Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report Identifi								
For cale	For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012								
A This	return/report is for:	X a multiemployer plan;	a multipl	e-employer plan; or					
		a single-employer plan;	a DFE (s	specify)					
B This	eturn/report is:	the first return/report;		return/report;					
		an amended return/report;		olan year return/report (less t					
C If the	If the plan is a collectively-bargained plan, check here								
D Chec	D Check box if filing under: X Form 5558; automatic extension;					e DFVC program;			
	special extension (enter description)								
Part	II Basic Plan Informat	ion—enter all requested informati	ion						
	ne of plan				1b	Three-digit plan	504		
	ILROAD EMPLOYEES NATIONA	AL HEALTH & WELFARE PLAN				number (PN) ▶	501		
					1c	Effective date of p 03/01/1955	lan		
2a Plan	sponsor's name and address; in	clude room or suite number (empl	oyer, if for a single	-employer plan)	2b	Employer Identific	ation		
IOINITE	N AN COMMITTEE					Number (EIN) 80-0616625			
JOINT F	PLAN COMMITTEE				2c	Sponsor's telepho	ne		
						number			
1901 L S	TREET NW SUITE 500					202-862-720			
	IGTON, DC 20036				2d	2d Business code (see instructions)			
					482110				
Caution	: A penalty for the late or incon	nplete filing of this return/report	will be assessed	unless reasonable cause i	s establis	shed.			
		alties set forth in the instructions, I one electronic version of this return/							
SIGN	Filed with authorized/valid electr	onic signature.	10/11/2013	R. A. SCARDELLETTI					
HERE	Signature of plan administrat	or	Date	Enter name of individual s	dual signing as plan administrator				
					<u>.gg</u>				
SIGN	Filed with authorized/valid electr	onic signature.	10/11/2013	A. K. GRADIA					
HERE	Signature of employer/plan s	ponsor	Date	Enter name of individual s	igning as	employer or plan sp	oonsor		
SIGN									
HERE Signature of DFE Date Enter name of individual signing as DFE									
Preparei	's name (including firm name, if a	applicable) and address; include ro	om or suite numbe		reparer's i	telephone number			
					ptional)				

Form 5500 (2012) Page **2**

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	
EIN and the plan number from the last return/report: a Sponsor's name JOINT PLAN COMMITTEE 5 Total number of participants at the beginning of the plan year	52-1118310 C PN 501 5 298089
5 Total number of participants at the beginning of the plan year	5 298089
	6a 106485
	6b 191604
C Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a, 6b, and 6c.	6d 298089
Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f 0
Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) Number of participants that terminated employment during the plan year with accrued benefits that were	6g
less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 47
 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in 4Q 4B 4A 	
Plan funding arrangement (check all that apply) (1)	surance contracts
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number	attached. (See instructions)
a Pension Schedules b General Schedules (1) R (Retirement Plan Information)	
(1) I (Netherital Information) (1) I H (Financial Information)	ion)
(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) The plan (4) The plan (5) Purchase Plan Actuarial Information (6) Purchase Plan Actuarial Information (7) Purchase Plan Actuarial Information (7) Purchase Plan Actuarial Information (7) Purchase Plan Actuarial Information (8) Purchase Plan Actuarial Information (9) Purchase	ation)
(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (6) D (DFE/Participating G (Financial Transaction))	

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2012

					nspection		
For calendar plan year 20°	12 or fiscal pla	n year beginning 01/01/2012		and en	ding 1	2/31/2012	•
A Name of plan THE RAILROAD EMPLOY	A Name of plan THE RAILROAD EMPLOYEES NATIONAL HEALTH & WELFARE PLAN				e-digit number (F	PN) •	501
C Plan sponsor's name a JOINT PLAN COMMITTEE		ne 2a of Form 5500		D Emplo 80-061	-	ication Number (I	EIN)
on a separat		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca							
METROPOLITAN LIFE IN	NSURANCE C	OMPANY					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	ntract year
(b) LIN	code	identification number			(f) From	(g) To
13-5581829	65978	1023000	2980	89	01/01/2	012	12/31/2012
2 Insurance fee and communication descending order of the		nation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents	, brokers, and ot	ner persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all	persons).			
	(a) Name	and address of the agent, broke	r, or other person to who	m commissi	ions or fee	s were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commissio	ns paid			
commissions pai		(c) Amount	(d) Purpose			(e) Organization code	
	(a) Name	and address of the agent, broke	r. or other person to who	m commissi	ions or fee	s were paid	
	(0)		, , , , , , , , , , , , , , , , , , , ,			p	
(b) Amount of sales ar	nd base	Fe	ees and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code
commissions paid (c) Amount							

Schedule A (Form 5500)	2012	Page 2 - 1					
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid				
	,	.,,					
(b) Amount of color and bose		Fees and other commissions paid	(a) Organization				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
()) !			• • • • • • • • • • • • • • • • • • • •				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid				
	T		<u> </u>				
(b) Amount of sales and base	(-) A	Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid				
	, , , , , , , , , , , , , , , , , , ,						
(h) Amount of color and bose		Fees and other commissions paid	(2) Orner in eties				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
•	, ,						
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				

		•
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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of					
		this report.					
		ent value of plan's interest under this contract in the general account at year					
5	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd		5		
6		racts With Allocated Funds:					
	а	State the basis of premium rates					
		Premiums paid to carrier			6b		
		Premiums due but unpaid at the end of the year			6c		
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d		
		Specify nature of costs					
	е	Type of contract: (1) individual policies (2) group deferred	d annuity				
		(3) other (specify)					
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan o	heck here			
7	Contr	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	separate accounts)			
	а	Type of contract: (1) deposit administration (2) immedia	ite participa	tion guarantee			
		(3) ☐ guaranteed investment (4) ☐ other ▶					
		(e) [] 3					
	b	Balance at the end of the previous year			7b		
		Additions: (1) Contributions deposited during the year	. 7c(1)				
		(2) Dividends and credits	. 7c(2)				
		(3) Interest credited during the year	. 7c(3)				
		(4) Transferred from separate account	. 7c(4)				
		(5) Other (specify below)	. 7c(5)				
		(6)Total additions			7c(6)		
	d∃	Total of balance and additions (add lines 7b and 7c(6))	<u>.</u>	<u></u>	7d		
	e [Deductions:					
	((1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)				
	((2) Administration charge made by carrier	. 7e(2)				
	((3) Transferred to separate account	. 7e(3)				
	((4) Other (specify below)	. 7e(4)				
		•					
	,	(E) Total deductions			7e(5)		
		(5) Total deductions					
		Dalance at the end of the current year (Subtract line re(3) from line rd)			/ 1		

Pa	age 4	
experien	ver(s) or members of the same ence-rated as a unit. Where contra- unit for purposes of this report.	
c [g [k [Vision Supplemental unemployment PPO contract	d ☐ Life insurance h☐ Prescription drug l☐ Indemnity contract
9a(1) 9a(2)	1493794	4
9a(3)		

	41 (1	If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	urposes if such contracts a	ire experien	ce-rated as a unit. W	here contrac	ployee organizations(s), the ts cover individual employees,	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	Vision		d X Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disability	/ g	Supplemental uner	mployment	h Prescription drug	
	i [Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract	
	m	X Other (specify) ▶ACCIDENTAL DEATH & DIS	SMEMBERMENT					
9	Ехр	erience-rated contracts:						
	а	Premiums: (1) Amount received		9a(1)		14937944		
		(2) Increase (decrease) in amount due but unpai	b	9a(2)				
		(3) Increase (decrease) in unearned premium res	serve	9a(3)				
		(4) Earned ((1) + (2) - (3))				9a(4)	1493794	4
	b	Benefit charges (1) Claims paid		9b(1)		12833806		
		(2) Increase (decrease) in claim reserves		9b(2)		279105		
		(3) Incurred claims (add (1) and (2))				9b(3)	1311291	1
		(4) Claims charged				9b(4)	1311291	1
	С	Remainder of premium: (1) Retention charges (c	n an accrual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees	<u> </u>	9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses	-	9c(1)(D)		687407		
		(E) Taxes	-	9c(1)(E)		358249	<u> </u>	
		(F) Charges for risks or other contingencies.	L	9c(1)(F)		115029		
		(G) Other retention charges		9c(1)(G)		664348		
		(H) Total retention	-			9c(1)(H)	182503	3
		(2) Dividends or retroactive rate refunds. (These	e amounts were paid in	cash, or	credited.)	··· 9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount held to provide b	enefits after	r retirement	9d(1)		
		(2) Claim reserves				9d(2)	406054	4
		(3) Other reserves				9d(3)	818936	2
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	in line 9c(2)	.)	9e		
10	No	onexperience-rated contracts:				-		
	а	Total premiums or subscription charges paid to	carrier			10a		
	b	If the carrier, service, or other organization incur retention of the contract or policy, other than rep				10b		
	Sp	pecify nature of costs						

Part IV	Provision of Information			
11 Did the	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Schedule A (Form 5500) 2012

Welfare Benefit Contract Information

Part III

¹² If the answer to line 11 is "Yes," specify the information not provided.

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year begi	inning 01/01/2012	and ending 12/31/2012	
A Name of plan THE RAILROAD EMPLOYEES NATIONAL HEALT	'H & WELFARE PLAN	B Three-digit plan number (PN)	501
C Plan sponsor's name as shown on line 2a of For JOINT PLAN COMMITTEE	rm 5500	D Employer Identification Nu 80-0616625	ımber (EIN)
		00 0010023	
Part I Service Provider Information	(see instructions)		
You must complete this Part, in accordance with or more in total compensation (i.e., money or any plan during the plan year. If a person received o answer line 1 but are not required to include that	ything else of monetary value) in control of the person when completing the remains of the remai	connection with services rendered to the p of for which the plan received the required of ainder of this Part.	lan or the person's position with the
1 Information on Persons Receiving C a Check "Yes" or "No" to indicate whether you are indirect compensation for which the plan received	excluding a person from the rema	inder of this Part because they received o	
b If you answered line 1a "Yes," enter the name a received only eligible indirect compensation. Con			e service providers who
(b) Enter name and EIN	or address of person who provide	ed you disclosures on eligible indirect com	npensation
AETNA US HEALTHCARE	151 FARMINGTON A HARTFORD, CT 061		
06-6033492			
(b) Enter name and EIN	N or address of person who provid	led you disclosure on eligible indirect com	pensation
HIGHMARK	120 FIFTH AVENUE PITTSBURGH, PA 1	•	
56-2526063			
(b) Enter name and EIN	or address of person who provide	ed you disclosures on eligible indirect com	pensation
UNITEDHEALTHCARE	185 ASYLUM STREI HARTFORD, CT 061		
36-2739571			
(b) Enter name and EIN	or address of person who provide	ed you disclosures on eligible indirect com	pensation

Schedule C (Form 5500) 2012	Pa	age 2- 1	
(b) Enter name and FIN or a	address of person who provided vo	ou disclosures on eligible indirect co	mpensation
(1) -110			
(b) Enter name and EIN or a	address of person who provided yo	ou disclosures on eligible indirect co	mpensation
	<u></u>	-	<u>·</u>
(b) Enter name and EIN or a	ddress of person who provided yo	ou disclosures on eligible indirect co	mpensation
(b) Enter name and EIN or a	ddress of person who provided yo	u disclosures on eligible indirect cor	mpensation
(h) =			
(D) Enter name and EIN or a	ddress of person who provided yo	ou disclosures on eligible indirect co	mpensation
(b) Enter name and EIN or a	ddress of person who provided vo	ou disclosures on eligible indirect co	mpensation
(1) -110			
(b) Enter name and EIN or a	ddress of person who provided yo	ou disclosures on eligible indirect co	mpensation
(b) Enter name and EIN or a	ddress of person who provided yo	ou disclosures on eligible indirect co	mpensation

;	Schedule C (Form 550	00) 2012		Page 3 - 1			
answered	"Yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or e plan or their position with the	indirectly, \$5,000 or more in t	otal compensation	
		(a) Enter name and EIN or	address (see instructions)			
	BROTHERS, INSURA	NCE	AIR RIGH	CONSIN AVE SUITE 900 EAS TS CENTER DA, MD 20814	Т		
13-2834414	1						
(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	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
9	NONE	21747	Yes No 🗵	Yes No		Yes No	
		(a) Enter name and EIN or	address (see instructions)			
EXPRESS	SCRIPTS, INC.			SONS POND DRIVE IN LAKES, NJ 07417			
22-3461740)						
(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	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
99 13 12	NONE	3610327	Yes No X	Yes No		Yes No	
(a) Enter name and EIN or address (see instructions)							
UNITEDHEALTHCARE 185 ASYLUM STREET HARTFORD, CT 06103							
36-2739571	I						
(b) Service Code(s)	(c) Relationship to employer, employee organization, or	(d) Enter direct compensation paid by the plan. If none,	(e) Did service provider receive indirect compensation? (sources	(f) Did indirect compensation include eligible indirect compensation, for which the	(g) Enter total indirect compensation received by service provider excluding	(h) Did the service provider give you a formula instead of	

person known to be

a party-in-interest

NONE

15 13 12

enter -0-.

54098734

other than plan or plan

sponsor)

Yes No X

plan received the required

disclosures?

Yes No

eligible indirect

answered "Yes" to element (f). If none, enter -0-.

compensation for which you estimated amount?

an amount or

Yes No

Page :	3 -	2
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Schedule C (Earm	5500)	2012
Scriedule C ((FOIIII	3300)	2012

answered	d "Yes" to line 1a abov	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)		
HIGHMAR	K			H AVENUE RGH, PA 15222		
56-252606	3					
(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?
13 12	NONE	11966896	Yes 🛛 No 🗌	Yes 🗵 No 🗌		Yes No X
			(a) Enter name and EIN or	address (see instructions)		
TOWERS V			SUITE 8	APAHOE STREET 00 PARK CENTER TOWER 3 R, CO 80202		
(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	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	11000	Yes No 🗵	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)	<u> </u>	
TMDG, LLC	0		500 E PF SUITE 5	RATT STREET		
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?	(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?
10	NONE	549869	Yes No X	Yes No		Yes No

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Schedule C	Form	5500)	2012
Scriedule C	(FOITH	3300	2012

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation in person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
MCMC, IN	C.	<u> </u>	88 BLACK SUITE 35	K FALCON AVENUE		
04-282881	7					
(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	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	147592	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
SUNTRUS 58-046633	T BANKS, INC.		SUITE 3	CHTREE STREET NE 200 A, GA 30308		
(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	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	158629	Yes 🛛 No 🗍	Yes 🛛 No 🗌		Yes No X
			(a) Enter name and EIN or	address (see instructions)		
AETNA		•	151 FAR	MINGTON AVENUE ORD, CT 06186		
06-603349	2					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	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	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 12	NONE	11213404	Yes No X	Yes No		Yes No

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compens	ation, by a service provider, and th	ne service provider is a fiduciary
or provides contract administrator, consulting, custodial, investment advisory, investment mar questions for (a) each source from whom the service provider received \$1,000 or more in indi provider gave you a formula used to determine the indirect compensation instead of an amou many entries as needed to report the required information for each source.	nagement, broker, or recordkeepin irect 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 (see instructions)	(c) Enter amount of indirect compensation
	(coo mondono)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.

