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

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning   01/01/2013   and ending   12/31/2013

A This return/report is for: [X] a multiemployer plan;   [ ] a multiple-employer plan; or
[ ] a single-employer plan;   [ ] a DFE (specify) ____

B This return/report is: [ ] the first return/report;   [ ] the final return/report;
[ ] an amended return/report;   [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▸ [X]

D Check box if filing under: [X] Form 5558;   [ ] automatic extension;   [ ] the DFVC program;
[ ] special extension (enter description)

Part II	Basic Plan Information—enter all requested information

1a Name of plan
THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

1b Three-digit plan number (PN) ▸   502

1c Effective date of plan
07/01/1973

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

NATIONAL CARRIERS' CONFERENCE COMMITTEE

1901 L STREET NW SUITE 500
WASHINGTON, DC 20036-3514

2b Employer Identification Number (EIN)
52-1036399

2c Sponsor's telephone number
202-862-7200

2d Business code (see instructions)
482110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	A. K. GRADIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

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

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3a	Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN
		3c Administrator's telephone number

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:	**4b** EIN
a	Sponsor's name	**4c** PN

5	Total number of participants at the beginning of the plan year	**5**	30514

6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	30388
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits...	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**...	**6d**	30388
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.............	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)...	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	

7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)........	**7**	36

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4F

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	**(1)** [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	**(2)** [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	**(3)** [X] Trust
(4) [ ] General assets of the sponsor	**(4)** [ ] General assets of the sponsor

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

a Pension Schedules	**b General Schedules**
(1) [ ] **R** (Retirement Plan Information)	**(1)** [X] **H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)** [ ] **I** (Financial Information – Small Plan)
	(3) ___ **A** (Insurance Information)
	(4) [X] **C** (Service Provider Information)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)** [ ] **D** (DFE/Participating Plan Information)
	(6) [ ] **G** (Financial Transaction Schedules)

SCHEDULE C **(Form 5500)** Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Service Provider Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013   and ending 12/31/2013

A Name of plan THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN	**B** Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CARRIERS' CONFERENCE COMMITTEE	**D** Employer Identification Number (EIN) 52-1036399

Part I	**Service Provider Information (see instructions)**

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible

indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

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

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

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

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

SUNTRUST BANKS, INC.

303 PEACHTREE STREET NE
SUITE 3200
ATLANTA, GA 30308

58-0466330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	13936	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TMDG, LLC

500 E PRATT STREET
SUITE 525
BALTIMORE, MD 21202

03-0583064

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	119245	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA, INC.

151 FARMINGTON AVENUE
HARTFORD, CT 06186

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15	NONE	1793739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WEAVER BROTHERS INSURANCE

7315 WISCONSIN AVENUE
EAST SUITE 900
BETHESDA, MD 20814

52-1590169

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	15357	Yes ☐　No ☒	Yes ☐　No ☐		Yes ☐　No ☐

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

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

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

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

Part I	Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

| **Part II** | **Service Providers Who Fail or Refuse to Provide Information** |

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning   01/01/2013   and ending   12/31/2013

A Name of plan
THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

B   Three-digit
plan number (PN)   ▶   502

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL CARRIERS' CONFERENCE COMMITTEE

D   Employer Identification Number (EIN)
52-1036399

Part I	Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	176771	57840
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions..	1b(1)	972921	989432
(2) Participant contributions..	1b(2)		
(3) Other...	1b(3)	77408	118257
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)..	1c(1)	4514824	4747466
(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 funds)..	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)..	1c(14)		
(15) Other..	1c(15)		

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

Schedule H (Form 5500) 2013
v. 130118

1d	Employer-related investments:		**(a)** Beginning of Year	**(b)** End of Year
	(1) Employer securities..	1d(1)		
	(2) Employer real property..	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5741924	5912995

Liabilities

g	Benefit claims payable..	1g	3622012	3955091
h	Operating payables	1h	167158	302902
i	Acquisition indebtedness..	1i		
j	Other liabilities...	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3789170	4257993

Net Assets

l	Net assets (subtract line 1k from line 1f)...	1l	1952754	1655002

Part II	**Income and Expense Statement**

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers.................................	2a(1)(A)	11925470	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)...	2a(1)(C)		
	(2) Noncash contributions..	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**................	2a(3)		11925470
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)..	2b(1)(A)	438	
	(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)		438
	(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts..........................	**2b(6)**		
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		
(8) Net investment gain (loss) from master trust investment accounts............	**2b(8)**		
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..	**2b(10)**		
c Other income...	**2c**		
d Total income. Add all **income** amounts in column (b) and enter total.....................	**2d**		11925908

