647.4400 511.2400 97,734.4000 60,136.7500 20,110.4600 95,469.4100 3,079,802.3200 SUB-TOTAL OF SALES # 184 SHARES PAR VALLE SUB-TOTAL 09/28/11 \$ 10/04/11 \$ 09/29/11 \$ 2 11/02/60 10/03/11 \$ 10/05/11 \$ 2 11/90/01 10/07/11 S 8 11/11/01 10/11/01 10/17/11 \$ **BOUGHT/SOLD** 10/12/11 \$ 10/14/11 \$ 10/13/11 5 DATE

	F 070 B03	30017:010	787'487	7/7'969	800/1/1	122	100170017	00	155,504	1,607,385	144,706	• • • • • • • • • • • • • • • • • • • •	7,890,014	ATO 87	100 G	100.01	197101	017.70	(5) (5)		57.73	286.911	282,542	80,877
	-3.079.802 *		* 7074707	777 966	0001	122-	K 107719717		500 CCT -	* 525,/00.1-	-144,706		7,890,014	926 BY	107.42	17 0 C	120.05	97,230	(22,661	50.730	57.733	116.283	282,542 *	80,877
		•	• =	) <b>c</b>	<b>,</b> e	) c	) C	,	•	•	<b>.</b>	• • • • • • • • • • • • • • • • • • • •	•	9	• •					0		•	•	•
S FFS	1.0000	1,0000	9990-1		1,0000	1,000	0000-1	00001			I - 0000	•		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
DERATED TRSY OBLIG MM-I 468 FFS	5,079,802.3200	269,281.7000	056,272.3400	174,665.7800	226.6700	1,582,336.5000	33.1500	155,303.6300	1.607-386-9900		144,706.0700		L OF BUYS # 10	68,974.0500	78,697.4700	79,367.0800	89,271.2800	97,238.6100	62,660.8300	50,729.9300	57,732.7100	116,283.4600	282,542.0200	80,876.7000
ISSUE: 609060DFS - FEDERATED	10/17/11	10/17/11 8	10/19/11 8	10/28/11 B	11/01/11 B	11/17/11	12/01/11 B	12/02/11 B	12/19/11 1	4 17 10/61	9 11//3/31		SUB-IGIAL OF	10/16/11 \$	10/20/11 \$	10/21/11 S	10/24/11 S	10/25/11 S	10/26/11 S	10/27/11 S	10/31/11 S	11/01/11 \$	11/02/11 \$	11/03/11 \$

60,877



### 1/1/11 THROUGH 12/31/11

ACCOUNT 7036739

RAILROAD - SSB PLAN CVR SHP C&S

	PAR VALUE	PRICE	INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
. 11/40/11	60,483.4000	1.0000	~	60,403	60,403	
	75,518.9600	1.0000	•	0 75,519	75,519	
	513.9700	1.0000	<b>.</b>	514	514	
	93,609.2600	1.0000		93,609	93,609	
	75,356.0000	1.0000	_	0 75,356	75,356	
	105,234.3500	1.0000	•	0 105,254	105,234	
	29,248.3500	1.0000	•	0 29,248	29,248	
	91,524.6500	1.0000	•	91,525	91,525	
11/16/11 \$	54,611.1700	1.0000	•	54,611	54,611	
11/18/11 \$	20,179.1800	1.0000		20,179	20,179	
11/21/11 \$	57,232.6000	1.0000	•	57,233	57,233	
11/22/11 S	57,655.3600	1.0000	-	57,655	57,655	
11/23/11 \$	145,925.6400	1.0000	0	145,926	145,926	
11/28/11 S	8,202.9900	1.0000	•	8,203	8,203	
11/28/11 S	98,246.2900	1.0000	•	98,246	98,246	
11/29/11 S	67,238.1200	1.0000	•	67,238	67,238	
11/30/11 \$	9,496.6700	1.0000	•	6,497	6, 497	
	298,347.8400	1.0000	•	298,348 *	298,348	
12/05/11 \$	105,215.2800	1.0000	•	105,215	105,215	
12/06/11 S	123,089.6700	1.0000	•	123,090	123,090	
12/07/11 S	50,942.9800	1.0000		30,943	30,943	
	509.4200	1.0000	0	805	509	
12/08/11 \$	94,405.5600	1.0000	•	905'56	94,406	
12/09/11 \$	90,767,5900	1.0000	-	90,768	90,768	
12/12/11 \$	25,219.7100	1.0000	•	25,220	25,220	
12/13/11 \$	74,388.9700	1.0000	•	74,389	74,389	
12/14/11 \$	275,311.8900	1.0000	•	275,312 *	275,312	
12/15/11 \$	99,344.1300	1.0000		99,344	99,344	
	65,232.1500	1.0000	•	65,232	65,232	
	106,855.3800	1.0000	•	106,855	106,855	
12/21/11 \$	41,539.7700	1.0000	•	41,540	41,540	
12/22/11 \$	39,178.4600	1.0000	•	39,178	39,178	
	81,850.2500	1.0000	-	81,850	81,850	
12/28/11 \$	22,270.4400	1.0000	•	22,270	22,270	
	165,687.7100	1.0000	•	1	165,688	
12/30/11 S	42,627.8300	1.0000	0	42,628	42,628	
****	•				****	
101-908	SUB-IUIAL UF SALES # 47		•	3,897,555	3,897,355	
				* 1	11111111	
·BITS	SUB-TOTAL		0	11,787,369	11,787,369	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1
GRA	GRAND TOTAL				1	