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Part II Service Providers Who Fail or Refuse to Provide Information				
4 Provide, to the extent possible, the following information for ea 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		

Page	6-
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Pa	rt III	Termination Information on Accountants and Enrolled Actuaries (see ins	structions)			
a	Name:	(complete as many entries as needed)	b EIN:			
C	Positio		B EIIV.			
d	Addres		e Telephone:			
•	/ ladio		С госраново.			
Ex	olanatio):				
_	Nicon		h rivi			
<u>a</u>	Name:		b EIN:			
d d	Position Address		e Telephone:			
u	Addie	is.	С тегерпопе.			
Ex	olanatio	n:				
a	Name:		b EIN:			
C	Positio					
d	Addres	SS:	e Telephone:			
Exi	Explanation:					
а	Name:		b EIN:			
С	Positio	n:				
d	Addres	ss:	e Telephone:			
	olanatio	<u> </u>				
ᅜᄭ	Diariatio	l.				
а	Name:		b EIN:			
C	Positio					
d	Addres		e Telephone:			
Ex	olanatio	1:				

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012		and c	ending 12/31/2012	•	
A Name of plan		and	B Three-digit		
THE RAILROAD EMPLOYEES NATIONAL HEALTH & WELFARE PLAN			plan number (PN)		501
			plati flutfiber (FTV)	<u>, </u>	
C Plan sponsor's name as shown on line 2a of Form 5500			D Employer Identifica	tion Number (EIN)
JOINT PLAN COMMITTEE			80-0616625		
			00 0010020		
Part I Asset and Liability Statement					
1 Current value of plan assets and liabilities at the beginning and end of the plan's interest in a commingled fund containing the assets lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurbenefit at a future date. Round off amounts to the nearest dollar. MTIAs and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e.	of more than one rance contract whi s, CCTs, PSAs, ar	plan on a lich guaran	line-by-line basis unless tees, during this plan yea	the value is re ar, to pay a sp	portable on ecific dollar
Assets		(a) Be	eginning of Year	(b) End	of Year
a Total noninterest-bearing cash	1a		3000000		4000000
b Receivables (less allowance for doubtful accounts):					
(1) Employer contributions	. 1b(1)		91950641		98274919
(2) Participant contributions	1b(2)		18560412		18661625
(3) Other	. 1b(3)		98359087		96222447
c General investments:					
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		124895737		123697001
(2) U.S. Government securities	. 1c(2)				
(3) Corporate debt instruments (other than employer securities):					
(A) Preferred	1c(3)(A)				
(B) All other	1c(3)(B)				
(4) Corporate stocks (other than employer securities):					
(A) Preferred	1c(4)(A)				
(B) Common	1c(4)(B)				
(5) Partnership/joint venture interests	1c(5)				
(6) Real estate (other than employer real property)	1c(6)				
(7) Loans (other than to participants)	1c(7)				
(8) Participant loans	1c(8)				
(9) Value of interest in common/collective trusts	. 1c(9)				0
(10) Value of interest in pooled separate accounts	1c(10)				
(11) Value of interest in master trust investment accounts	. 1c(11)				
(12) Value of interest in 103-12 investment entities	. 1c(12)				
(13) Value of interest in registered investment companies (e.g., mutual	10(12)				

1c(13)

1c(14)

1c(15)

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

contracts).....

(15) Other.....

8189362

7451786

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	344217663	349045354
	Liabilities			
g	Benefit claims payable	1g	130862959	139093305
h	Operating payables	1h	1311272	1602031
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	122206	134147
k	Total liabilities (add all amounts in lines 1g through1j)	1k	132296437	140829483
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	211921226	208215871

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)	1299306966	
	(B) Participants	2a(1)(B)	227116175	
	(C) Others (including rollovers)	2a(1)(C)	515396	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1526938537
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	81859	
	(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)		81859
	(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)		
	(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)		

		F					1	
				(a)	Amount		(b)	Total
	(6) Net investment gain (loss) from common/collective trusts							
	(7) Net investment gain (loss) from pooled separate accounts							
	(8) Net investment gain (loss) from master trust investment accounts							
	(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)						
С	Other income							
	Total income. Add all income amounts in column (b) and enter total							1527020396
-	Expenses						ı	
e	Benefit payment and payments to provide benefits:							
_	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			14377	719247		
	(2) To insurance carriers for the provision of benefits	2 (2)			143	306897	-	
	(3) Other	0 (0)						
	(4) Total benefit payments. Add lines 2e(1) through (3)	0-(4)						1452026144
f	Corrective distributions (see instructions)	· —						
g								
	Interest expense	- Ob						
;	Administrative expenses: (1) Professional fees	0:(4)			-	730208		
•	(2) Contract administrator fees					606979	_	
		0:/0)				158629	_	
	(3) Investment advisory and management fees	0:/4)				203791		
	(4) Other	0:(5)						78699607
	(5) Total administrative expenses. Add lines 2i(1) through (4)	" —						1530725751
J	Total expenses. Add all expense amounts in column (b) and enter total Net Income and Reconciliation							
l,		2k						-3705355
ı	Net income (loss). Subtract line 2j from line 2d Transfers of assets:							
•		2l(1)						
	(1) To this plan	01(0)						
	(2) From this plan							
Pa	art III Accountant's Opinion							
	Complete lines $3a$ through $3c$ if the opinion of an independent qualified public attached.	accountant is	attache	ed to th	is Form 5	5500. Com	plete line 3d if a	an opinion is not
а	The attached opinion of an independent qualified public accountant for this plant	an is (see instr	uctions	s):				
	(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse						
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	3-8 and/or 10	3-12(d)	?			× Yes	No
С	Enter the name and EIN of the accountant (or accounting firm) below:							
	(1) Name:TMDG, LLC		(2)	EIN: 0	3-058306	4		
d	The opinion of an independent qualified public accountant is not attached be (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached		ext Forn	n 5500	pursuant	to 29 CFI	R 2520.104-50.	
Pa	art IV Compliance Questions							
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete		lines 4a	a, 4e, 4	f, 4g, 4h,	4k, 4m, 4ı	n, or 5.	
	During the plan year:				Yes	No	An	nount
а	Was there a failure to transmit to the plan any participant contributions within							
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any until fully corrected. (See instructions and DOL's Voluntary Fiduciary Corrected.			40		X		
b	Were any loans by the plan or fixed income obligations due the plan in defa	_	·,·····	4a				
~	close of the plan year or classified during the year as uncollectible? Disrega	ard participant						
	secured by participant's account balance. (Attach Schedule G (Form 5500) checked.)			4b		X		

			Yes	No	Amo	unt
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is			X		
	checked.)	4d				
е	Was this plan covered by a fidelity bond?	4e	X			1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
ı	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Yes	s 🔀 No	Amou	nt:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) transferred. (See instructions.)	, ident	fy the pla	n(s) to wh	ich assets or liabi	lities were
	5b(1) Name of plan(s)					
				5b(2) EIN	(s)	5b(3) PN(s)
Part	V Trust Information (optional)					
				Sh T	rust's EIN	
	ame of trust RR EMPLOYEES NH&W PLAN TRUST				521118310	



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 Joint Plan Committee with respect to
The Railroad Employees National Health and Welfare Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Railroad Employees National Health and Welfare Plan (the Plan), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2012 and 2011, 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, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 12, which was certified by SunTrust Bank, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2012 and 2011, and for the year ended

December 31, 2012, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) as of December 31, 2012 and of reportable transactions for the year ended December 31, 2012, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Baltimore, Maryland October 11, 2013

MO

Form **5500**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed 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

2012

This Form Is Open to Public Inspection.

Part I Annual Report Identification Information				
For the calendar plan year 2012 or fiscal plan ye	ar beginning	and ending		
A This return/report is for: (1) X a multiemplo	yer plan;	(3) a multiple	e-employer plan; or	
(2) a single-emp	loyer plan;	(4) a DFE (spec	ify)	
		_		
		_		
B This return/report is: (1) the first retur	• •	``' H	return/report;	
(2) an amended	•	(4) 🔲 a short plan	year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan,	check here		> X	
D Check box if filing under:		automatic	e extension;	
	nsion (enter description)			
Part II Basic Plan Information — ent	er all requested information.			
1 a Name of plan			Three-digit	
THE RAILROAD EMPLOYEES NATIONAL	L HEALTH & WELFARE		plan number (PN) ► 501	
PLAN.		10	Effective date of plan	
			03/01/1955	
2 a Plan sponsor's name and address, including room or suite	number (Employer, if for single-emp	loyer plan) 25	Employer Identification Number (EIN)	
		2-	80-0616625	
			Sponsor's telephone number	
			202-862-7200	
		20	Business code (see instructions)	
			482110	
			Property of the second	
JOINT PLAN COMMITTEE			TO SECURE THE SECURE SECURITY OF SECURITY SECURI	
1901 L STREET, N.W., SUITE 500			Application of the second seco	
WASHINGTON, DC 20036 Caution: A penalty for the late or incomplete filing of	of this return/report will be as	coccad unless reasonable o	auce is established	
Under penalties of perjury and other penalties set forth in the instruell as the electronic version of this penalties. And to the best				
well as the electronic version of this return/report, and to the best	of my knowledge and belief, it is true	, correct, and complete.		
SIGN // /////				
HERE KA KANTONIONIONI	OCTOBER 11,2013	R. A. SCARDELLET	TI	
Signature of plan administrator	Date	Enter name of individual signing a	ıs plan administrator	
SIGN				
HERE				
Signature of employer/plan sponsor	Date	Enter name of individual signing a	s employer or plan sponsor	
SIGN				
HERE				
Signature of DFE	Date	Enter name of individual signing a		
Preparer's name (including firm name, if applicable) and addr	ess; including room or suite numbe	r. (optional)	Preparer's telephone number (optional)	
Matthew B Dubnansky, CPA				
TMDG, LLC.				
500 E PRATT ST STE 525				
BALTIMORE MD	21202-3178			
			Provide the Control of the Control o	

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

Form **5500** (2012) v.**120126**

Form **5500**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed 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

2012

This Form Is Open to Public Inspection.

Part I Annual Report Identification	Information		
For the calendar plan year 2012 or fiscal plan ye	ar beginning	and ending	
A This return/report is for: (1) X a multiemplo		(3) a multiple-employer plan; or	
(2) a single-emp	• • •	(4) a DFE (specify)	
(**) [] *********************************		(4) 🔲 a 515 (opcony)	
B This return/report is: (1) The first return	n/report;	(3) the final return/report;	
(2) an amended	return/report:	(4) a short plan year return/report (less than 12 mont	hs).
C If the plan is a collectively-bargained plan,	check here	(A)	► X
D Check box if filing under: X Form 5558;		automatic extension; the DFVC p	
Special exter	nsion (enter description)		
Part II Basic Plan Information - ent	er all requested information		
1 a Name of plan	er an requested information.	At The dist	· ·
THE RAILROAD EMPLOYEES NATIONAL	. HEALTH & WELFAR	1b Three-digit E plan number (PN) ► 50	11
PLAN	I IIIIIIII & WEDIAN	1c Effective date of plan	,1
		03/01/1955	
2 a Plan sponsor's name and address, including room or suite	number (Employer, if for single-emp		
		80-0616625	
		2c Sponsor's telephone number	
		202-862-7200	
		2d Business code (see instructions)	
		482110	
			A.
			44.00
JOINT PLAN COMMITTEE			
1901 L STREET, N.W., SUITE 500			
WASHINGTON, DC 20036			(1999)
Caution: A penalty for the late or incomplete filing of	of this return/report will be as	ssessed unless reasonable cause is established.	
well as the electronic version of this return/report, and to the best	uctions, I declare that I have examin of my knowledge and belief, it is true	ned this return/report, including accompanying schedules, statements and attace, correct, and complete.	chments, as
GCA1	Υ	<u> </u>	
SIGN HERE			
Signature of plan administrator	Date	Enter name of individual signing as plan administrator	
		Enter hame of individual signing as plan authinistrator	•
SIGN DE SU	OCMODED 11 2012	A II ODADIA	
Signature of employer/plan sponsor	OCTOBER 11,2013	A. K. GRADIA Enter name of individual signing as employer or plan sponsor	
	1	and have a managed arguing as anjuryer or plan sponder	
SIGN HERE			:
Signature of DFE	Date	Enter name of individual signing as DFE	
Preparer's name (including firm name, if applicable) and addre	ss: including room or suite numbe	er. (optional) Preparer's telephone number (optio	nai)
Matthew B Dubnansky, CPA	, g room or out o number	1 Topard 3 Cocphone number (optio	(lar)
TMDG, LLC.			
500 E PRATT ST STE 525			g for him to
BALTIMORE MD	21202-3178		
110			
		は、1~ タモ発生的性は利益	77.45

Form 5500 (2012)		Pag	ge 2				
3 a Plan administrator's name and address	X Same as Plan Sponsor Name	Same as Plan Spo	nsor Address	3b Administrat	or's EIN		
			-	3c Administrat	or's telep	hone number	
			1				
4 If the name and/or EIN of the pla name, EIN and the plan number	an sponsor has changed since from the last return/report:	e the last return/repo	ort filed for this	plan, enter th	е	4b EIN 52-11	18310
a Sponsor's name JOINT PLAN	COMMITTEE					4c PN 501	
5 Total number of participants at t	he beginning of the plan year				5		298089
6 Number of participants as of the	end of the plan year (welfare	plans complete only	v lines 6a, 6b, 6	c. and 6d)	17.15		
a Active participants	· · · · · · · · · · · · · · · · · · ·	piana complete on	,		6 a		106485
b Retired or separated participants	receiving benefits				6Ь		191604
c Other retired or separated partic	pants entitled to future benefi	ite			6 c		171004
d Subtotal. Add lines 6a, 7b, and 6	c				6 d		298089
e Deceased participants whose be	neficiaries are receiving or are	e entitled to receive	henefits		6 e	·····	230003
f Total. Add lines 6d and 6e	and the state of t	o critica to receive	benefits		6f		
g Number of participants with accomplete this item)	unt halances as of the and of	the plan wear (entr	defined contrib	ution plane	6 g		· · · · · · · · · · · · · · · · · · ·
h Number of participants that term than 100% vested.	inated employment during the	plan year with accr	rued benefits the	at were less	6h		
7 Enter the total number of employers oblig	ated to contribute to the plan (only m	ultiemployer plans comple	ete this item)		7		47
b If the plan provides welfare benefits, ente	er the applicable pension feature code:	s from the List of Plan Ch	aracteristic Codes i	n the instructions			
9 a Plan funding arrangement (check	all that apply)	9 b Plan b	penefit arrangen	nent (check a	II that a	apply)	
(1) 🔼 Insurance		(1) [X	-	,			
(2) Code section 412(e)(3) ir	surance contracts	(2)	Code section	412(e)(3) inst	ırance	contracts	
(3) 🛚 Trust		(3) 🔯	Trust				
(4) General assets of the spo	onsor	(4)	General asset	ts of the spon	sor		
10 Check all applicable boxes in 10a and 10b	to indicate which schedules are attac	hed, and, where indicated	, enter the number	attached, (See in:	tructions	s)	
a Pension Schedules			al Schedules			•	
(1) R (Retirement Plan In	iformation)	(1) X		ancial Informa	ation)		
	ned Benefit Plan and Certain	(2)		ancial Informa		Small Plan)	
Money Purchase Plan A	Actuarial Information) - signe	d by (3) X		urance Inform			
the plan actuary	signo	(4) X		rvice Provider	•	nation)	
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signed by the plan actu	ary	on) – (5) (6)		ancial Transa			

$\mathsf{Form}\,5558$

(Rev. August 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns
G For Privacy Act and Paperwork Reduction Act Notice, see instructions.
G Information about Form 5558 and its instructions is at www.irs.gov/form5558.