Expenses

		(a) Amount	(b) Total
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers..............	**2e(1)**	10237373	
(2) To insurance carriers for the provision of benefits....................................	**2e(2)**		
(3) Other..	**2e(3)**		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**................................	**2e(4)**		10237373
f Corrective distributions (see instructions)	**2f**		
g Certain deemed distributions of participant loans (see instructions)...............	**2g**		
h Interest expense..	**2h**		
i Administrative expenses: **(1)** Professional fees...	**2i(1)**	135302	
(2) Contract administrator fees...	**2i(2)**	1793739	
(3) Investment advisory and management fees..	**2i(3)**	13936	
(4) Other..	**2i(4)**	43310	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**........................	**2i(5)**		1986287
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		12223660

Net Income and Reconciliation

		(a) Amount	(b) Total
k Net income (loss). Subtract line **2j** from line **2d**.......................................	**2k**		-297752
l Transfers of assets:			
(1) To this plan...	**2l(1)**		
(2) From this plan	**2l(2)**		

Part III — Accountant's Opinion

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

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

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

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

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

(1) Name: TMDG, LLC **(2)** EIN: 03-0583064

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

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

Part IV — Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)... **4b**		X	

		Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)... **4d**		X	
e	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	
l	Has the plan failed to provide any benefit when due under the plan?.. **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)... **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. .... **4n**			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? **.....** ☐ Yes ☐ No ☐ Not determined

Part V	**Trust Information (optional)**

6a Name of trust	**6b** Trust's EIN
THE MOW EMPLOYEES SSBP TRUST	521162945

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.

Part I	Annual Report Identification Information

For the calendar plan year 2013 or fiscal plan year beginning _____ and ending _____

A This return/report is for: (1) [X] a multiemployer plan;   (3) [ ] a multiple-employer plan; or
(2) [ ] a single-employer plan;   (4) [ ] a DFE (specify) _____

B This return/report is: (1) [ ] the first return/report;   (3) [ ] the final return/report;
(2) [ ] an amended return/report;   (4) [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here . . . . ► [X]

D Check box if filing under: [X] Form 5558;   [ ] automatic extension;   [ ] the DFVC program;
[ ] special extension (enter description)

Part II	Basic Plan Information — enter all requested information.

1a Name of plan
THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL
SICKNESS BENEFIT PLAN

1b Three-digit plan number (PN).... ► 502

1c Effective date of plan
07/01/1973

2a Plan sponsor's name and address, including room or suite number (employer, if for single-employer plan)

2b Employer Identification Number (EIN)
52-1036399

2c Sponsor's telephone number
202-862-7200

2d Business code (see instructions)
482110

NATIONAL CARRIERS' CONFERENCE COMMITTEE
1901 L STREET, NW, SUITE 500
WASHINGTON, DC 20036-3514

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

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

SIGN HERE	*(signature)*	10/10/14	A. K. GRADIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; including room or suite number. (optional)	Preparer's telephone number (optional)
MATTHEW B DUBNANSKY, CPA TMDG, LLC. 500 E PRATT ST STE 525 BALTIMORE MD 21202-3178	

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

Form **5500** (2013)
v.130118

EBPA 9401L   12/13/13

3 a Plan administrator's name and address	☒ Same as Plan Sponsor Name	☐ Same as Plan Sponsor Address	**3b** Administrator's EIN
			3c Administrator's telephone number

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:	**4b** EIN
a Sponsor's name	**4c** PN

5 Total number of participants at the beginning of the plan year	**5**	30514
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**)		
a Active participants.	**6 a**	30388
b Retired or separated participants receiving benefits	**6 b**	
c Other retired or separated participants entitled to future benefits.	**6 c**	
d Subtotal. Add lines **6a, 6b,** and **6c**	**6 d**	30388
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6 e**	
f Total. Add lines **6d** and **6e**.	**6 f**	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6 g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6 h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	36

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

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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

☐4F ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

9 a Plan funding arrangement (check all that apply)	**9 b** Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	**(1)** ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	**(2)** ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	**(3)** ☒ Trust
(4) ☐ General assets of the sponsor	**(4)** ☐ General assets of the sponsor