1/1/11 THROUGH 12/31/11

RAILROAD - SSB PLAN CVR SHP C&S

PAGE 81

DATE Bought/Sold

ACCOUNT 7036739

SHARES Par value

UNET 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 SUPPLEMENTAL SICKNESS BENEFIT PLAN COVERING RAILROAD SHOP CRAFT AND SIGNAL EMPLOYEES

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

EIN: 52-1162946 Plan Number: 508

(a)	(b)	(c)	(d)	(g)	(i)
Identity of Party Involved	<u>Description of Assets</u>	Purchase <u>Price</u>	Selling <u>Price</u>	Asset <u>Cost</u>	Current <u>Value</u>

SunTrust Bank

Account 70-04-102-7036739 (See attached schedule as prepared and reported by SunTrust Bank)



### 1/1/11 THROUGH 12/31/11

ACCOUNT 7036739

RAILROAD - SSB PLAN CVR SHP C&S

PAGE 72

SHARES Par value

BOUGHT/50LD

DATE

UNIT PRICE

EXPENSE INCURRED

PRINCIPAL CASH

3,968,901.83 

BEGINNING MARKET VALUE COMPARATIVE VALUE (5%)

ERISA COST

ERISA COST GAIN/LOSS

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

-				-			_	_			_		_										-
204,812	312,936	959,689	1,095,501	254,033	1,719,195		509,259	415,227		1,509,664	277,796		304,936		620,832	805,452		269,419	***************************************	551,265	1,230,149		270,532
204,812 *	312,936 *	* 959'689-	-1,095,501 *	254,033 *	* 10,10,1-		309,259 *	415,227 *		-1,509,664 *	× 961,172		304,936 *	1	-620,832 *	-805,452 *		269,419 *	: : : : : : : : : : : : : : : : : : :	-227,265 #	-1,230,149 *		270,532 *
٥	o	0	0	a			•		ı	0	•		•		0	0		•	,	0	0		0
ISSUE: 609010DF7 - FEDERATED MMKT PRIME OBLIG-I #10 FFS 01/04/11 S 204,812.1900 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.00010057 - ECHODATED MMKT PRIME OBJEC-I #10 FFS	2 S 312,936.3600		ISSUE: 609010DF7 - FEDERATED MMKT PRIME OBLIG-I #10 FFS 01/26/11 B 1.0000	ISSUE: 609010DF7 - FEDERATED MMXT PRIME OBLIG-I #10 FFS	609010DF7 -	609010DF7 - FEDERATED MMKT PRIME OBLIG	03/01/11 S 309,259.3600 1.0000	ISSUE: 609010DF7 - FEDERATED MMKT PRIME OBLIG-I #10 FFS 03/09/11 S 415,226.6900	609010DF7 - FEDERATED MMKT PRIME	03/17/11 B 1,509,663.7300 1.0000	277.796.0000	609010DF7 - FEDERATED MMKT PRIMI	04/13/11 S 304,935.5400 1.0000	609010DF7 - FEDERATED MMKT PRIME	<b>~</b>	ISSUE: 609010DF7 - FEDERATED MMKT PRIME OBLIG-I #10 FFS n4/19/11 B 1.0000	609010DF7 - FEDERATED MMKT PRIME OBLIG-	v	609010DF7 - FEDERATED MMKT PRIME OBLIG-	æ	ISSUE: 609010DF7 - FEDERATED MMKT PRIME OBLIG-I #10 FFS 05/18/11 % 1.0000	609010DF7 -	S