OMB No. 1545-0212

File With IRS Only

Par	t I Identification		•				
Α	Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's Identifying Nu Employer identificati	umber (see instructio ion number (EIN) (9 c	ns). ligits			
	SEE ATTACHED STATEMENT	B Filer's Identifying Number (see instructions). Employer identification number (EIN) (9 digits XX-XXXXXXX)					
	Number, street, and room or suite number (If a P.O. box, see instructions)	00.044					
	1901 L STREET, NW City or town, state, and ZIP code	_ G 80-061					
	WASHI NGTON, DC 20036		oer (SSN) (9 digits X)	(X-XX-XX)	(X)		
		G	I I	Dlan	year en	dina	
С	Plan name		Plan number	MM	DD DD	YYYY	
	THE RAILROAD EMPLOYEES NATIONAL HEALTH &				31	12	
Par			501	12	31	12	
1	1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.						
2	I request an extension of time until $\frac{10/15/2013}{5}$ to file Form 5500 series (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.						
3	I request an extension of time until to file Form 8955-SSA Note. A signature IS NOT required if you are requesting an extension to file Form	•					
	The application is automatically approved to the date shown on line 2 and/or lin normal due date of Form 5500 series, and/or Form 8955-SSA for which this exte 3 (above) is not later than the 15th day of the third month after the normal due of	ension is requested, a	Form 5558 is fi and (b) the date o	led on o on line 2	r before 2 and/or	the line	
Par	t III Extension of Time To File Form 5330 (see instructions)						
4	I request an extension of time until to file Form 5330.						
	You may be approved for up to a 6 month extension to file Form 5330, after the	normal due date of F	orm 5330.				
а	Enter the Code section(s) imposing the tax	G a					
b	Enter the payment amount attached		G b				
5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/a State in detail why you need the extension:	menament date	G c				
		-					
Jnder his ap	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are to polication.	rue, correct, and complete, an	d that I am authorized	to prepare			
Sign	ature G		Date	G			

THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN EIN: 80-0616625 STATEMENT ATTACHED TO AND MADE PART OF FORM 5558 FOR THE YEAR ENDED DECEMBER 31, 2012

PART IA, Sponsor's Name and Address

The Plan Sponsor is the Joint Plan Committee, consisting of:

National Carriers' Conference Committee 1901 L Street, N.W. Suite 500 Washington, DC 20036-3514

and

Health and Welfare Committee Cooperating Railway Labor Organizations 3 Research Place Rockville, MD 20850

FINANCIAL REPORT (Together with report of Independent Public Accountants)

December 31, 2012 and 2011

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Certified Public Accountants & Healthcare Consultants

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INDEPENDENT AUDITOR'S REPORT

To the Joint Plan Committee with respect to
The Railroad Employees National Health and Welfare Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Railroad Employees National Health and Welfare Plan (the Plan), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2012 and 2011, 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, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 12, which was certified by SunTrust Bank, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2012 and 2011, and for the year ended

December 31, 2012, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) as of December 31, 2012 and of reportable transactions for the year ended December 31, 2012, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Baltimore, Maryland October 11, 2013

MO

Statements of Net Assets Available for Benefits December 31, 2012 and 2011

ASSETS	2012	2011
A00L10		
Investments, at fair value	<u>\$ 130,512,610</u>	\$ 131,642,047
Receivables: Participating railroads' contributions Participants' contributions Formulary rebates Federal government subsidies Other	98,274,919 18,661,625 22,255,588 515,079 788,493	91,950,641 18,560,412 18,054,724 668,083 3,038,664
	140,495,704	132,272,524
Insurance premium stabilization reserve	1,373,753	705,476
Cash	4,000,000	3,000,000
Amounts due from participating railroads	72,663,287	76,597,616
Total assets	349,045,354	344,217,663
LIABILITIES		
Accounts payable and accrued expenses Prepaid participants' COBRA contributions	1,602,031 <u>134,147</u>	1,311,272 122,206
Total liabilities	1,736,178	1,433,478
NET ASSETS AVAILABLE FOR BENEFITS	\$ 347,309,176	\$ 342,784,18 <u>5</u>

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2012

ADDITIONS

Investment income:	
Interest income	\$ 81,859
Less investment expenses	<u>(158,629</u>)
	(76,770)
	- ,
Participating railroads' contributions	1,299,306,966
Participants' contributions	225,255,776
Participants' COBRA contributions	1,860,399
Federal government subsidy – Retiree Drug Subsidy Program	489,321
Other	<u>26,075</u>
	1,526,938,537
Total additions	<u>1,526,861,767</u>
DEDUCTIONS	¥
Benefits paid to or for participants, beneficiaries and dependents:	
Health claims	1,213,966,482
Prescription drugs	215,523,803
Insurance premiums	14,305,513
	<u>1,443,795,798</u>
Administrative expenses	<u>78,540,978</u>
Total deductions	1,522,336,776
Not increase (decrease)	4 504 004
Net increase (decrease)	4,524,991
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>342,784,185</u>
End of year	¢ 247 200 470
End of year	<u>\$ 347,309,176</u>

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

Statements of Plan Benefit Obligations (As Determined by UnitedHealthcare and the Plan's Consulting Actuary) December 31, 2012 and 2011

	2012	2011
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS Health claims payable Insurance premiums payable	\$ 54,101,145 <u>7,397</u>	\$ 53,001,627 6,013
	54,108,542	53,007,640
OTHER OBLIGATIONS FOR CURRENT BENEFITS COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims incurred but not reported	84,984,763	77,855,319
Accumulated eligibility credit	141,493,084	140,811,643
Extended benefit coverage	66,722,787	71,109,583
	293,200,634	289,776,545
Total obligations other than post-retirement benefit obligations	347,309,176	342,784,185
POST-RETIREMENT BENEFIT OBLIGATIONS		
Current retirees	99,392,667	94,530,183
Other participants fully eligible for benefits	3,116,059	2,880,961
Other participants not yet fully eligible for benefits	<u>27,616,454</u>	30,101,088
	130,125,180	127,512,232
PLAN'S TOTAL BENEFIT OBLIGATION	\$ 477,434,356	\$ 470,296,417

Statement of Changes in Plan Benefit Obligations (As Determined by UnitedHealthcare and the Plan's Consulting Actuary) For the Year Ended December 31, 2012

AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS Health claims payable: Balance at beginning of year Claims reported and approved for payment	\$ 53,001,627 1,430,589,803
Claims paid (including disability)	(1,429,490,285)
Balance at end of year	<u>54,101,145</u>
Insurance premiums payable: Balance at beginning of year Premiums due Premiums paid	6,013 14,306,897 <u>(</u> 14,305,513)
Balance at end of year	7,397
OTHER OBLIGATIONS FOR CURRENT BENEFITS COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS Balance at beginning of year Net change during the year: Other	289,776,545 3,424,089
Balance at end of year	293,200,634
Total obligations other than post-retirement benefit obligations	347,309,176
POST-RETIREMENT BENEFIT OBLIGATIONS Balance at beginning of year Increase (decrease) during the year attributed to: Benefits earned and other changes Benefits expected to be paid Interest Changes in actuarial assumptions	127,512,232 (2,435,097) (10,740,760) 5,193,404 10,595,401
Balance at end of year	130,125,180
PLAN'S TOTAL BENEFIT OBLIGATION	<u>\$ 477,434,356</u>

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of The Railroad Employees National Health and Welfare Plan (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 1955 pursuant to collective-bargaining and currently provides health and other related benefits to eligible employees and retirees of participating railroads and their beneficiaries. The Plan is administered by the Joint Plan Committee, which consists of the Health and Welfare Committee, Cooperating Railway Labor Organizations, and 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 benefits are provided on a self-insured basis, except for life insurance and accidental death and dismemberment insurance, which are provided by Metropolitan Life Insurance Company through an experience-rated insurance contract. Plan benefits are primarily administered by a third party administrator, UnitedHealthcare, 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 and their dependents are entitled to receive the benefits provided by the Plan. Additional extended benefit coverage provisions may be available for participants who become disabled (including pregnancy), furloughed, suspended, or dismissed. (See Note 9 regarding the liability recognized for financial statement reporting purposes for extended benefit coverage.)

Funding

The participating railroads' and participants' 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 remitted by the participating railroads on a monthly basis in the amount determined after discussion with UnitedHealthcare. The railroads fund the obligations of the Plan as they become due and payable during the year. Additionally, the Plan is required to maintain a \$25 million cash reserve in the Trust. Should the cash

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (continued)

reserve fall below \$25 million, contributions to the Plan will be increased to fund the reserve by the end of the following calendar year.

UnitedHealthcare monitors the activity of the Trust and the Plan's maintenance of the \$25 million cash reserve. As of December 31, 2012 and December 31, 2011, the cash reserve met the required reserve.

Tax status

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

Representatives of the Plan Sponsor considered the Plan's tax positions relative to FASB ASC 740, Income Taxes (which includes FASB Interpretation No. 48 (FIN 48) – Accounting for Uncertainty in Income Taxes) and believes that the Plan has maintained its tax exempt status and had taken no uncertain tax positions. Therefore, no provision or liability for income taxes has been included in the financial statements. The Plan is subject to routine examination by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress. Based on the three year statute of limitations that restricts the tax filing from examination by the IRS and other taxing jurisdictions for income tax purposes, the Plan Sponsor believes it is no longer subject to examinations by these jurisdictions for this purpose for years prior to 2009.

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.

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (continued)

Use of estimates

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

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 6 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.

Participants' contributions and contributions receivable

Employees of the participating railroads provide monthly contributions to the Plan pursuant to the terms and conditions of the collective-bargaining agreements. Participant contributions are recognized as revenue in the period in which the compensated service giving rise to the contribution is rendered.

There is no contribution requirement for eligible retirees of participating railroads.

Participants' COBRA contributions

Participants and beneficiaries, who experience a qualifying event, as defined by Federal COBRA guidelines, may self-pay to continue coverage in the Plan for a

Note 2. Significant Accounting Policies (continued)

Participants' COBRA contributions (continued)

limited period of time. Participants' COBRA contributions are recognized when due and payable.

Formulary Rebates

Formulary rebates are recorded by the Plan when earned. Formulary rebates totaling \$35,480,837 have been earned by the Plan and were netted against prescription drugs in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2012.

Terminated and withdrawing railroads' withdrawal liability receivable

Upon termination or withdrawal from the Plan in whole or in part, a railroad is assessed a withdrawal liability, as provided for pursuant to the Plan document, which approximates the individual railroad's claim run-out liability. This run-out liability is due and payable 10 days subsequent to the railroad's receipt of a bill for such payment. As of December 31, 2012 and 2011, there were outstanding amounts receivable of \$41,114 from terminated or withdrawn railroads as it relates to the withdrawal liability.

Allowance for doubtful accounts

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

Amounts due from participating railroads

The amounts due from participating railroads represent 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 and their eligible dependents.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2013 the date the financial statements were available to be issued.

Note 2. Significant Accounting Policies (continued)

Reclassification

Certain 2011 amounts have been reclassified to conform to the current year presentation. These reclassifications had no effect on net assets available for benefits or changes in net assets available for benefits.

Note 3. Investments

Except for the funding agreement with Metropolitan Life Insurance Company, the Plan's investments are held by a bank administered trust fund. The following table represents the fair value of those investments as of December 31, 2012 and 2011. Investments that represent 5% or more of the Plan's net assets are separately identified.

Investments at estimated fair value:	2012	2011
Money market fund*	\$123,697,001	\$124,895,737
Funding agreement with Metropolitan Life Insurance Company	6,815,609	6,746,310
	<u>\$130,512,610</u>	<u>\$131,642,047</u>

^{*} Investments held as of December 31, 2012 and 2011 were in Federated Treasury Obligation MM-1#68 FFS.

Note 4. Funding Agreement (See Note 3)

In 2007, the Plan entered into a Funding Agreement (Agreement) with Metropolitan Life Insurance Company (MetLife). Under the Agreement, an initial deposit was made from the Plan's premium stabilization reserve to MetLife. These funds were invested in the fixed component of the Agreement, which had a one-year term and earned interest at a set rate that was credited to the account upon maturity.

The Agreement contains an automatic renewal clause: upon expiration of the fixed term component of the Agreement, and without further action from the Plan, the funds convert to a short-term component of the Agreement. Since inception, additional deposits have been made from the Plan's premium stabilization reserve to MetLife and funds invested in the Agreement have moved between the fixed term and short-term component several times.

These funds are held in the general assets of MetLife and are subject to the financial

Note 4. Funding Agreement (See Note 3) (continued)

strength and claim-paying ability of MetLife. The Agreement is recognized in the Plan's financial statements at cost, which approximates fair value, principal plus accrued interest, as reported to the Plan by MetLife.

During the 2011 calendar year, the funds were invested in the short-term component of the Agreement and earned interest based on the discount rate of the six month Treasury bills set at the first weekly auction in the month plus 0.25%. The balance of the Agreement as of December 31, 2011, principal plus accrued interest, was \$6,746,310.

On January 27, 2012, the Plan converted all funds from the short-term component to the fixed term component of the Agreement for a one-year term, which earns interest at 1.08%. The balance of the Agreement as of December 31, 2012, principal plus accrued interest, was \$6,815,609.