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

a Pension Schedules

(1) ☐ **R** (Retirement Plan Information)

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

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

b General Schedules

(1) ☒ **H** (Financial Information)

(2) ☐ **I** (Financial Information — Small Plan)

(3) ☐ **A** (Insurance Information)

(4) ☒ **C** (Service Provider Information)

(5) ☐ **D** (DFE/Participating Plan Information)

(6) ☐ **G** (Financial Transaction Schedules)

Form **5558**

(Rev. August 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Information about Form 5558 and its instructions is at *www.irs.gov/form5558.*

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

NATIONAL CARRIERS' CONFERENCE COMMITTEE

Number, street, and room or suite number (If a P.O. box, see instructions)

1901 L STREET, NW, SUITE 500

City or town, state, and ZIP code

WASHINGTON, DC 20036-3514

B Filer's Identifying Number (see instructions).
Employer identification number (EIN) (9 digits
XX-XXXXXXX)

[X]

▶ 52-1036399

[ ] Social security number (SSN) (9 digits XXX-XX-XXXX)

▶

C

Plan name	Plan number	Plan year ending		
		MM	DD	YYYY
1 THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL	502	12	31	13

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

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 10/15/2014 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 (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part 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 Form 5330.

a Enter the Code section(s) imposing the tax... ▶ | a |

b Enter the payment amount attached .... ▶ | b |

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date............ ▶ | c |

5 State in detail why you need the extension:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

Signature ▶ _____   **Date** ▶ _____

THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

FINANCIAL STATEMENTS
(Together with report of Independent Public Accountants)

December 31, 2013 and 2012

CONTENTS

TMDG LLC

www.tmdgllc.com   Certified Public Accountants & Healthcare Consultants

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

INDEPENDENT AUDITOR'S REPORT

To the National Carriers' Conference Committee with respect to
The Maintenance of Way Employees Supplemental Sickness Benefit Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Maintenance of Way Employees Supplemental Sickness Benefit Plan (the Plan), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2013 and 2012, 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, 2013, 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 Notes 3 and 8, 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, 2013 and 2012, and for the year ended December 31, 2013, 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, schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2013, 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 Administrator. 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.

TMDG LLC

Baltimore, Maryland
October 10, 2014

THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	2013	2012
ASSETS		
Investments, at fair value	$ 4,747,466	$ 4,514,824
Receivables:		
Participating railroads' contributions	989,432	972,921
Plan benefit overpayments	118,217	77,373
Accrued interest	40	35
	1,107,689	1,050,329
Cash	57,840	176,771
Amount due from participating railroads	-	-
Total assets	5,912,995	5,741,924
LIABILITIES		
Accounts payable and accrued expenses	302,902	167,158
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,610,093	$ 5,574,766

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

THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2013

ADDITIONS

Investment income:		
Interest income	$	438
Less investment expenses	(	13,936)
	(	13,498)
Participating railroads' contributions		11,925,470
Total additions		11,911,972

DEDUCTIONS

Benefits paid to participants	9,904,294
Administrative expenses	1,972,351
Total deductions	11,876,645
Net increase (decrease)	35,327

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	5,574,766
End of year	$ 5,610,093

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

THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Statements of Plan Benefit Obligations
(As Determined by Aetna)
December 31, 2013 and 2012

	2013	2012
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS		
Claims payable and claims incurred but not reported	$ 3,955,091	$ 3,622,012

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

THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Statement of Changes in Plan Benefit Obligations
(As Determined by Aetna)
For the Year Ended December 31, 2013

AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS		
Balance at beginning of year	$	3,622,012
Claims approved for payment and claims incurred but not reported		10,237,373
Claims paid		(9,904,294)
Balance at end of year	$	3,955,091

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

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of The Maintenance of Way Employees Supplemental Sickness Benefit 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 1973 pursuant to collective-bargaining to supplement the sickness benefits provided pursuant to the Railroad Unemployment Insurance Act for eligible Maintenance of Way employees of participating railroads. The Plan is administered by the National Carriers' Conference Committee and is subject to the provisions of the Railway Labor Act, as amended, and the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits

The Plan's supplemental sickness benefits are provided on a self-insured basis. The Plan is primarily administered by a third party administrator, Aetna, pursuant to an Administrative Service Only contract.