0



### 1/1/11 THROUGH 12/31/11

ACCOUNT 7036739

PAGE 73

### RAILROAD - SSB PLAN CVR SHP CRS

ERISA COST GAIN/LOSS		•						•				. 0					•			,	•	c							•			<	•				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>&gt;</b>
ERISA COST		475,910	494,084		1.012.205	282,628		309,618	677,494		802,488	292,834		1,609,001	*>0 FF6	545.113	352,180		1,541,715		291,418	7.070 F		3,079,802		289,282	856.272	7,7,000	282,542		1,582,337	#71 B6C		275,312		1,607,585		50,287,252
PRINCIPAL CASH		475,910 *	-494,084 *		* 502:210:1-	282,628 *	,	309,618 *	-677,494 ×		-802,488 *	292,834 *		-1,609,001 *	- H76	* 5564117	352,180 +		-1,541,715 #	, ,	291,418 #	¥ C08.802.¥		-3,079,802 *		-289,282 *	# CPC >38		282,542 *		-1,582,337 x	2 4 5 K . 4 6 C		275,312 *		-1,607,385 ×		30,287,252
EXPENSE INCURRED		0	•	•	=	•		<b>o</b>	•	1	٥	0		0		•	6			•	•	e	•	•		•	•	•	0		6	c	•			•	†	
UNIT	1-9	1.0000   Obj.C-1 410 EES	_	å	OBLIG-I #10 FFS	<b>~</b>	4	) PRIME OBLIG-I #10 FFS	<b>;</b>	Ϊ,	1.0000 ORITG-T #10 FFS		Ξ.	<b>–</b>	PRIME OBLIG-I #10 FFS	1 ;	<b>;</b>	OBLIG-I #10 FFS	ij	PRIME OBLIG-I #10 FFS	٠ نـ	1 0000	#		#	•	244 B0# T-EE.	*		*	1.0000	•	#		#	1.0000		
SHARES Par Value	8	475,909.7300 EEDEDATED MAKT BRIME OBLIC-T	494,083.7700	ш	FEDERATED HHKT PRIME OBLI	282,628.2000	Œ	509,617.5500 FEDERATED MAKT	677,494.1800		502,485.1400 Federated MMKT PRING		FEDERATED MHKT PRIME OBLIG	1,609,000.5400	FEDERATED MAKT PRIME	FED	352,180.2900	FEDERATED MHKT PRIME OBLIG		FEDERATED MMKT	Z91,418.5500		ш	3,079,802.3200	9		FEDERALED INST UBLIS HR-1 854.272 3400	FED	282,542.0200	т.	1,582,336.5000 FEREDATER TROV OR! TO ME! T		FED		ш	1,607,384.9900	:	OTAL
DATE BOUGHT/SOLD		06/02/11 S TSEILE: ADBOLUTEZ	<b>A</b>	ISSUE: 609010DF7 -	ISSUE: 609010DF7 -		ISSUE: 609010DF7 -	17.06/11 S 1SSUE: 609010DF7 -	<b>A</b>	609010DF7 -	07/19/11 B TSSUE: 6090100F7 -	S	ISSUE: 609010DF7 -	<b>A</b>	ISSUE: 609010DF7 -	ISSUE: 609010DF7 -		ISSUE: 609010DF7 -		ISSUE: 609010DF7 -		10/17/11 S	ISSUE: 609068DF5 -	10/17/11 B	ISSUE: 609068DF5 -	<b>4</b>	10/19/11 B	ISSUE: 609068DF5 ~	11/05/11 \$	ISSUE: 609068DF5 -	11/17/11 B	C1000000	ISSUE: 609068DF5 -	2 1		12/19/11 B		GRAND TOTAL