Note 5. Premium Stabilization Reserve

The Plan has funds held in a premium stabilization reserve with Metropolitan Life Insurance Company in connection with its experience-rated life insurance and accidental death and dismemberment insurance contract. The funds may be withdrawn at any time and earn interest based on the discount rate of the six month Treasury bills set at the first weekly auction in the month plus 0.25%. The premium stabilization reserve has been included as an asset of the Plan until such amounts are used to pay premiums or are withdrawn by the Plan. The reserve is nonforfeitable should the insurance contract terminate.

Note 6. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Level 1

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

Level 2

Inputs to the valuation methodology include:

· Quoted prices for similar assets or liabilities in active markets

Note 6. Fair Value Measurements (continued)

- 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.

The valuation methodologies used for assets measured at fair value as of December 31, 2012 and 2011 are as follows:

Money market funds

Shares of a money market portfolio are considered cash equivalents and are valued at their carrying amount due to their short-term nature.

Funding agreement with Metropolitan Life Insurance Company

The Plan's funding agreement with Metropolitan Life Insurance Company (MetLife) is recognized on the financial statement at cost, which approximates fair value, principal plus accrued interest. Funds held with MetLife earn interest at an agreed upon interest rate for a specific term with interest earnings paid at maturity. (See Note 4.)

The following table presents by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2012 and 2011:

Note 6. Fair Value Measurements (continued)

Assets at Fair Value as of December 31, 2012

Assets:	Level 1	Level 3	<u>Total</u>
Money market funds Funding agreement	\$123,697,001 	\$ - <u>6,815,609</u>	\$123,697,001 <u>6,815,609</u>
Total assets at fair value	<u>\$123,697,001</u>	<u>\$ 6,815,609</u>	<u>\$130,512,610</u>
Assets at Fair	Value as of Dece	ember 31, 2011	
Assets:	Level 1	Level 3	<u>Total</u>
Money market funds Funding agreement	\$124,895,737 	\$ - 6,746,310	\$124,895,737 <u>6,746,310</u>
Total assets at fair value	<u>\$124,895,737</u>	<u>\$ 6,746,310</u>	<u>\$131,642,047</u>

The Plan has no assets that meet the criteria for level 2 reporting and, therefore, this level has been excluded from the table above.

Level 3 Gains and Losses

The following table presents a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2012.

Level 3 Assets Year Ended December 31, 2012

Balance, beginning of year Interest credited during the year	\$ —	6,746,310 69,299
Balance, end of year	\$	6,815,609

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2012, and the significant unobservable inputs:

Note 6. Fair Value Measurements (continued)

Instrument	Fair Value	Principle Valuation Technique	<u>Term</u>	Unobservable Input	Significant Input <u>Value</u>
Funding agreement	\$6,815,609	Cost plus accrued interest	1 year	Interest rate	1.08%

In determining the reasonableness of the valuation methodology of this investment, the Plan Sponsor evaluates a variety of factors including review of methods and assumptions used by external sources, economic conditions, financial strength and claim-paying ability of MetLife, and the non-marketable nature of the investment.

Note 7. Plan Contributions

The participating railroads do not differentiate their monthly contributions to the Plan between that which is paid on behalf of the participating railroad and that which is paid on behalf of the Plan participant. Therefore, the Plan Administrator estimates participants' contributions receivable and participants' contributions by applying blended employee cost sharing contribution rates to the respective employee counts. The blended employee cost sharing contribution rates are calculated based on collectively bargained participant contribution rates and hospital payment rates, including the "Hospital Dues Offset", reported within the NCCC Rate Circulars. The resulting amounts are reclassified from the total participating railroads' contributions receivable and participant contributions and reported as participant contributions receivable and participant contributions, respectively. This methodology was utilized in both 2012 and 2011.

Note 8. Post-Retirement Benefits

The post-retirement benefits provided by the Plan to eligible retirees of participating railroads are limited to the fully insured life insurance and accidental death and dismemberment insurance benefits provided by MetLife.

The post-retirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31st. Post-retirement benefits include future benefits expected to be paid to or for: (1) currently retired employees (eligible retirees) and (2) active employees after retirement from service with the participating railroads. Prior to an active employee's full eligibility date, the post-retirement benefit obligation for these employees is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

Note 8. Post-Retirement Benefits (continued)

The actuarial present value of the expected post-retirement benefit obligation is determined by the Plan's consulting actuary, Towers Watson, and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of appropriate decrements) between the valuation date and the expected date of payment.

Because the post-retirement benefits provided by the Plan are limited to fully insured life insurance and accidental death and dismemberment insurance benefits, the health care cost trend rate assumption is not applicable to the post-retirement benefit calculation.

The cost of providing Plan benefits depends on demographic factors such as retirement, mortality, turnover, and plan participation. The United States Railroad Retirement Board performs a valuation of Railroad Retirement Benefits every three years, which includes analysis and development of current demographic assumptions. The Plan's consulting actuary relied upon this analysis as representative of the experience of the covered population under this Plan. If the actual claim experience of the Plan is more favorable than assumed, future costs will be lower. Alternatively, if the actual claim experience of the Plan is less favorable than assumed, future costs will be higher.

The Plan participant data was not available at the level of detail that is typically used in valuations of this type. Therefore, the Plan's consulting actuary used reasonable and appropriate extrapolation techniques pursuant to Actuarial Standards of Practice (ASOP No. 23) on Data Quality to develop the data that was needed for valuation purposes. These techniques included an additional data quality check analysis to determine if a liability offset was necessary to account for the effect of any potential missing retiree data. As a result of this analysis, the retiree portion of this liability was increased by 3.70%. The Plan's consulting actuary does not believe the use of this data creates a material bias in the calculation.

Other significant assumptions used in the actuarial valuation are as follows:

		2012 2011
Weighted Aver	age Discount Rate	3.75% 4.25%
Mortality Assur	mption	
Healthy:		
Active	RRB Table S-4	2006 RRB Active Service Mortality Table (Unisex).
Retired	RRB Table S-1	2010 RRB Annuity Mortality Table (Unisex), Set Back One Year for Future Retirees.

Note 8. Post-Retirement Benefits (continued)

Disabled RRB Table S-2 2010 RRB Disabled Mortality Table for Annuitants Qualified Under Social Security definition of Disability.

Termination Assumption

RRB Table S-12 – 30 year select and ultimate table.

Disability Assumption

RRB Table S-11 – Rates vary by age and service.

Retirement Assumption

RRB Table S-10 – Rates vary by age and service, average age is 62.

Note: The demographic assumptions shown above were developed by the United States Railroad Retirement Board (RRB), Bureau of the Actuary, for use in the December 31, 2010 valuation of Railroad Retirement Benefits. This is the most recent valuation available to the Plan's consulting actuary. The table numbers referenced above correspond to the assumption section of that valuation.

The Plan's deficiency of net assets over benefit obligations as of December 31, 2012 and 2011 related primarily to the post-retirement benefit obligation which will be funded on an annual basis, as it becomes due and payable, by participating railroads' contributions.

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

Note 9. Other Plan Benefit Obligations

Plan benefit obligations as of December 31st for health claims payable, current insurance premiums payable, health claims incurred by participants but not reported as of that date, accumulated eligibility of participants and extended benefit coverage available to Plan participants, as of December 31st are estimated by UnitedHealthcare. Such estimated amounts are reported in the accompanying statement of Plan Benefit Obligations at present value. Based on the current nature of the obligation, generally within three months of year end, discounting the obligation was not necessary.

Note 9. Other Plan Benefit Obligations (continued)

Significant assumptions used in the calculation include the following:

	2012	2011
Run-Out Factor:		
Health Claims:		
On-Duty Injury Claims	2.00	2.00
Other than On-Duty Injury Claims	1.10	1.10
Prescription Drugs	0.50	0.50
Administrative Load:		
On-Duty Injury Claims	8.90%	8.90%
Other than On-Duty Injury Claims	6.70%	6.70%
Bank Float	10.24%	15.45%

Upon termination of a Plan participant's coverage, the Plan may provide limited coverage of benefits for injuries that occurred, and sicknesses or pregnancies that commenced before or while the participant was covered by the Plan. The availability and length of coverage provided by this provision of the Plan varies depending on the Plan participant's benefit election, relationship to the covered employee and condition upon termination of coverage. An obligation for this contingent liability has not been recognized in the Plan's financial statements because the amount expected to be paid as a result of this obligation cannot be reasonably estimated.

The Plan Sponsors are of the opinion, based on all available known facts, that the amount expected to be paid with respect to this contingent liability would not have a material effect on the financial position or results of operations of the Plan.

Note 10. Concentration of Participating Railroads

There are approximately 50 railroads participating in the Plan, of which 4 Class I railroads comprised approximately 87% of the total Plan activity as of December 31, 2012 and 2011. This activity includes, but is not limited to, participating railroads' contributions receivable and amounts due from participating railroads as of December 31, 2012 and 2011, and participating railroads' contributions for the year ended December 31, 2012 as follows:

Note 10. Concentration of Participating Railroads (continued)

	•	Percentage of Total Plan Activity	
Railroad	2012	2011	
Α	26.3%	26.5%	
В	24.4%	24.3%	
С	18.3%	18.4%	
D	18.0%	17.9%	

Note 11. Contingency

See Note 9 regarding the Other Plan Benefit Obligations contingency.

Note 12. Information Certified by the Plan's Trustee and the Plan Administrator

The following investments are held by a bank administered trust fund and were certified by the Trustee, SunTrust Bank, and the Plan Administrator as complete and accurate.

	2	012		2011
Money Market Fund *:				
Investments	\$123,	697,001	\$12	4,895,737
Accrued interest	\$	813	\$	1,098
Interest income	\$	8,631	\$	75,722

^{*} Investments held as of December 31, 2012 and 2011 were in Federated Treasury Obligation MM-1#68 FFS.

The investment activity reported on the schedule of assets (held at end of year) and schedule of reportable transactions was also certified by the Trustee, SunTrust Bank, and the Plan Administrator as complete and accurate.

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 13. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2012 and 2011 financial statements to the Form 5500.

	2012	2011
Net assets available for benefits as reported within the financial statements	\$ 347,309,176	\$ 342,784,185
Benefit obligations currently payable	(139,085,908)	(130,856,946)
Insurance premiums payable	(7,397)	(6,013)
Net assets available for benefits as reported within the Form 5500	<u>\$ 208,215,871</u>	<u>\$ 211,921,226</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, 2012.

Benefits paid to or for participants as reported within the financial statements	\$1,429,490,285
Add: Amounts payable at end of year	139,085,908
Less: Amounts payable at beginning of year	(130,856,946)
Benefits paid to or for participants as reported within the Form 5500	\$1,437,719,247

Amounts currently payable to or for participants, dependents, and beneficiaries 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.

The following is a reconciliation of premiums paid for participants per the financial statements to the Form 5500 for the year ended December 31, 2012.

Insurance premiums paid for participants as reported within the financial statements	\$	14,305,513
Add: Amounts payable as of the end of year		7,397
Less: Amounts payable as of the beginning of year	(6,013)
Insurance premiums paid for participants as reported within the Form 5500	<u>\$</u>	14,306,897

Note 14. Risks and Uncertainties

The Plan investments consist of funds held in money market funds with SunTrust. This investment, along with the premium stabilization reserve with Metropolitan Life Insurance Company, is 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 other than post-retirement obligations (health claims payable, claims incurred but not reported, accumulated eligibility credit and extended benefit coverage obligations), as calculated and reported to the Plan by UnitedHealthcare and post-retirement benefits, as calculated and reported to the Plan by the Plan's consulting actuary, are based on certain assumptions pertaining to administrative load, bank float, interest rates, health care inflation, average retirement age and other 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 would be material to the financial statements.

Note 15. Collective Bargained Agreement

New Collective Bargaining Agreements (Agreements) were reached between the participating labor organizations and National Carriers' Conference Committee during the first quarter of 2012.

Article III, Part A, Section 2 of the Agreements, which became effective July 1, 2012, establishes Plan design changes which have been summarized as follows:

- (a) Added a separate, stand-alone, Annual Deductible for In-Network Services for which a fixed-dollar copayment does not apply. For the six-month period from July 1 through December 31, 2012, inclusive, this Annual Deductible shall be \$100 per individual and \$200 per family. For calendar 2012, this Annual Deductible shall be \$150 per individual and \$300 per family. Beginning January 2014, this Annual Deductible shall be \$200 per individual and \$400 per family per year.
- (b) Added an in-network 5% co-insurance provision, which includes annual deductible limits, for the Managed Medical Care Program
- (c) Provided increases, as well as decreases, to the current co-payment structure for the Managed Medical Care Program and Prescription Drug Program
- (d) Added a Radiology Notification Program for the Managed Medical Care Program and Comprehensive Health Care Benefit

Note 15. Collective Bargained Agreement (continued)

- (e) Added a "Centers of Excellence Resource Services" specific to Bariatric Resource Services, Cancer Resource Services and Kidney Resource Services for the Managed Medical Care Program and Comprehensive Health Care Benefit
- (f) Added a prior authorization requirement and step therapy and quantity/duration limits for certain therapeutic drugs dispensed under the Prescription Drug Program
- (g) Added other voluntary resources and programs throughout the Plan

Article III, Part B, Section 1 of the Agreements established the following employee costsharing contributions, which have been summarized as follows:

- (a) Effective retroactively to January 1, 2010 through December 31, 2011, the employee monthly cost-sharing contribution amount shall be \$200.00 (In relation to members of the International Association of Machinists and Aerospace Workers only, the cost sharing contribution amount increased to \$202.84 effective January 1, 2011).
- (b) Effective January 1, 2012, each employee covered by the Agreement shall contribute to the Plan, for each month that his/her employer is required to make a contribution to the Plan on his/her behalf for foreign-to-occupation health benefits coverage for himself/herself or his/her dependents, a monthly cost-sharing contribution in an amount equal to or lesser of 15% of the Carriers' Monthly Payment Rate for 2012 or \$200.00.*
- (c) The monthly cost-sharing contribution amount shall be adjusted, effective July 1, 2016, so as to equal the lesser of 15% of the Carrier's Monthly Payment Rate for 2016 or \$230.00, unless otherwise mutually agreed by the parties during negotiations commencing when the Agreements become amendable.
 - * The participating labor organizations and National Carriers' Conference Committee subsequently modified the employee cost sharing contribution provision of the Agreement for the period July 1, 2012 through June 30, 2016. Effective July 1, 2012 each employee covered by the Agreement shall contribute to the Plan, for each month that his/her employer is required to make a contribution to the Plan on his/her behalf for foreign-to-occupation health benefits coverage for himself/herself or his/her dependents, a monthly cost-sharing contribution in an amount equal to \$198.