Eligibility

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

Funding

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

Tax status

The Trust established pursuant to the Plan document 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

Note 1. Description of the Plan (continued)

Tax status (continued)

Plan has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan Administrator believes that the Plan, as amended, continues to qualify and to operate as designed.

Representatives of the Plan Administrator 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 Administrator believes it is no longer subject to examinations by these jurisdictions for this purpose for years prior to 2010.

Plan termination

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

Note 2. Significant Accounting Policies

Basis of accounting

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

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect 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.

Note 2.   Significant Accounting Policies (continued)

Valuation of investments and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Fair value of financial instruments

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

Participating railroads' contributions and contributions receivable

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

Allowance for doubtful accounts

The Plan utilizes the allowance method to account for uncollectible receivables. Unless otherwise noted (See Note 5), an allowance for doubtful accounts for the Plan's receivable balances is not considered necessary as probable uncollectible amounts have been determined by the Plan Administrator not to be significant to the financial statements.

Amounts due from participating railroads

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

Subsequent events

The Plan Administrator has evaluated subsequent events through October 10, 2014 the date the financial statements were available to be issued.

Note 3.   Investments

Investments are held by a bank administered trust fund. The following table represents the fair value of those investments as of December 31, 2013 and 2012. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2013	2012
Investments at estimated fair value:		
Money market fund*	$ 4,747,466	$ 4,514,824

*   Investments held as of December 31, 2013 and 2012 were in Federated Treasury Obligation MM-1 #68 FFS.

Note 4.   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
- 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.

Note 4. Fair Value Measurements (continued)

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 methodology used for assets measured at fair value as of December 31, 2013 and 2012 is 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.

As of December 31, 2013 and 2012, all of the Plan's investment assets have been determined by the Plan Administrator to be level 1.

Note 5. Plan Benefit Overpayment Receivable

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

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

Based on current and historical collection patterns, the Plan Administrator has determined that any amounts not repaid by Plan participants within one year of receipt of such payments will be deemed uncollectible. The following table represents the balances of the plan benefit overpayment receivable as of December 31, 2013 and 2012, which only includes amounts that have been reported to and recorded by Aetna as of December 31st:

Note 5. Plan Benefit Overpayment Receivable (continued)

	2013	2012
Total plan benefit overpayment receivable	$ 215,809	$ 284,805
Allowance	(97,592)	(207,432)
Net plan benefit overpayment receivable	$ 118,217	$ 77,373

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

Note 6. Post-Retirement Benefits and Other Plan Obligations

The Plan provides no post-retirement benefits.

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

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

Note 7. Concentration of Participating Railroads

There are approximately 36 railroads participating in the Plan, of which 4 Class I railroads comprised approximately 81% of the total Plan activity as of and for the year ended December 31, 2013 and 2012.

Note 7.   Concentration of Participating Railroads (continued)

This activity includes, but is not limited to, participating railroad contributions receivable and amounts due from participating railroads as of December 31, 2013 and 2012, and participating railroads' contributions for the year ended December 31, 2013 as follows:

	Percentage of Total Plan Activity	
Railroad	2013	2012
A	27.9%	27.6%
B	22.6%	22.4%
C	15.8%	16.1%
D	14.2%	14.5%

Note 8.   Information Certified by the Plan's Trustee and the Plan Administrator

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

- Investments and accrued interest
- Investment income
- Schedule of assets (held at year end)
- Schedule of reportable transactions

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

Note 9.   Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2013 and 2012 financial statements to the Form 5500.

	2013	2012
Net assets available for benefits as reported within the financial statements	$ 5,610,093	$ 5,574,766
Benefit obligations currently payable	(3,955,091)	(3,622,012)
Net assets available for benefits as reported within the Form 5500	$ 1,655,002	$ 1,952,754

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

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31, 2013.

Benefits paid to participants as reported within the financial statements	$ 9,904,294
Add: Amounts payable at end of year	3,955,091
Less: Amounts payable at beginning of year	(3,622,012)
Benefits paid to participants as reported within the Form 5500	$ 10,237,373

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

Note 10.   Party in Interest Transactions

The Plan paid administrative fees to service providers during the year that are considered party in interest transactions.   These transactions are exempt from the prohibited transaction rules of ERISA.