1/1/11 THROUGH 12/31/11

RAILROAD - SSB PLAN CVR SHP C&S

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ACCOUNT 7036739

BOUGHT/SOLD

DATE

SHARES Par value

EXPENSE INCURRED

UNIT PRICE

PRINCIPAL CASH

**ERISA COST** 

ERISA COST GAIN/LOSS

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 MMKT PRIME OBLIG-I #10 FFS

-689, 466 * -1,095,501 # -54,298		, , , , , , , , , , , , , , , , , , ,	1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000 1.00000
- 689,646 ** -1,095,501 ** -1,719,195 ** -1,509,664 ** -1,509,664 ** -1,509,664 ** -1,509,664 ** -1,509,664 ** -1,509,664 ** -1,509,664 ** -1,509,664 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,645 ** -1,509,646 ** -1,		000000000000	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000
-1,095,501 # -496 -54,298 -1,719,195 # -1,509,664 * -1,609,664 * -56,591 -620,832 # -620		0 0 0 0 0 0 0 0 0 0 0 0	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000
-54,298 -1,719,195 * -1,509,664 * -148,645 -56,591 -620,832 * -805,452 *		00000000000	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000
-54,298 -1,719,195 * -1,509,664 * -148,645 -56,591 -620,832 * -805,452 *		e e e e e e e e e e e	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000
-1,719,195 * -1,509,664 * -1,509,664 * -1,80,645 - 5,38 - 5,591 - 6,20,832 * -805,452 *			1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000
-1,509,664 * -148,645 * -5620 * -5538 - 5620 * -620,832			1.0000 1.0000 1.0000 1.0000 1.0000 1.0000
-1,509,664 * . 148,645 * . 5645 * . 58,645 * . 56,591 56,591 620,832 *		0000000	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000
.148,645 .538 .36,591 .620,832 * .805,452 *		0000000	1.0000 1.0000 1.0000 1.0000 1.0000
- 556,591 - 620,591 - 620,532 * - 805,452 *		00000	1.0000 1.0000 1.0000 1.0000 1.0000
- 36,591 - 620,832 * - 805,452 *		c c c c c	1.0000 1.0000 1.0000 1.0000
-620,832 * -805,452 *		0000	1.0000 1.0000 1.0000
-805,452 * -e1 of			1.0000
370 18-		00	1.0000
COLITO			1:0000
062-	_		
-227,263 *	3		1.0000
-1,230,149 *	•		1.0000
-183,662	•		1.0000
-357	0		1.0000
* 480,084 *	•	_	1.0000
-1,012,205 *		_	1.0000
-188,302	0		1.0000

SUNTRUST SUNTRUST

ACCOUNT 7036739

THROUGH 12/31/11 1221

RAILROAD - SSB PLAN CVR SHP C&S

ERISA COST GAIN/LOSS									• .			-					•	•		•	•	•	•	•	<b>-</b> (					٠	•	•		•			•		0			<b>&gt;</b> (	
ERISA COST	278	877.496	802,488	177,925	267	1,609,001	145.583	320	1,541,715	171,987	373		15,221,159	174.936	204.812	50,971	312,936	57,604	269	55,803	27,315	101,511	58,222	194 P	\$50'TDT	25.726 66.226	72.399	124.925	5,082	84,685	62,229	80,572	61,885	254,033	163,060	<b>20</b> (1)	196.07	29,651	150.511	23,906	767.44 166.001	5704601	91,620
PRINCIPAL CASH	-278	* 565.775-	1000,4000	-177,923	-267	-1,609,001 *	-145,583	028-	-1,541,715 *	-171,987	-373		15,621,159	174,936	204,812 *	.50,971	\$12,936 *	57,604	269	55,803	27,515	101,511	58,222	504,84 505	776-101	66.224	72,399	124,925	5,082	84,685	62,229	80,572	61,885	254,033 +	165,060	664	70,555	159'62	/50'5TT	60,700	162.44		91,620
EXPENSE	•	6	•	•	•	•	•	•	•	•	0		•	0	•	6	•				•	•	•		•	•	•	•	•	•	•		•	<b>•</b> •		•			•				
UNET	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000			1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0000.	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.000 L	1.000	1.000 L			1.0000		1.0000
SHARES PAR VALUE	277.7100	677,494.1800	802,488.1400	177,923.0600	267.4500	1,609,000.5400	145,583.4100	519.7700	1,541,715.0700	171,987.2700	372.6400	TAL OF BUYS # 33		174,936.1100	204,812,1900	50,970.9700	312,936.3600	57,603.9800	568.5100	55,003,2800	27,514,6400		30,221,680U 64.602 2500	101.636.2200	138,746.4400	66,224.4600	72,399,1900	124,925.4200	5,081.6900	84,684,6700	62,228.7100	00,571,7800	0017 (D0 T0	0025.025.025	0000.000.101	0000-764	0010 197 00	0010-1697.2	23.405 6600	44.296.6700	109,022.7400	34.575.4800	91,620.3200
DATE BOUCHT/SOLD	07/01/11	07/18/11 B	07/19/11 B	07/25/11 B	08/01/11	08/10/11 B	08/23/11	09/01/11 B	09/19/11 B	09/21/11	10/02/11 #	SUB-TOTAL OF		01/03/11 \$	01/04/11 S	01/05/11 \$	01/06/11 \$	01/0/11 \$	01/10/11 \$	01/10/11 \$	01/11/11 \$	01/15/11 5	01/14/11 \$	01/18/11 \$	01/20/11 \$	S 11/12/10	01/25/11 \$	01/26/11 \$	01/27/11 \$	01/28/11 \$	01/31/11 \$	\$ 11/10/70 03/03/11 \$	02/02/11 3	3 11/20/07	02/08/11 8	02/08/11 5	3 11/00/20	02/10/11 \$	02/11/11 \$	02/14/11 \$	02/15/11 \$	02/16/11 S	02/18/11 \$