Because of the nature and complexity of these changes, the Plan Sponsors have not been able to completely evaluate the economic impact on the Plan.

SUPPLEMENTAL SCHEDULES

THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN

Schedule of Assets (Held at End of Year) December 31, 2012

Schedule H Item 4(i) – Schedule of Assets (Held at End of Year)

EIN: 80-0616625 Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	ldentity 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>
	Cash and cash equivalents			
*	SunTrust Bank Account 70-04-102-7036734	Money Market Fund Federated Trsy Oblig MM-I #68 FFS	\$123,697,001	\$123,697,001
	Insurance contract			
	Metropolitan Life Insurance Co. Account 123764-F-4	Funding Agreement, 1.08%, 1/27/2013	6,815,609	6,815,609
			\$130,512,610	\$130,512,610

^{*} Known party-in-interest to the Plan.

THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN

Schedule of Reportable Transactions For the Year Ended December 31, 2012

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

EIN: 80-0616625 Plan Number: 501

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

SunTrust Bank

Account 70-04-102-7036734 (See attached schedule as prepared and reported by SunTrust Bank)

REPORTABLE TRANSACTIONS MORKSHEET

THROUGH 12/31/12 1/1/12

ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

BOUGHT/SOLD DATE

SHARES PAR VALUE

UNIT

EXPENSE INCURRED

PRINCIPAL CASH

124,896,749.80 6,244,837.49

BEGINNING MARKET VALUE COMPARATIVE VALUE (5%)

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

FEDERATED TRSY OBLIG MM-I #68 FFS

- FEDERATED TRSY OBLIG MM-I #68 FFS

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15,523,657.6000

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01/11/12

13,383,101.5000

9,031,327.2100 13,818,293.3300 9,867,701.7200

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FEDERATED TRSY OBLIG MM-I

ERISA COST

15,523,658 13,383,102 9,031,327 13,818,293 9,867,702 92,255,137 9,140,987 16,143,952 6,915,774 13,285,012 8,864,836 9,111,345

-15,523,658 *

13,383,102

13,818,293 *

9,867,702

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9,140,987

-16,143,952 6,915,774 13,285,012 8,864,836

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FEDERATED TRSY OBLIG MM-I

9,111,344.7300

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7,727,230.7300 12,854,854.2500 9,863,893.8700

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ERISA COST GAIN/LOSS

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FEDERATED TRSY OBLIG MM-I #68 FFS

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9,111,345 7,727,231



1/1/12 THROUGH 12/31/12

RAILROAD - EMP HEALTH & WELFARE

	PAR VALUE	PRICE	INCURRED	PRINCIPAL CASH	L CASH	ERISA COST	GAIN/LOSS
	•	#					
05/09/12 S ISSUE: 609068DF5	14,192,936.4700 - FEDERATED TRSY OBLIG MM-I	1.0000 LIG MM-I #68 FFS	-	0	14,192,936 *	14,192,936	
03/15/12 S ISSUF: 609068DF5	6,883,836.5700	1.0000 15 MM-T #68 EFS	-		6,883,837 *	6,883,837	
					* 996,366 *	6,946,366	
ISSUE: 609068DF5	: - FEDERATED TRSY OBLIG MM-I	LIG MM-I #68 FFS				1	
	1	#	_		1,896,4/1 *	7,896,471	
			-	-1-	-12,969,194 *	12,969,194	
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ISSUE: 609068DF5	68,926,001.5800 - FEDERATED TRSY OBLIG MM-I	LIG MM-I #68 FFS		90	-68,926,002 *	68,926,002	
		-			6,725,506 *	6,725,506	
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U4/10/12 S TSSHE. KN90KRDES	6,895,874.2900 - CEDEPATED TPSV DBITC WM-T	1.0000 116 MM-T #48 FFS	_		6,895,874 *	6,895,874	
				_	* 722.556.7	199 256 L	
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			_		9,273,620 *	9,273,620	
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					6,334,058 *	6,334,058	
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	71,900,705.520		-	7-	-71,900,706 *	71,900,706	
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				_	4.812.72K *	726.812.726	
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05/17/12 S	7,094,098.8500	1.0000			7,094,099 *	7,094,099	
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					* 152.323.9	K. 563.361	
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			-	_	8,026,248 *	8,026,248	
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REPORTABLE TRANSACTIONS MORKSHEET

1/1/12 THROUGH 12/31/12

RAILROAD - EMP HEALTH & WELFARE

DATE BOUGHT/SOLD	SHARES UNIT	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS	
ISSUE: 609068DF5	- FEDERATED TRSY OBLIG MM-I	#					
	65,929,686.2400		0	65,929,686 *	65,929,686		0
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	#					
A		_	0	-65,929,686 *	65,929,686		
60934N500	- FEDERATED TRSY OBLIGS MM-I	# .	•				
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S			•	¥ 198.288.7	138.038.7		•
60934N500	- FEDERATED TRSY OBLIGS MM-I	*	•				,
06/21/12 \$	9,305,945.4800	1.0000	0	9,305,945 *	9,305,945		•
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	I #68					
	7,541,415.4900	1.0000		7,541,415 *	7,541,415		
60934N500	- FEDERATED TRSY OBLIGS MM-I	#					
	87,980,899.6500	_	•	* 006'086'28-	87,980,900		
60934N500	- FEDERATED TRSY OBLIGS MM-I	4					
	10,820,270.1700	1.0000	•	10,820,270 *	10,820,270		•
60934N500	- FEDERATED TRSY OBLIGS MM-I	*					
	14,747,236.4000	-	0	-14,747,236 *	14,747,236	•	
	- FEDERATED TRSY OBLIGS MM-I	#					
S		-	0	6,914,029 *	6,914,029		
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		-		-7,156,430 *	7,156,430		
60954N500	- FEDERALED TRSY OBLIGS MM-I	*					
S		~	-	7,740,699 *	7,740,699		0
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007548500	- FEDERALED IRST UBLIGS MM-1						
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S		-	0	9,972,676 *	9,972,676		0
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1/1/12 THROUGH 12/31/12

RAILROAD - EMP HEALTH & WELFARE

DATE BOUGHT/SOLD	SHARES UNI PAR VALUE PRI	KIT NICE	EXPENSE INCURRED	PRINCIPAL CASH	L CASH	ERISA COST	ERISA COST GAIN/LOSS
60934N500	- FEDERATED TRSY OBLIGS MM-I	***					
	65,041,497.860			9- 0	-65,041,498 *	65,041,498	
005046608	- FEDERALED IRST UBLIGS AN-1 7.556.171 5900	1 #99		c	7 EEG 172 *	7 556 172	•
60934N500	- FEDERATED TRSY OBLIGS MM-1	4 #		•	× 3171110011	3111110011	
09/05/12 S	6,329,362.0100				6,329,362 *	6,329,362	0
60934N500	- FEDERATED TRSY OBLIGS MM-1	#					
S		٠.		0	8,410,411 *	8,410,411	0
60934N500	- FEDERATED TRSY OBLIGS MM-I	442		•		. 1	
S					11,434,200 *	11,434,200	0
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60934N500	- FEDERATED TRSV OBLIGS MM-1	, me			× +++'01'''	hht:01/:/0	
	11,669,956.2000			0	11.669.956 *	11.669.956	0
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I						
10/18/12 S	7,610,139.8600	1.0000		0	7,610,140 *	7,610,140	0
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	**					
10/19/12 S	7,036,349.1400	1.0000		0	7,036,349 *	7,036,349	0
60934N500	- FEDERATED TRSY OBLIGS MM-I	***					
	7,849,566.3700			0	7,849,566 *	7,849,566	0
60934N500	- FEDERATED TRSY OBLIGS MM-I	44					
	15,730,319.4000				15,730,319 *	15,730,319	•
60934N500	- FEDERATED TRSY OBLIGS MM-I	₩ 					
æ	88,649,094.980			8-	-88,649,095 *	88,649,095	
60934N500	- FEDERATED TRSY OBLIGS MM-1	**					
S					16,637,248 *	16,637,248	0
60934N500	- FEDERATED TRSY OBLIGS MM-1	**			-		
	10,422,225.9300			-1	-10,422,226 *	10,422,226	
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	4 #					
S					7,638,705 *	7,638,705	
60954N500	- FEDERATED TRSY OBLIGS MM-1	**					
S	9,811,183.2400				9,811,183 *	9,811,183	0
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				•	7,821,626 *	7,821,626	Ģ
60934N500	- FEDERATED TRSY OBLIGS MM-1	**					
	_	-		•	8,471,431 *	8,471,431	0
60934N500	- FEDERATED TRSY OBLIGS MM-I	幣					
11/30/12 B	57,741,310.2700	_		٠. در	57,741,310 *	57,741,310	
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	**					
12/03/12 B	17,378,186.9500	1.0000		-1-	-17,378,187 *	17,378,187	
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	-I #68					
12/06/12 B	7,002,762.8300	1.0000			-7,002,763 *	7,002,763	
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	#					
	7,210,500.3000	1.0000			7,210,500 *	7,210,500	0
60934N500	- FEDERATED TRSY OBLIGS MM-1	<u></u>					
12/26/12 S	6,771,456.3300	1.0000			6,771,456 *	6,771,456	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/12 THROUGH 12/31/12

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RAILROAD - EMP HEALTH & WELFARE

PAGE 132

ERISA COST GAIN/LOSS 10,565,332 84,105,103 7,394,299 1,768,361,465 ERISA COST 10,565,332 * -84,105,103 * 7,394,299 1,768,361,465 PRINCIPAL CASH EXPENSE INCURRED 0000.1 1.0000 1.0000 84,105,103.0800 - FEDERATED TRSY OBLIGS MM-I #68 - FEDERATED TRSY OBLIGS MM-I #68 - FEDERATED TRSY OBLIGS MM-I #68 UNIT 10,565,332.4100 7,394,299.2000 SHARES PAR VALUE GRAND TOTAL ISSUE: 60934N500 ISSUE: 60934N500 ISSUE: 60934N500 12/31/12 S 12/28/12 B **BOUGHT/SOLD** 12/27/12 DATE

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: 609068DF5 - FEDERATED TRSY OBLIG MM-I #68 FFS

14.523.658	2.012.611	218	92.255.137	782	16.143.952	940.148	901 (01/	48 464 100	977	7.885.07	8.570,928	12.969.196	68,926,002
-15.523.658 *	-2.012.611	810-	-92,255,137 *	-782	-16,143,952 *	-940.168	* 900.890.0.	* 001. 858.87-	0 U V -	* 920.588.7-	-4.570.928	-12,969,194 *	-68,926,002 *
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15,523,657.6000	2,012,610.6400	218.2200	92,255,136.7300	781.8700	16,143,951.6700	940,168.2300	9,863,893.8700	68,353,100.2600	758.8600	7,885,075.6400	4,570,928.4400	12,969,193.8600	68,926,001.5800
01/06/12 B	01/18/12 B	01/24/12 B	02/01/12 B	02/01/12 B	02/07/12 B	02/16/12 B	02/29/12 B	03/01/12 B	03/01/12 B	03/08/12 B	03/16/12 B	03/29/12 B	03/30/12 B



1/1/12 THROUGH 12/31/12

RAILROAD - EMP HEALTH & WELFARE

REPORTABLE TRANSACTIONS WORKSHEET

1/1/12 THROUGH 12/31/12

RAILROAD - EMP HEALTH & WELFARE

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THROUGH 12/31/12

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RAILROAD - EMP HEALTH & WELFARE

ERISA COST GAIN/LOSS	c	, c	•		0	0	0	0	0	0	0	0	0	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0		0																									
ERISA COST	6.812.726	3.821.213	312,216	3,257,649	7.094.099	13,926,948	4,153,995	6,543,341	4,431,458	8,026,248	1,329,455	8,500,790	6,185,485	65,929,686		555,762,769		986,629,807		65,929,686	18.968	7.339.158	87,980,900	750	14.747.236	7,156,430	94,774,686	536	3,342,734	13,849,204	581,112	10,717,668	65,041,498	890	2,670,195	5,400,408	87,718,444	701	3,341,339	2,917,870	88,649,095	729	1,983,865
PRINCIPAL CASH	6,812,726 *		312,216	3,257,649	7,094,099 *	13,926,948 *	4,153,995	6,543,341 *	4,431,458	8,026,248 *	1,329,455	8,500,790 *	6,185,485	65,929,686 *		555,762,769	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,62		* 989.626.	-18.948.777 *				-14,747,236 *	-7,156,430 *	* 989,774,686	-536	-3,342,734	-13,849,204 *	-581,112	-10,717,668 *	-65,041,498 *	-890	-2,670,195	-5,400,408	-87,718,444 *	-701	-3,341,339	-2,917,870	-88,649,095 *	729-	-1,983,865
EXPENSE INCURRED	0	· G	. 0	•	0	0	0	0	0	0	0	•	0	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	1 1 1 1 1 1 1	0		0	0		0	. 0	0	0	0	O	0	•	•	•	0	0	0	0	0	0	0	0	0	c	. 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	1.0000					89# I	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	6,812,725.8300	3,821,213,4000	312,216.4300	3,257,648.7500	7,094,098.8500	13,926,948.0800	4,153,995.0400	6,543,341.4800	4,431,457.6400	8,026,247.7200	1,329,454.6400	8,500,790.0500	6,185,484.5200	65,929,686.2400	100	IAL UF SALES # 91		SUB-TOTAL	FEDERATED TRSY OBLIGS MM-I	65,929,686.2400	18,948,777.0800	7,339,157.6800	87,980,899.6500	489.9100	14,747,236.4000	7,156,430.3000	94,774,685.8300	535.9300	3,342,734.4600	13,849,204.1700	581,112.3300	10,717,668.0300	65,041,497.8600	889.6800	2,670,195.2100	5,400,408.0300	87,718,444.1100	700.8400	3,341,339.0800	2,917,870.1400	88,649,094.9800	676,1100	1,983,864.8900
DATE BOUGHT/SOLD	05/10/12 S	05/11/12 \$		05/15/12 S	05/17/12 \$	05/18/12 \$	05/21/12 s	05/22/12 \$	05/23/12 S	05/24/12 \$	05/25/12 S	05/29/12 S	05/30/12 S	06/04/12 S		SUB-101AL		INS	ISSUE: 60934N500 - F	06/04/12 B	06/04/12 B	06/07/12 B	06/29/12 B	07/02/12 B	07/06/12 B	07/17/12 B	08/01/12 B	08/01/12 B	08/06/12 B	08/07/12 B	08/16/12 B	08/30/12 B	08/31/12 B	09/04/12 B	09/07/12 B	09/14/12 B	09/28/12 B	10/01/12 B	10/05/12 B	10/16/12 B	11/01/12 B	11/01/12 B	11/05/12 B