# REPORTABLE TRANSACTIONS WORKSHEET

### 1/1/11 THROUGH 12/31/11

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### RAILROAD - SSB PLAN CVR SHP C&S

10000	SHARES PAR VALUE
180,177 180,177 180,177 180,177 180,177 180,177 180,170 180,17	-
30,369 30,369 30,269 * 47,170 0 62,054 0 71,772 0 71,773 0	•
0	
9 47,170 9 59,701 0 62,054 0 71,572 0 71,772 0 71,7	1.
537,01 64,274 112,037 715,722 × 715,722 × 715,722 × 715,600 116,600 116,600 116,600 116,600 116,600 116,600 116,000	
81,578 112,037 415,227 × 415,227 × 71,772 72,78 63,784 63,784 63,784 68,364 69,783 68,364 68,364 69,159 60,513 60,513 61,029 62,627 62,627 62,627 63,324	39,/UL:4500 42.net 7100
554 0 112,037 0 79,927 × 116,600 0 37,264 0 37,264 0 37,264 0 37,264 0 37,264 0 37,264 0 37,264 0 37,264 0 0 27,736 0 0 27,736 0 0 27,736 0 0 26,936 0 0 27,736 0 0 26,936 0 0 26,565 0 0 26,567 0 0 26,567 0 0 26,567 0 0 26,567 0 0 26,567 0 0 26,567 0 0 26,567 0 0 26,567 0 0 26,567	-
112,037 0 71,772 0 71,772 0 71,772 0 71,772 0 72,924 0 37,264 0 79,878 0 79,878 0 79,878 0 79,878 0 71,478 0 79,878 0 71,478 0 71,678 0 71,798 0 72,402 0 72,402 0 73,444 0 73,93 0 73,444 0 73,93 0 73,444 0 74,93 0 74,93 0 78,159 0	
0 415,227 * 0 71,772 * 0 64,772 * 0 64,774 * 0 16,600   0 37,264   0 37,264   0 37,264   0 71,478   0 65,938   0 65,938   0 65,938   0 71,48   0 70,316   0 70,316   0 70,316   0 70,316   0 70,316   0 88,564   0 88,564   0 88,564   0 88,564   0 88,564   0 88,564   0 88,564   0 88,564   0 88,564   0 88,564   0 88,564   0 88,564   0 88,564   0 88,564   0 88,527	112,036.6800 1.0000
116,600 64,274 0 116,600 116,600 0 37,264 0 37,264 0 71,478 0 10,926 10,939 10,029 10,029 10,029 10,029 10,029	
0 64,274 0 37,264 0 37,264 0 37,264 0 79,878 0 71,478 0 65,938 0 65,938 0 102,954 0 102,954 0 120,856 0 120,85	-
116,600 0 37,264 0 79,878 0 63,938 0 71,478 0 69,784 0 69,784 0 102,954 0 102,954 0 114,586 1 10,586 0 120,856 0 120,859 0 120,022 0 120,023 0 120,023	79,925.758U 1.0U 1.0U 4.0U 1.0U
37,264 0	
0 35,951 0 59,023 0 63,938 0 65,728 0 62,728 0 52,904 0 114,586 0 120,556 0 120,556 0 120,556 0 120,556 0 120,556 0 120,556 0 120,556 0 120,566 0 120,566 0 120,566 0 120,566 0 120,566 0 120,566 0 120,566 0 120,566 0 120,566 0 120,516 0 120,029 0 101,029	1
99,878 0	33,950.5100 1.0000
0 59,023 0 65,938 0 65,938 0 70,784 0 70,784 0 70,316 114,586 0 114,586 120,356 0 52,402 0 58,364 0 68,364 0 77,083 0 77,083 0 77,083 0 62,440 0 78,002 0 77,083 0 77,083 0 62,441 0 78,029 0 77,083 0 62,444 0 78,029 0 77,083 0 62,444 0 78,029	
71,478 0 65,938 0 65,938 0 92,728 0 102,954 0 114,586 0 120,356 0 120,356 0 120,356 0 120,356 0 120,356 0 120,029 0 120,029	1
65,358 0 69,784 0 0 52,728 0 102,954 0 114,586 0 120,356 0 120,356 0 120,356 0 120,356 0 120,339 0 120,029 0 120,029	<b>.</b>
92,728 0 52,904 0 70,316 * 114,586 0 114,586 0 120,356 0 58,564 0 58,564 0 68,364 0 77,02 0 77,03 0 77,083 0 62,445 0 77,083 0 77,083 0 62,419 * 0 77,083 0 77,083 0 62,424 0 62,424 0 62,424 0 62,425 0 62,424 0 77,083 0 77,083 0 62,424 0 77,083 0 77,	63,737.63UU L.UUUU 63,737.63UU L.UUUU
52,904 0 277,796 * 0 102,954 0 114,586 0 120,356 0 58,564 0 68,364 0 78,025 0 77,083 0 62,454 0 78,039 0 77,083 0 62,454 0 60,513 0 60,513	
0 102,954 ** 0 77,796 ** 0 114,586 0 120,356 0 58,564 0 68,364 0 92,402 0 92,402 0 92,402 0 92,402 0 92,402 0 92,402 0 92,402 0 92,402 0 92,144 0 93,144 0 93,144 0 93,144 0 93,144 0 93,144 0 93,144 0 93,144 0 93,144	-
70,716 *  114,586  116,586  10 150,586  10 58,565  10 58,364  10 89,169  10 89,159  10 89,159  10 89,159	
114,586 0 120,356 0 58,505 0 58,364 0 304,936 * 0 304,936 * 0 77,002 0 77,003 0 77,003 0 77,003 0 77,003 0 77,003 0 77,002 0 77,003 0 77,003	77,7%6.0000 I.00
0 120,356 0 58,565 0 68,364 0 304,936 * 0 92,402 0 304,936 * 0 77,083 0 62,454 0 60,313 0 269,419 * 0 52,227	
554 0 58,503 0 68,364 0 304,936 * 0 87,144 0 42,002 0 73,003 0 77,083 0 62,454 0 60,513 0 269,419 * 0 52,227	-
0 68,565 0 82,402 0 87,402 0 87,144 0 72,002 0 77,083 0 62,454 0 60,513 0 269,419 *	
68,364 0 304,936 * 0 304,936 * 0 72,002 0 72,039 0 77,083 0 62,454 0 60,513 0 269,419 * 0 101,029 0 52,227	
92,402 0 304,936 * 0 92,144 0 42,002 0 77,083 0 62,454 0 60,513 0 269,419 * 0 101,029 0 52,227	-
95,144 0 95,144 0 72,002 0 77,083 0 62,454 0 60,513 0 269,419 * 0 269,419 * 0 101,029 0 52,227	92,402,1000 1.00
0 42,002 0 74,039 0 77,083 0 62,454 0 60,513 0 269,419 * 0 101,029 0 52,227	•
0 74,039 0 77,083 0 62,454 0 60,513 0 269,419 * 0 101,029 0 52,227	
0 77,083 0 62,454 0 60,515 0 269,419 * 0 101,029 0 52,227 0 63,524	
0 62,454 0 98,159 0 60,513 0 269,419 * 0 101,029 0 52,227 0 63,324	1
98,159 0 60,513 0 269,419 * 0 101,029 0 52,227 0 63,524	-
0 60,513 0 269,419 * 0 101,029 0 52,227 0 63,524	1.
0 269,419 * 0 101,029 0 52,227 0 63,524	-1
0 101,029 0 52,227 0 63,324	1.
0 52,227 0 63,324	-
0 63,324	-
	63,323.8600 1.00