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HEALTH 1
RAILROAD

ERISA COST ST GAIN/LOSS	10,422,226	57,741,310	17,378,187	725	795,592	7,002,763	84,105,103	760,539,504	4,255,103	3,185,396	13,026 0	3,814,737	6.2041.021	6,133,055	7,832,341 0	2,137,211	3,731,536 0 6.756.067	3,730,725 D	9,305,945	2,917,061	6,116,143	0,754,155 4,842,890	7,541,415	1,952,925 0	5,114,792 0	10,820,270 3,627,627	10,030	3,015,923	3,216,472	6,914,029	0,239,563	2,854,368	7,740,699	4.458.724	20100	4,694,613 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ERISA COST	* 10,0	* 57,	* 17,3			* 7,(* 86,1	760,5		1,5		N 1		. 4	* 7.8	2,1		100	*	2,5	9	, w	* 7.	1,5		*	-	3,0	3,5	*	*	2.2	* 7.7	4,4		4.4
PRINCIPAL CASH	-10,422,226	-57,741,310	-17,378,187	-725	-795,592	-7,002,763	-84,105,103	760,539,504	4,255,103	3,185,396	13,026	3,814,737	4.295.971	4,133,055	7,832,341	2,137,211	5,751,536	3,730,725	9,305,945	2,917,061	6,116,145	4,842,890	7,541,415	1,952,925	5,114,792	10,820,270	10,030	3,015,923	3,216,472	6,914,029	10,239,563	2,854,368	7,740,699	4,458,723		4,694,613
INCURRED		0	0	٥	0	0	0		•	•		0 6			o `	0 (•		-	9	•	•	o (•	•	•	.		•	•		6 6
PRICE	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	0000	1.0000	1.0000	1.0000		1.0000
PAR VALUE	10,422,225.9300	57,741,310.2700	17,378,186.9500	724.9800	795,591.9900	7,002,762.8300	84,105,103.0800	SUB-TOTAL OF BUYS # 31	4,255,102.5200	3,185,396.2800	13,026.0200	3,814,737.0500	4,295,971.1600	4,133,054.8600	7,832,540.5800	2,137,210.6700	2,754,058.3900 4,756,057.0800	3,730,725.4600	9,305,945.4800	2,917,061.4300	6,116,145.160U	4,842,889.9000	7,541,415.4900	1,952,924.5000	5,114,791.9200	3.547.646.5000	10,029.7000	3,015,923.4900	5,216,471.5300	6,914,028.5500	10,639,562.660U 2,670,681,8000	2,854,368.1500	7,740,698.9600	4,458,722.8600		4,694,612.6200
BOUGHT/SOLD	11/06/12 B	11/30/12 B		12/05/12 B	12/05/12 B	12/06/12 B	12/28/12 B	T-8US	06/05/12 S			06/08/12 S		06/13/12 S		06/15/12 5	06/19/12 S	06/20/12 S	06/21/12 \$	06/22/12 S	06/25/12 5				07/05/12 5		07/10/12 S			07/12/12 S		-	07/19/12 S			07/23/12 S 07/24/12 S

REPORTABLE TRANSACTIONS MORKSHEET

1/1/12 THROUGH 12/31/12

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RAILROAD - EMP HEALTH & WELFARE

BOUGHT/SOLD	PAR VALUE	PRICE	INCURRED	PRINCIPAL CASH	ERISA COST	GAIN/LOSS
07/30/12 S	4,288,618.6500	1.0000		0 4,288,619	4,288,619	
07/31/12 S	9,972,675.9200	1.0000		9,972,676 *	9,972,676	
08/02/12 S	5,601,072.8700	1.0000		5,601,073	5,601,073	
	1,075,615.0000	1.0000		1,0	1,075,615	
08/08/12 S	11,112.9700	1.0000		0 11,113	11,113	
	1,342,973.3500	1.0000		0 1,342,973	1,342,973	
08/09/12 S	5,271,295.7500	1.0000		5,271,296	5,271,296	
08/10/12 S	11,595,780.4700	1.0000		11,595,780 *	11,595,780	
08/13/12 S	2,827,125.1900	1.0000		0 2,827,125	2,827,125	
08/14/12 S	4,503,433.1700	1.0000		0 4,503,433	4,503,433	
	3,235,007.0400	1.0000		3,235,007	3,235,007	
08/17/12 S	3,180,754.6400	1.0000		3,180,755	3,180,755	
08/20/12 S	4,272,615.4400	1.0000		0 4,272,615	4,272,615	
08/21/12 S	5,069,115.0700	1.0000		5,069,115	5,069,115	
	3,970,516.7600	1.0000		3,970,517	3,970,517	
08/23/12 S	5,677,492.7200	1.0000		0 5,677,493	5,677,493	
	11,338,439.0800	1.0000		0 11,338,439 *	11,338,439	
08/27/12 S	1,678,260.5100	1.0000		0 1,678,261	1,678,261	
08/28/12 \$	5,034,791.3700	1.0000		0 5,034,791	5,034,791	
08/29/12 S	5,719,704.1600	1.0000		0 5,719,704	5,719,704	
09/04/12 S	7,554,171.5900	1.0000		0 7,554,172 *	7,554,172	
09/05/12 S	6,329,362.0100	1.0000		0 6,329,362 *	6,329,362	
09/06/12 S	2,702,468.4800	1.0000		0 2,702,468	2,702,468	
09/10/12 S	1,771,352.9900	1.0000		0 1,771,353	1,771,353	
09/11/12 \$	11,948.7400	1.0000		0 11,949	11,949	
09/11/12 S	2,292,028.7600	1.0000		0 2,292,029	2,292,029	
09/12/12 S	5,027,755.0600	1.0000		0 5,027,755	5,027,755	
09/13/12 S	3,640,809.3600	1.0000		3,640,809	3,640,809	
09/17/12 S	4,509,469.1200	1.0000		0 4,509,469	4,509,469	
09/18/12 S	5,922,389.0900	1.0000		0 5,922,389	5,922,389	
09/19/12 S	4,555,463.3300	1.0000		0 4,555,463	4,555,463	
09/20/12 S	8,410,411.1000	1.0000		8,410,411 *	8,410,411	
09/21/12 S	5,755,731.7900	1.0000		0 5,755,732	5,755,732	
09/24/12 S	3,598,986.4100	1.0000		3,598,986	3,598,986	
09/25/12 S	5,129,865.2700	1.0000		0 5,129,865	5,129,865	
09/26/12 S	4,775,700.1600	1.0000		0 4,775,700	4,775,700	
09/27/12 S	11,434,200.1900	1.0000		0 11,434,200 *	11,434,200	
10/01/12 S	5,015,213.7200	1.0000		0 5,015,214	5,015,214	
10/02/12 S	4,600,066.5700	1.0000		0 4,600,067	4,600,067	
10/03/12 S	4,626,295.9700	1.0000		0 4,626,296	4,626,296	
10/04/12 S	2,729,793.3100	1.0000		0 2,729,793	2,729,793	
10/09/12 S	13,419.4400	1.0000		0 13,419	13,419	
10/09/12 S	2,225,367.6500	1.0000		0 2,225,368	2,225,368	
10/10/12 S	11,669,956.2000	1.0000		11,669,956 *	11,669,956	
10/11/12 S	6,216,573.1400	1.0000		0 6,216,573	6,216,573	
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REPORTABLE TRANSACTIONS MORKSHEET

1/1/12 THROUGH 12/31/12

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ERISA COST GAIN/LOSS																	•																							
ERISA COST	1,422,916	4.792.978	7.616.140	7.036.369	1.555.912	4,569,926	3,297,801	7,849,566	2,320,659	15,730,319	16,637,248	3,856,439	7,638,705	12,980	4,224,840	4,711,868	9,811,183	079/1/07/	4.091.062	2.165.770	4,567,695	8,471,431	6,195,060	727,035	2,638,370	6,001,778	5,496,987	066,066,1	7,11,21		5,833,511	3,846,517	4,918,131	2,971,769	5,023,432	4,407,792	7,210,500	3,959,382	5,755,845 7 771 AEA	DD7 17210
PRINCIPAL CASH	1,422,916	4.792.978	7,610,140 *	7,036,349 *	1,555,912	4,569,926	3,297,801	7,849,566 *	2,320,659	15,730,319 *	16,637,248 *	3,856,439	7,638,705 *		4,224,840	4,711,868	9,611,165 *	7.028,128,1	4,091,062	2,165,770	4,567,695	8,471,431 *	6,195,060	727,035	2,638,370	6,001,778	5,496,987	277.21	3,873,247	5,690,177	5,833,511	3,846,517	4,918,131	2,971,769	5,023,432	4,407,792	7,210,500 *	5,929,582 N 04 F 05	019051603 6.771.686 ×	× 000 100 000
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PRICE	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	1.0000	7.0000	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	0000.	1.000	1,0000	0000
PAR VALUE	1,422,915.7500	4,792,978.0800	7,610,139.8600	7,036,349.1400	1,555,912.3300	4,569,925.5600	3,297,801.0900	7,849,566.3700	2,320,659.1300	15,730,319.4000	16,637,247.7100	3,856,438.6100	7,638,705.1900	12,980.1000	0050.036.677	4,/11,808.15UU	7.823.6250	2,266,092,1800	4,091,062.4000	2,165,770.0300	4,567,695.0300	8,471,430.7300	6,195,060.1900	727,034.6300	2,638,370.2000	0076 767 767 H	1.390.549.5200	12,772.2600	5,875,247.1200	5,690,176.8900	5,833,511.1400	3,846,517.0200	4,918,130.8200	2,971,769.1400	5,025,452.2000	7 210 500 4000	2 OES 180 1/00	3,933,805,3600	6,771,456.3300	10 545 445 01
BOUGHT/SOLD	10/15/12 \$	10/17/12 S	10/18/12 S	10/19/12 S	10/22/12 S	10/23/12 S	10/24/12 S	10/25/12 \$	10/26/12 \$	10/31/12 \$	11/02/12 \$	11/07/12 S	11/08/12 5	11/08/12 5	11/12/12 5	11/13/12 3	11/15/12 S	11/16/12 \$	11/19/12 S	11/20/12 \$	11/21/12 S	11/23/12 S	11/26/12 \$	11/27/12 \$	11/28/12 5	12/06/12 5	12/07/12 \$	12/10/12 S	12/10/12 \$	12/11/12 \$	12/12/12 \$	12/13/12 S	12/14/12 S	12/11/12 5	12/10/12 5	12/20/12 8	12/21/12 6	12/24/12 \$	12/26/12 \$	12/27/12 S



REPORTABLE TRANSACTIONS W

THROUGH 12/31/12

RAILROAD - EMP HEALTH & WELFARE

ERISA COST PRINCIPAL CASH

EXPENSE INCURRED

PRICE

SHARES PAR VALUE

BOUGHT/SOLD

DATE

ACCOUNT 7036734

SUB-TOTAL OF SALES # 126

SUB-TOTAL

636,842,586 1,397,382,090

Ó

2,384,011,897

0

GRAND TOTAL

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

NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

*

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE

S = SELL TRANSACTION R = REINVESTMENT TRANSACTION

B = BUY TRANSACTION

2,384,011,897

636,842,586

1,397,382,090

ERISA COST GAIN/LOSS

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THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN EIN: 80-0616625 STATEMENT ATTACHED TO AND MADE PART OF FORM 5500 FOR THE YEAR ENDED DECEMBER 31, 2012

PART II, 2a Sponsor's Name and Address

The Plan Sponsor is the Joint Plan Committee, consisting of:

National Carriers' Conference Committee 1901 L Street, N.W. Suite 500 Washington, DC 20036-3514

and

Health and Welfare Committee Cooperating Railway Labor Organizations 3 Research Place Rockville, MD 20850

THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN

Schedule of Reportable Transactions For the Year Ended December 31, 2012

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

EIN: 80-0616625 Plan Number: 501

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

SunTrust Bank

Account 70-04-102-7036734 (See attached schedule as prepared and reported by SunTrust Bank)

REPORTABLE TRANSACTIONS MORKSHEET

THROUGH 12/31/12 1/1/12

ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

BOUGHT/SOLD DATE

SHARES PAR VALUE

UNIT

EXPENSE INCURRED

PRINCIPAL CASH

124,896,749.80 6,244,837.49

BEGINNING MARKET VALUE COMPARATIVE VALUE (5%)

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

FEDERATED TRSY OBLIG MM-I #68 FFS

- FEDERATED TRSY OBLIG MM-I #68 FFS

609068DF5 609068DF5

I SSUE:

01/06/12 ISSUE: 01/13/12

15,523,657.6000

.0000

#68 FFS 1.0000 #68 FFS .0000 168 FFS 1.0000 #68 FFS #68 FFS #68 FFS .0000 #68 FFS ..0000

FEDERATED TRSY OBLIG MM-I

609068DF5 609068DF5

ISSUE: ISSUE: 01/27/12

01/11/12

13,383,101.5000

9,031,327.2100 13,818,293.3300 9,867,701.7200

FEDERATED TRSY OBLIG MM-I FEDERATED TRSY OBLIG MM-I FEDERATED TRSY OBLIG MM-I - FEDERATED TRSY OBLIG MM-I FEDERATED TRSY OBLIG MM-I

609068DF5

I SSUE:

609068DF5

I SSUE: ISSUE: ISSUE: I SSUE: 02/09/12 ISSUE: I SSUE:

01/31/12

02/01/12

609068DF5

FEDERATED TRSY OBLIG MM-I

ERISA COST GAIN/LOSS

ERISA COST

15,523,658 13,383,102 9,031,327 13,818,293 9,867,702 92,255,137 9,140,987 16,143,952 6,915,774 13,285,012 8,864,836 9,111,345

-15,523,658 *

13,383,102

13,818,293 *

9,867,702

-92,255,137

.0000 0000.1

> 9,140,986.5100 16,143,951.6700

> > 609068DF5

02/02/12

609068DF5 609068DF5

02/07/12

92,255,136.7300

9,140,987

-16,143,952 6,915,774 13,285,012 8,864,836

FEDERATED TRSY OBLIG MM-I #68 FFS

6,915,774.1600 13,285,011.9600 - FEDERATED TRSY OBLIG MM-I FEDERATED TRSY OBLIG MM-I

609068DF5

ISSUE:

02/21/12

609068DF5 609068DF5 609068DF5

I SSUE: ISSUE:

02/22/12

609068DF5

02/10/12

8,864,836.2300

9,111,344.7300

FEDERATED TRSY OBLIG MM-I

.0000 #68 FFS .0000 #68 FFS .0000 t68 FFS . 0000 #68 FFS #68 FFS . 0000

9,031,327

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68,353,100

7,885,076

-7,885,076 *

2,854,854 9,863,894

12,854,854 -9,863,894 -68,353,100

.0000

FEDERATED TRSY OBLIG MM-I FEDERATED TRSY OBLIG MM-I

7,727,230.7300 12,854,854.2500 9,863,893.8700

- FEDERATED TRSY OBLIG MM-I #68 FFS

FEDERATED TRSY OBLIG MM-I #68 FFS

7,885,075.6400

68,353,100.2600

ISSUE: 609068DF5

ISSUE: 609068DF5

02/24/12

ISSUE:

02/29/12

02/23/12

03/01/12 B 03/08/12 B

1.0000

1.0000

7,727,231

9,111,345 7,727,231



1/1/12 THROUGH 12/31/12

RAILROAD - EMP HEALTH & WELFARE

	PAR VALUE	PRICE	INCURRED	PRINCIPAL CASH	L CASH	ERISA COST	GAIN/LOSS
	•	#					
05/09/12 S ISSUE: 609068DF5	14,192,936.4700 - FEDERATED TRSY OBLIG MM-I	1.0000 LIG MM-I #68 FFS	-	0	14,192,936 *	14,192,936	
03/15/12 S ISSUF: 609068DF5	6,883,836.5700	1.0000 15 MM-T #68 EFS	-		6,883,837 *	6,883,837	
					* 996,366 *	6,946,366	
ISSUE: 609068DF5	: - FEDERATED TRSY OBLIG MM-I	LIG MM-I #68 FFS				1	
	1	#	_		1,896,4/1 *	7,896,471	
			-	-1-	-12,969,194 *	12,969,194	
ISSUE: 609068DF5	ı	非		•			
ISSUE: 609068DF5	68,926,001.5800 - FEDERATED TRSY OBLIG MM-I	LIG MM-I #68 FFS		90	-68,926,002 *	68,926,002	
		-			6,725,506 *	6,725,506	
	ı	#					
U4/10/12 S TSSHE. KN90KRDES	6,895,874.2900 - CEDEPATED TPSV DBITC WM-T	1.0000 116 MM-T #48 FFS	_		6,895,874 *	6,895,874	
				_	* 722.556.7	199 256 L	
ISSUE: 609068DF5	1	#					
			_		9,273,620 *	9,273,620	
		#		•			
04/20/12 S ISSUE: 609068DF5	14,664,094.8/00 - FEDERATED TRSY OBLIG MM-I	1.0000 LIG MM-I #68 FFS		ā	14,664,095 *	14,664,095	
					6,334,058 *	6,334,058	
	'	#					
04/26/12 S recife. coopener	7,738,762.2400	1.0000	_	_	7,738,762 *	7,738,762	
	1			-	-11.246.026.*	11 226 626	
	ı	#		•		6761662111	
	71,900,705.520		-	7-	-71,900,706 *	71,900,706	
	- FEDERATED TRSY	OBLIG MM-I #68 FFS					
US/US/IZ S ISSUE: KNONKRNES	7,974,517.8500 - FEDERATED TRSV DBJ IC MM-1	1.0000 1.0000	_	_	7,974,518 *	7,974,518	
				_	4.812.72K *	726.812.726	
ISSUE: 609068DF5	,	#					
05/17/12 S	7,094,098.8500	1.0000			7,094,099 *	7,094,099	
	ī	*					
05/18/12 S Teches (000/00/00	13,926,948.0800	1.0000		_	13,926,948 *	13,926,948	
					* 152.323.9	K. 563.361	
ISSUE: 609068DF5	1	#					
			-	_	8,026,248 *	8,026,248	
	ı	#					
US/29/12 S TSSUE: KNOOKRDES	8,500,790.0500 - EDEPATED TPSV 08/16 MM-1	1.0000 TE WW.T #48 FFS	_		8,500,790 *	8,500,790	

REPORTABLE TRANSACTIONS MORKSHEET

1/1/12 THROUGH 12/31/12

RAILROAD - EMP HEALTH & WELFARE

DATE BOUGHT/SOLD	SHARES UNIT	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS	
ISSUE: 609068DF5	- FEDERATED TRSY OBLIG MM-I	#					
	65,929,686.2400		0	65,929,686 *	65,929,686		0
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	#					
A		_	0	-65,929,686 *	65,929,686		
60934N500	- FEDERATED TRSY OBLIGS MM-I	# .	•				
TOCHES CODECNESS	Id.y48,///.d800		•	* 121'8'6'81-	18,948,777		
1350E: 60754N300	- reveraled irst ubligs mm-1 7 270 157 7000		•	: : : : : : : : : : : : : : : : : : :			
A CONSTRUCT	- FEDERATED TRAV DRITES MM-T	1.0000	>	* 951'655'/-	7,559,158		
S			•	¥ 198.288.7	138.038.7		•
60934N500	- FEDERATED TRSY OBLIGS MM-I	*	•				,
06/21/12 \$	9,305,945.4800	1.0000	0	9,305,945 *	9,305,945		•
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	I #68					
	7,541,415.4900	1.0000		7,541,415 *	7,541,415		
60934N500	- FEDERATED TRSY OBLIGS MM-I	#					
	87,980,899.6500	_	•	* 006'086'28-	87,980,900		
60934N500	- FEDERATED TRSY OBLIGS MM-I	4					
	10,820,270.1700	1.0000	•	10,820,270 *	10,820,270		•
60934N500	- FEDERATED TRSY OBLIGS MM-I	*					
	14,747,236.4000	-	0	-14,747,236 *	14,747,236	•	
	- FEDERATED TRSY OBLIGS MM-I	#					
S		-	0	6,914,029 *	6,914,029		
60934N500	- FEDERATED TRSY OBLIGS MM-I	*					
S		r= 1	•	10,239,563 *	10,239,563		
60754R500	- FEDERALED IRSY OBLIGS MM-I	#					
		-		-7,156,430 *	7,156,430		
60954N500	- FEDERALED TRSY OBLIGS MM-I	*					
S		~	-	1,740,699 *	7,740,699		0
60934N500	- FEDERATED TRSY OBLIGS MM-I	*					
8		-	•	7,905,960 *	7,905,960		0
00484800	- FEDEKAIED IKSY OBLIGS HM-I	*					
201.12.002		- 1	•	9,138,068 *	9,138,068		0
00224600	- FEDERALED IRST UBLIGS MM-1						
2011/2007		٠.	•	12,878,825 *	12,878,825		0
00484600	- FEDERALED IRSY OBLIGS MM-I	#					
S		-	0	9,972,676 *	9,972,676		0
60954N500	- FEDERATED TRSY OBLIGS MM-I	# .	•	. !!	- 1		
903077007	74,//4,665.6500	- '	8	-84'174'686 *	94,774,686		
1330E: BUYSHNDUU	* FEDERALED IKSY UBLIGS MM-1	# .		1			
9			-	-13,849,204 *	13,849,204		
000040600	* FEDERALED IRST UBLIGS AN*I	* -	•				
	II,595,780.4700		5	11,595,780 *	11,595,780		0
000000000000000000000000000000000000000		1 400	•	3			
S CONTROL	TIJSSJ437:0000 - FEDEDATED TOSK OBLICK MM.T		9	* 605'800'11	11,558,459		0
			c	× 677 C12 G1-	977 616 91		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2000-000-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1)) 	>	* 299'/T/'OT-	10,/1/,668		



1/1/12 THROUGH 12/31/12

RAILROAD - EMP HEALTH & WELFARE

DATE BOUGHT/SOLD	SHARES UNI PAR VALUE PRI	KIT NICE	EXPENSE INCURRED	PRINCIPAL CASH	L CASH	ERISA COST	ERISA COST GAIN/LOSS
60934N500	- FEDERATED TRSY OBLIGS MM-I	***					
	65,041,497.860			9- 0	-65,041,498 *	65,041,498	
005046608	- FEDERALED IRST UBLIGS AN-1 7.556.171 5900	1 #99		c	7 EEG 172 *	7 556 172	•
60934N500	- FEDERATED TRSY OBLIGS MM-1	4 #		•	× 3171110011	3111110011	
09/05/12 S	6,329,362.0100				6,329,362 *	6,329,362	0
60934N500	- FEDERATED TRSY OBLIGS MM-1	#					
S		٠.		0	8,410,411 *	8,410,411	0
60934N500	- FEDERATED TRSY OBLIGS MM-I	442		•		. 1	
S					11,434,200 *	11,434,200	0
	- FEDEKAJED IKST UBLIGS MM-1	7 #68 - T		•	, ,,,, ,,,,	777 011 10	
60934N500	- FEDERATED TRSV OBLIGS MM-1	, me			× +++'01'''	hht:01/:/0	
	11,669,956.2000			0	11.669.956 *	11.669.956	0
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I						
10/18/12 S	7,610,139.8600	1.0000		0	7,610,140 *	7,610,140	0
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	**					
10/19/12 S	7,036,349.1400	1.0000		0	7,036,349 *	7,036,349	0
60934N500	- FEDERATED TRSY OBLIGS MM-I	***					
	7,849,566.3700			0	7,849,566 *	7,849,566	0
60934N500	- FEDERATED TRSY OBLIGS MM-I	44					
	15,730,319.4000				15,730,319 *	15,730,319	•
60934N500	- FEDERATED TRSY OBLIGS MM-I	₩ 					
æ	88,649,094.980			8-	-88,649,095 *	88,649,095	
60934N500	- FEDERATED TRSY OBLIGS MM-1	**					
S					16,637,248 *	16,637,248	0
60934N500	- FEDERATED TRSY OBLIGS MM-1	**			-		
	10,422,225.9300			-1	-10,422,226 *	10,422,226	
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	4 #					
S					7,638,705 *	7,638,705	
60954N500	- FEDERATED TRSY OBLIGS MM-1	**					
S	9,811,183.2400				9,811,183 *	9,811,183	0
0058485609	- PEDEKALED IKSY OBLIGS MM-1						
				•	7,821,626 *	7,821,626	Ģ
60934N500	- FEDERATED TRSY OBLIGS MM-1	**					
	_	-		•	8,471,431 *	8,471,431	0
60934N500	- FEDERATED TRSY OBLIGS MM-I	幣					
11/30/12 B	57,741,310.2700	_		٠. در	57,741,310 *	57,741,310	
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	**					
12/03/12 B	17,378,186.9500	1.0000		-1-	-17,378,187 *	17,378,187	
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	-I #68					
12/06/12 B	7,002,762.8300	1.0000			-7,002,763 *	7,002,763	
ISSUE: 60934N500	- FEDERATED TRSY OBLIGS MM-I	#					
	7,210,500.3000	1.0000			7,210,500 *	7,210,500	0
60934N500	- FEDERATED TRSY OBLIGS MM-1	<u></u>					
12/26/12 S	6,771,456.3300	1.0000			6,771,456 *	6,771,456	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/12 THROUGH 12/31/12

-

RAILROAD - EMP HEALTH & WELFARE

PAGE 132

ERISA COST GAIN/LOSS 10,565,332 84,105,103 7,394,299 1,768,361,465 ERISA COST 10,565,332 * -84,105,103 * 7,394,299 1,768,361,465 PRINCIPAL CASH EXPENSE INCURRED 0000.1 1.0000 1.0000 84,105,103.0800 - FEDERATED TRSY OBLIGS MM-I #68 - FEDERATED TRSY OBLIGS MM-I #68 - FEDERATED TRSY OBLIGS MM-I #68 UNIT 10,565,332.4100 7,394,299.2000 SHARES PAR VALUE GRAND TOTAL ISSUE: 60934N500 ISSUE: 60934N500 ISSUE: 60934N500 12/31/12 S 12/28/12 B **BOUGHT/SOLD** 12/27/12 DATE

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: 609068DF5 - FEDERATED TRSY OBLIG MM-I #68 FFS

14.523.658	2.012.611	218	92.255.137	782	16.143.952	940.148	901 (01/	48 464 100	977	7.885.07	8.570,928	12.969.196	68,926,002
-15.523.658 *	-2.012.611	810-	-92,255,137 *	-782	-16,143,952 *	-940.168	* 900.890.0.	* 001. 858.87-	0 U V -	* 920.588.7-	-4.570.928	-12,969,194 *	-68,926,002 *
0	6	0		0	Ö	6	•						•
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
15,523,657.6000	2,012,610.6400	218.2200	92,255,136.7300	781.8700	16,143,951.6700	940,168.2300	9,863,893.8700	68,353,100.2600	758.8600	7,885,075.6400	4,570,928.4400	12,969,193.8600	68,926,001.5800
01/06/12 B	01/18/12 B	01/24/12 B	02/01/12 B	02/01/12 B	02/07/12 B	02/16/12 B	02/29/12 B	03/01/12 B	03/01/12 B	03/08/12 B	03/16/12 B	03/29/12 B	03/30/12 B



1/1/12 THROUGH 12/31/12

RAILROAD - EMP HEALTH & WELFARE

REPORTABLE TRANSACTIONS WORKSHEET

1/1/12 THROUGH 12/31/12

RAILROAD - EMP HEALTH & WELFARE

0 9,111,345 0 12,854,854 0 2,375,124 0 2,454,145 0 2,454,146 0 2,454,146 0 4,417,711 0 14,690 0 14,192,936 0 6,946,192,936 0 7,896,196 0 6,946,192,936 0 6,946,192,936 0 7,896,106 0 7,896,106 0 7,896,106 0 6,945,1728	
12,854,10 0	
2, 44, 45, 50, 50, 50, 50, 50, 50, 50, 50, 50, 5	
2,454,1 0 4,414,4 0 4,414,4 14,134,6 0 14,134,1 14,134,1 14,134,1 14,134,1 14,134,1 14,134,1 14,134,1 14,134,1 14,432,1 16,432,1	
2,869, 5 0 4,417,4 0 7919,6 0 14,632,9 0 6,883,9 0 6,883,9 0 6,883,9 0 7,892,2 0 7,892,2 0 83,632,9 0 83,632,9 0 5,886,0 0 5,886,0 0 6,286,6 0 6,2	
6,417,7 14,195,9,6 16,1195,9,6 17,195,9,6 18,195,9,6 19,66,9,8,8,9,9,9,9,9,9,9,9,9,9,9,9,9,9,9	
4,847,946 14,1147,946 14,4497,946 14,4497,946 14,4497,946 14,4497,946 16,447,946 16,447,946 16,447,946 16,447,946 16,447,946 16,447,946 16,447,946 16,447,947,947,947,947,947,947,947,947,947	
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THROUGH 12/31/12

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RAILROAD - EMP HEALTH & WELFARE