## REPORTABLE TRANSACTIONS MORKSHEET

### 171711 THROUGH 12/31/11

RAILROAD - SSB PLAN CVR SHP CES

SUNTRUST

ACCOUNT 7036739

1/1/11 THROUGH 12/31/11

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RAILROAD - SSB PLAN CVR SHP CAS

DATE BOUGHT/SOLD	SHARES PAR VALUE	PRICE	EXPENSE	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
07/20/11 \$	51,344.9000	1.0000		51,345	51,345	G
	59,941.3200	1.0000	_	59,941	59,941	•
	72,104.7500	1.0000		72,105	72,105	0
07/26/11 S	116,133.1200	1.0000		116,133	116,133	0
	47,028.9500	0000.	- '	47,029	47,029	G
	82.826.9500	1.0000	- 4	79,725	79,723	<b>6</b>
08/01/11 S	292,834,0300			170'70	/28.28 /28.28	
08/02/11 \$	63,660.0000	1.0000		63.660	43.660	
08/03/11 \$	56,283.2000	1.0000		56,283	566,283	
	84,371.0700	1.0000	•	84,571	84,371	•
	504.8900	1.0000	_	505	505	•
	49,147.7300	1.0000		49,148	49,148	•
	160,327.5500	1.0000	•	160,327	160,327	•
	48,670.6100	1.0000	_	48,671	48,671	•
	94,886.8500	1.0000		94,887	94,887	•
2 11/21/00	20,3/1.4100	1.0000		50,571	30,371	
08/16/11 \$	01,277,47UU	0000.1		665,699	69,599	•
	78.475 A300	0000		71,296	962-16	0
08/19/11 \$	64.700-2700	1.0000		9/9/86	58,676 6, 700	
	58,131.0100	1.0000		78.131	121.88	3 6
08/24/11 \$	63,879.3700	1.0000		63,879	63.879	
	63,525.7800	1.0000	•	63,526	63,526	•
	277,943.4500	1.0000		277,943 *	277,943	٥
	61,088.0100	1.0000		61,088	61,088	
	106,702.1000	1.0000	•	106,702	106,702	•
08/31/11 S	39,554,5300	1.0000	•	39,555	39,555	•
	67,400.1800	1.0000	_	67,400	67,400	0
	552,180.2900	1.0000		352,180 *	352,180	
09/08/11 3	94,781.9500	0000.1		94,782	94,782	•
	0000.10100	1.0000		870,04	50,078	
	0000:671	0000.1		6/1	5/1	•
	517-7100	1.0000		614	100 01	
	90,941.9600	1.0000		276.06	010	· •
	62,777.9500	1.0000	_	62.778	62.778	
09/13/11 \$	89,357.5200	1.0000	_	89,358	80.51.60	
	22,441.8700	1.0000	•	22,442	22,442	•
	56,714.2000	1.0000	•	56,714	56,714	•
	74,712.5200	1.0000	•	74,713	74,713	•
	115,996.9500	1.0000	•	115,997	115,997	0
	74,044.6100	1.0000	_	74,045	74,045	0
	53,425.6600	1.0000	•	53,426	53,426	0
	78,422.6900	1.0000	_	78,423	78,425	•
8 11//2/60	102,824.2700	1.0000	_	102,824	102,824	•

# SUNTRUST SUNTRUST

ACCOUNT 7036739

### THROUGH 12/31/11 1221

PAILROAD - SSB PLAN CVR SHP CAS

ERISA COST GAINALOSS 73,355 511 291,418 84,905 97,734 52,258 94,682 46,614 103,647 60,137 95,469 20,110 3,079,802 19,196,073 ERISA COST 46,614 291,418 73,355 511 52,258 84,905 94,682 97,734 60,137 3,079,802 103,647 95,469 20,110 19,196,073 PRINCIPAL CASH INCURRED EXPENSE ..0000 1.0000 .0000 .0000 .0000 ..0000 . 0000 .0000 0000-. 0000 .0000 .0000 .0000 PRICE 291,418.3500 84,904.5200 73,354.8500 52,257.9400 103,647.4400 94,601.5800 46,614.3700 511.2400 20,110.4600 97,734.4000 60,136.7500 95,469.4100 3,079,802.3200 SUB-TOTAL OF SALES # 184 SHARES PAR VALUE 3 11/82/60 09/30/11 S 10/02/11 S \$ 11/90/01 8 11/11/01 10/12/11 S 0/13/11 S 0/14/11 S **BOUGHT/SOLD** 11/11/01 11/62/60 10/03/11 10/04/11 10/0/01 DATE

ISSUE: 609066DF5 - FEDERATED TRSY OBLIG HH-1 #68 FFS

SUB-TOTAL

34,423,832

34,423,832

227 144,706 3,079,802 289,282 856,272 174,666 155,304 1,607,385 1,582,337 -289,282 -1,607,385 -3,079,802 -856,272 -1,582,337 -144,706 -174,666 -227 -155,304 .0000 0000-1 0000-1 ..0000 0000 .0000 .0000 0000 ..0000 226.6700 155,303.6300 1,607,384.9900 3,079,802.3200 289,281.7000 056,272.3400 174,665.7800 1,582,336.5000 33.1500 144,706.0700 12/02/11 10/28/11 10/19/11 12/19/11 10/11/01 11/1/11 11/01/11 12/01/11 12/27/11