ERISA COST GAIN/LOSS	c	, c	•		0	0	0	0	0	0	0	0	0	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0		0																									
ERISA COST	6.812.726	3.821.213	312,216	3,257,649	7.094.099	13,926,948	4,153,995	6,543,341	4,431,458	8,026,248	1,329,455	8,500,790	6,185,485	65,929,686		555,762,769		986,629,807		65,929,686	18.968	7.339.158	87,980,900	750	14.747.236	7,156,430	94,774,686	536	3,342,734	13,849,204	581,112	10,717,668	65,041,498	890	2,670,195	5,400,408	87,718,444	701	3,341,339	2,917,870	88,649,095	729	1,983,865
PRINCIPAL CASH	6,812,726 *		312,216	3,257,649	7,094,099 *	13,926,948 *	4,153,995	6,543,341 *	4,431,458	8,026,248 *	1,329,455	* 062'00'8	6,185,485	65,929,686 *		555,762,769	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,62		* 989.626.	-18.948.777 *				-14,747,236 *	-7,156,430 *	* 989,774,686	-536	-3,342,734	-13,849,204 *	-581,112	-10,717,668 *	-65,041,498 *	-890	-2,670,195	-5,400,408	-87,718,444 *	-701	-3,341,339	-2,917,870	-88,649,095 *	729-	-1,983,865
EXPENSE INCURRED	0	· G	. 0	•	0	0	0	0	0	0	0	•	0	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	1 1 1 1 1 1 1	0		0	0		0	. 0	0	0	0	O	0	•	•	•	0	0	0	0	0	0	0	0	0	c	. 0
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SHARES PAR VALUE	6,812,725.8300	3,821,213,4000	312,216.4300	3,257,648.7500	7,094,098.8500	13,926,948.0800	4,153,995.0400	6,543,341.4800	4,431,457.6400	8,026,247.7200	1,329,454.6400	8,500,790.0500	6,185,484.5200	65,929,686.2400	100	IAL UF SALES # 91		SUB-TOTAL	FEDERATED TRSY OBLIGS MM-I	65,929,686.2400	18,948,777.0800	7,339,157.6800	87,980,899.6500	489.9100	14,747,236.4000	7,156,430.3000	94,774,685.8300	535.9300	3,342,734.4600	13,849,204.1700	581,112.3300	10,717,668.0300	65,041,497.8600	889.6800	2,670,195.2100	5,400,408.0300	87,718,444.1100	700.8400	3,341,339.0800	2,917,870.1400	88,649,094.9800	676,1100	1,983,864.8900
DATE BOUGHT/SOLD	05/10/12 S	05/11/12 \$		05/15/12 S	05/17/12 \$	05/18/12 \$	05/21/12 s	05/22/12 \$	05/23/12 S	05/24/12 \$	05/25/12 S	05/29/12 S	05/30/12 S	06/04/12 S		SUB-101AL		INS	ISSUE: 60934N500 - F	06/04/12 B	06/04/12 B	06/07/12 B	06/29/12 B	07/02/12 B	07/06/12 B	07/17/12 B	08/01/12 B	08/01/12 B	08/06/12 B	08/07/12 B	08/16/12 B	08/30/12 B	08/31/12 B	09/04/12 B	09/07/12 B	09/14/12 B	09/28/12 B	10/01/12 B	10/05/12 B	10/16/12 B	11/01/12 B	11/01/12 B	11/05/12 B



1/1/12 THROUGH 12/31/12

E WELFARE
HEALTH 1
RAILROAD

ERISA COST ST GAIN/LOSS	10,422,226	57,741,310	17,378,187	725	795,592	7,002,763	84,105,103	760,539,504	4,255,103	3,185,396	13,026 0	3,814,737	6.2041.021	6,133,055	7,832,341 0	2,137,211	3,731,536 0 6.756.067	3,730,725 D	9,305,945	2,917,061	6,116,143	0,754,155 4,842,890	7,541,415	1,952,925 0	5,114,792 0	10,820,270 3,627,627	10,030	3,015,923	3,216,472	6,914,029	0,239,563	2,854,368	7,740,699	4.458.724	20100	4,694,613 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ERISA COST	* 10,0	* 57,	* 17,3			* 7,(* 86,1	760,5		1,5		N 1		. 4	* 7.8	2,1		100	*	2,5	9	, w	* 7.	1,5		*	-	3,0	3,5	*	*	2.2	* 7.7	4,4		4.4
PRINCIPAL CASH	-10,422,226	-57,741,310	-17,378,187	-725	-795,592	-7,002,763	-84,105,103	760,539,504	4,255,103	3,185,396	13,026	3,814,737	4.295.971	4,133,055	7,832,341	2,137,211	5,751,536	3,730,725	9,305,945	2,917,061	6,116,145	4,842,890	7,541,415	1,952,925	5,114,792	10,820,270	10,030	3,015,923	3,216,472	6,914,029	10,239,563	2,854,368	7,740,699	4,458,723		4,694,613
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PRICE	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	7.0000	1.0000	1.0000	1.0000		1.0000
PAR VALUE	10,422,225.9300	57,741,310.2700	17,378,186.9500	724.9800	795,591.9900	7,002,762.8300	84,105,103.0800	SUB-TOTAL OF BUYS # 31	4,255,102.5200	3,185,396.2800	13,026.0200	3,814,737.0500	4,295,971.1600	4,133,054.8600	7,832,540.5800	2,137,210.6700	6,756,057.0800	3,730,725.4600	9,305,945.4800	2,917,061.4300	6,116,145.160U	4,842,889.9000	7,541,415.4900	1,952,924.5000	5,114,791.9200	3.547.646.5000	10,029.7000	3,015,923.4900	5,216,471.5300	6,914,028.5500	10,639,562.660U 2,670,681,8000	2,854,368.1500	7,740,698.9600	4,458,722.8600		4,694,612.6200
BOUGHT/SOLD	11/06/12 B	11/30/12 B		12/05/12 B	12/05/12 B	12/06/12 B	12/28/12 B	T-8US	06/05/12 S			06/08/12 S		06/13/12 S		06/15/12 5	06/19/12 S	06/20/12 S	06/21/12 \$	06/22/12 S	06/25/12 5				07/05/12 5		07/10/12 S			07/12/12 S		-	07/19/12 S			07/23/12 S 07/24/12 S

REPORTABLE TRANSACTIONS MORKSHEET

1/1/12 THROUGH 12/31/12

PAGE 137

RAILROAD - EMP HEALTH & WELFARE

BOUGHT/SOLD	PAR VALUE	PRICE	INCURRED	PRINCIPAL CASH	ERISA COST	GAIN/LOSS
07/30/12 S	4,288,618.6500	1.0000		0 4,288,619	4,288,619	
07/31/12 S	9,972,675.9200	1.0000		9,972,676 *	9,972,676	
08/02/12 S	5,601,072.8700	1.0000		5,601,073	5,601,073	
	1,075,615.0000	1.0000		1,0	1,075,615	
08/08/12 S	11,112.9700	1.0000		0 11,113	11,113	
	1,342,973.3500	1.0000		0 1,342,973	1,342,973	
08/09/12 S	5,271,295.7500	1.0000		5,271,296	5,271,296	
08/10/12 S	11,595,780.4700	1.0000		11,595,780 *	11,595,780	
08/13/12 S	2,827,125.1900	1.0000		0 2,827,125	2,827,125	
08/14/12 S	4,503,433.1700	1.0000		0 4,503,433	4,503,433	
	3,235,007.0400	1.0000		3,235,007	3,235,007	
08/17/12 S	3,180,754.6400	1.0000		3,180,755	3,180,755	
08/20/12 S	4,272,615.4400	1.0000		0 4,272,615	4,272,615	
08/21/12 S	5,069,115.0700	1.0000		5,069,115	5,069,115	
	3,970,516.7600	1.0000		3,970,517	3,970,517	
08/23/12 S	5,677,492.7200	1.0000		0 5,677,493	5,677,493	
	11,338,439.0800	1.0000		0 11,338,439 *	11,338,439	
08/27/12 S	1,678,260.5100	1.0000		0 1,678,261	1,678,261	
08/28/12 \$	5,034,791.3700	1.0000		0 5,034,791	5,034,791	
08/29/12 S	5,719,704.1600	1.0000		0 5,719,704	5,719,704	
09/04/12 S	7,554,171.5900	1.0000		0 7,554,172 *	7,554,172	
09/05/12 S	6,329,362.0100	1.0000		0 6,329,362 *	6,329,362	
09/06/12 S	2,702,468.4800	1.0000		0 2,702,468	2,702,468	
09/10/12 S	1,771,352.9900	1.0000		0 1,771,353	1,771,353	
09/11/12 \$	11,948.7400	1.0000		0 11,949	11,949	
09/11/12 S	2,292,028.7600	1.0000		0 2,292,029	2,292,029	
09/12/12 S	5,027,755.0600	1.0000		0 5,027,755	5,027,755	
09/13/12 S	3,640,809.3600	1.0000		3,640,809	3,640,809	
09/17/12 S	4,509,469.1200	1.0000		0 4,509,469	4,509,469	
09/18/12 S	5,922,389.0900	1.0000		0 5,922,389	5,922,389	
09/19/12 S	4,555,463.3300	1.0000		0 4,555,463	4,555,463	
09/20/12 S	8,410,411.1000	1.0000		8,410,411 *	8,410,411	
09/21/12 S	5,755,731.7900	1.0000		0 5,755,732	5,755,732	
09/24/12 S	3,598,986.4100	1.0000		3,598,986	3,598,986	
09/25/12 S	5,129,865.2700	1.0000		0 5,129,865	5,129,865	
09/26/12 S	4,775,700.1600	1.0000		0 4,775,700	4,775,700	
09/27/12 S	11,434,200.1900	1.0000		0 11,434,200 *	11,434,200	
10/01/12 S	5,015,213.7200	1.0000		0 5,015,214	5,015,214	
10/02/12 S	4,600,066.5700	1.0000		0 4,600,067	4,600,067	
10/03/12 S	4,626,295.9700	1.0000		0 4,626,296	4,626,296	
10/04/12 S	2,729,793.3100	1.0000		0 2,729,793	2,729,793	
10/09/12 S	13,419.4400	1.0000		0 13,419	13,419	
10/09/12 S	2,225,367.6500	1.0000		0 2,225,368	2,225,368	
10/10/12 S	11,669,956.2000	1.0000		11,669,956 *	11,669,956	
10/11/12 S	6,216,573.1400	1.0000		0 6,216,573	6,216,573	
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REPORTABLE TRANSACTIONS MORKSHEET

1/1/12 THROUGH 12/31/12

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ERISA COST GAIN/LOSS																								=																
ERISA COST	1,422,916	4.792.978	7.616.140	7.036.369	1.555.912	4,569,926	3,297,801	7,849,566	2,320,659	15,730,319	16,637,248	3,856,439	7,638,705	12,980	4,224,840	4,711,808	7.821.626	2,266,092	4,091,062	2,165,770	4,567,695	8,471,431	6,195,060	727,035	2,638,370	6,001,778	1,490,767	12.772	3,873,247	5,690,177	5,833,511	3,846,517	4,918,131	2,971,769	5,023,432	4,407,792	7,210,500	5,959,582 N 64 N 60 N	01900100	DD7 17210
PRINCIPAL CASH	1,422,916	4.792.978	7,610,140 *	7,036,349 *	1,555,912	4,569,926	3,297,801	7,849,566 *	2,320,659	15,730,319 *	16,637,248 *	3,856,439	7,638,705 *		010,427,4	4) 11,000 0 011 100	7.821.626 *	2,266,092	4,091,062	2,165,770	4,567,695	8,471,431 *	6,195,060		2,638,370	6,001,178	1,390,550	12,772	3,873,247	5,690,177	5,833,511	3,846,517	4,918,131	2,971,769	5,023,432	4,407,792	* 0.C10.500 *	ANDUADON N	6,771 654 ×	* (
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PRICE	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	1,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	2000 [1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000		1,000	1.0000	0000
PAR VALUE	1,422,915.7500	4,792,978.0800	7,610,139.8600	7,036,349.1400	1,555,912.3300	4,569,925.5600	3,297,801.0900	7,849,566.3700	2,320,659.1300	15,730,319.4000	16,637,247.7100	3,856,438.6100	7,658,705.1900	0001.006.21	4.711.868.1500	9,811,183,2400	7,821,625.8200	2,266,092.1800	4,091,062.4000	2,165,770.0300	4,567,695.0300	8,471,430.7300	6,195,060.1900	727,054.6500	Z,658,5/U.ZUUU K 001 777 #500	5,496,986,8400	1,390,549.5200	12,772.2600	3,873,247.1200	5,690,176.8900	5,833,511.1400	5,846,517.0200	4,918,150.8200	Z, y/1, /69.1400	0.023,432.5000	7.210.500.4000	3, 959 MX 0 3600	3,933,805,3600	6,771,456.3300	0019 585 595 01
BOUGHT/SOLD	10/15/12 \$	10/17/12 S	10/18/12 S	10/19/12 S	10/22/12 S	10/23/12 S	10/24/12 S	10/25/12 \$	10/26/12 \$	10/31/12 \$	11/02/12 \$	11/01/12 S	11/00/12 5	11/09/12 5	11/13/12 5	11/14/12 \$	11/15/12 \$	11/16/12 \$	11/19/12 S	11/20/12 \$	11/21/12 \$	11/23/12 S	11/26/12 S	11/21/12 5	11/29/12 5	12/04/12 S	12/07/12 S	12/10/12 S	12/10/12 S	12/11/12 \$	12/12/12 \$	12/13/12 S	12/14/16 5	12/11/16 5	12/16/12 8	12/20/12 8	12/21/12 S	12/24/12 \$	12/26/12 \$	12/27/12 S



REPORTABLE TRANSACTIONS WORKSHEET

THROUGH 12/31/12

RAILROAD - EMP HEALTH & WELFARE

ERISA COST PRINCIPAL CASH

EXPENSE INCURRED

PRICE

SHARES PAR VALUE

BOUGHT/SOLD

DATE

ACCOUNT 7036734

SUB-TOTAL OF SALES # 126

SUB-TOTAL

636,842,586 1,397,382,090

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2,384,011,897

0

GRAND TOTAL

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

NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

**

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE

S = SELL TRANSACTION R = REINVESTMENT TRANSACTION

B = BUY TRANSACTION

2,384,011,897

1,397,382,090

636,842,586

ERISA COST GAIN/LOSS

THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN

Schedule of Assets (Held at End of Year) December 31, 2012

Schedule H Item 4(i) – Schedule of Assets (Held at End of Year)

EIN: 80-0616625 Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	ldentity 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>
	Cash and cash equivalents			
*	SunTrust Bank Account 70-04-102-7036734	Money Market Fund Federated Trsy Oblig MM-I #68 FFS	\$123,697,001	\$123,697,001
	Insurance contract			
	Metropolitan Life Insurance Co. Account 123764-F-4	Funding Agreement, 1.08%, 1/27/2013	6,815,609	6,815,609
			\$130,512,610	\$130,512,610

^{*} Known party-in-interest to the Plan.