10 SUB-TOTAL OF BUYS 0/18/11

.0000 ..0000 .0000 .0000 .0000 .0000 ..0000 .0000 62,660.8300 89,271.2800 78,697.4700 79,367.0800 97,238.6100 50,729.9300 57,732.7100 60,974.0300 10/25/11 11/92/01 10/31/11 10/21/11 11/22/01 0/20/11 10/24/11

89,271

89,271

7,890,014 68,974 78,697 79,367

7,890,014

68,974 78,697 79,367 97,239 62,661

97,239 50,730 57,733

62,661

80,877

116,283

116,283 282,542

80,877

00000.1

.0000

116,283.4600 282,542.0200 80,876.7000

11/02/11 S 11/03/11 S

11/10/11

50,730 57,733 282,542



### 1/1/11 THROUGH 12/31/11

### ACCOUNT 7036739

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### RAILROAD - SSB PLAN CVR SHP C&S

1/04/11   S   60,403.4000   1/07/11   S   75,518.9600   1/08/11   S   513.9700   1/08/11   S   53560000   1/109/11   S   535600000000000000000000000000000000000	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000		60,403	60,403	
	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000		91. 11.		•
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000		0 75,519	75,519	
<b>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</b>	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000			514	0
<b>งงงงงงงงงง</b>	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000			93,609	a
	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000			75,356	•
งงง ถ ง ถ ง ง ง ง ง ง	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000		0 105,234	105,234	0
, , , , , , , , , , , , , , , , , , ,	1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000		29,248	29,248	
, n n n n n n n	1.0000 1.0000 1.0000 1.0000 1.0000	- <b>'</b>	91,525	91,525	
, w w w w w w	1.0000 1.0000 1.0000 1.0000		119,45	54,611	•
, n n n n n	1.0000	_ ·	20,179	20,179	
. [] 1 (0 (0 (0 (0	1.0000 1.0000 1.0000 1.0000	- •	0 01,633	5627.16	•
, <b>o</b> v	1.0000 1.0000 1.0000		0 145.426	165,926	
о. <b>ч</b>	1.0000	-	8,208	10 C 60	
S	1.0000	_	98,246	98,246	•
		•	0 67,238	67,238	0
11/30/11 S 9,496.6700	1.0000	_	0 9,497	6,497	•
12/01/11 S 298,347.8400	1.0000	•	0 298,348 #	298,348	•
S	1.0000	-	0 105,215	105,215	
1	1.0000	-	0 123,090	123,090	0
30,	1.0000	_	30,943	30,943	0
s	1.0000	_	605	509	
S	1.0000	-	0 94,406	94,406	•
v	1.0000	-	90,768	90,768	0
<b>o</b>	1.0000		25,220	25,220	•
v,	1.0000			74,389	0
<b>S</b>	1.0000		275,312 *	275,312	
so e	1.0000		99,344	446.66	
	0000.1	-	262'56	767'69	<b>&gt;</b> •
12/21/11 \$ 100,625.3000 13/21/11 \$ 210,625.3000	0000.	-	100,033	TOO'SOT	
7 (	1.0000	_	NA.178	M9.178	
	1:0000	-	81,850	81,850	•
· 01	1.0000	-	0 22,270	22,270	•
	00001	-	0 165,688	165,688	0
2/30/11 \$ 42,627.8300	1.0000		0 42,628	42,628	0
			1111111111		
SUB-TOTAL OF SALES # 47			3,897,355	3,897,355	•
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
SUB-TOTAL			0 11,787,369	11,787,369	0
		i i i i i i			
GRAND TOTAL			0 46,211,201	46,211,201	



17.12.1 THROUGH 12/31/11

RAILROAD - SSB PLAN CVR SHP C&S

UNIT PRICE

EXPENSE INCURRED

PAGE 81

DATE Bought/Sold

ACCOUNT 7036739

SHARES Par value

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 = BUY TRANSACTION

S = SELL TRANSACTION

R = REINVESTMENT TRANSACTION

### THE SUPPLEMENTAL SICKNESS BENEFIT PLAN COVERING RAILROAD SHOP CRAFT AND SIGNAL EMPLOYEES

### Schedule of Assets Held for Investment Purposes December 31, 2011

EIN:	edule H Item 4(i) – Schedule of 52-1162946 Number: 508	Assets Held for Investment Purposes		
(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	<u>Cost</u>	Current <u>Value</u>
	Money Market Funds			
*	SunTrust Bank	Money Market Fund		

Account 70-04-102-7036739 Federated Trsy Oblig MM-I #68 FFS <u>\$ 3,992,657</u> <u>\$ 3,992,657</u>

<sup>\*</sup> Known party-in-interest to the Plan.