Note 11.   Risks and Uncertainties

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

A Plan benefit overpayment receivable is recorded when an overpayment is communicated to Aetna. The collectability of this receivable is determined by the Plan Administrator based on certain historical collection patterns. Due to uncertainties inherent in the communication, estimations, and assumptions process, it is at least reasonably possible that the timing of such communications or changes in these estimates and assumptions in the near term could materially affect the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

Note 11. Risks and Uncertainties (continued)

The total obligations for claims payable and claims incurred but not reported, as calculated and reported to the Plan by Aetna as of December 31, 2013 and 2012 is based on certain assumptions pertaining to health care trends and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

SUPPLEMENTAL SCHEDULES

THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Schedule of Assets (Held at End of Year)
December 31, 2013

Schedule H Item 4(i) – Schedule of Assets (Held at End of Year)
EIN: 52-1036399
Plan Number: 502

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Money Market Funds			
*	SunTrust Bank Account 70-04-102-7036738	Money Market Fund Federated Trsy Oblig MM-I #68 FFS	$ 4,747,466	$ 4,747,466

* Known party-in-interest to the Plan.

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THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Schedule of Reportable Transactions
For the Year Ended December 31, 2013

Schedule H Item 4(j) – Schedule of Reportable Transactions
EIN: 52-1036399
Plan Number: 502

(a)	(b)	(c)	(d)	(g)	(h)
		Purchase	Selling	Asset	Current
Identity of Party Involved	Description of Assets	Price	Price	Cost	Value
SunTrust Bank Account 70-04-102-7036738	(See attached schedule as prepared and reported by SunTrust Bank)				

SUNTRUST

REPORTABLE TRANSACTIONS WORKSHEET

1/1/13 THROUGH 12/31/13

ACCOUNT 7034738

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
		BEGINNING MARKET VALUE		4,514,858.99		
		COMPARATIVE VALUE (5X)		225,742.95		

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5X OF VALUE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
01/18/13 B	908,644.8700	1.0000	0	-908,645	908,645	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
02/21/13 B	466,750.2100	1.0000	0	-466,750	466,750	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
03/01/13 S	331,169.1000	1.0000	0	331,169	331,169	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
03/19/13 B	831,811.0200	1.0000	0	-831,811	831,811	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
04/23/13 B	767,066.6500	1.0000	0	-767,067	767,067	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
05/17/13 B	855,702.4600	1.0000	0	-855,702	855,702	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
06/19/13 B	735,657.8700	1.0000	0	-735,658	735,658	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
07/17/13 B	820,372.7700	1.0000	0	-820,373	820,373	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
08/19/13 B	708,715.8000	1.0000	0	-708,716	708,716	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
09/17/13 B	368,248.7600	1.0000	0	-368,249	368,249	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
09/18/13 B	520,824.7100	1.0000	0	-520,825	520,825	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
10/18/13 B	936,679.2200	1.0000	0	-936,679	936,679	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
11/18/13 B	564,093.4200	1.0000	0	-564,093	564,093	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
11/21/13 B	545,470.8700	1.0000	0	-545,471	545,471	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
12/17/13 B	595,923.1000	1.0000	0	-595,923	595,923	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I	$68					
12/18/13 B	419,101.5000	1.0000	0	-419,102	419,102	
GRAND TOTAL			0	9,974,233	9,974,233	0

SUNTRUST

REPORTABLE TRANSACTIONS WORKSHEET

1/1/13 THROUGH 12/31/13

ACCOUNT 7036738

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

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

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

ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST
01/02/13 B	35.0000	1.0000	0	-35	35
01/18/13 B	908,644.8700	1.0000	0	-908,645 *	908,645
02/01/13 B	37.4500	1.0000	0	-37	37
02/19/13 B	205,834.6700	1.0000	0	-205,835	205,835
02/21/13 B	466,750.2100	1.0000	0	-466,750 *	466,750
02/26/13 B	24,998.0800	1.0000	0	-24,998	24,998
02/27/13 B	132,902.6500	1.0000	0	-132,903	152,903
03/04/13 B	32.4200	1.0000	0	-32	32
03/19/13 B	831,811.0200	1.0000	0	-831,811 *	831,811
03/25/13 B	17,374.5500	1.0000	0	-17,375	17,375
04/02/13 B	36.2200	1.0000	0	-36	36
04/18/13 B	156,750.2300	1.0000	0	-156,750	156,750
04/23/13 B	767,066.6500	1.0000	0	-767,067 *	767,067
05/02/13 B	33.8700	1.0000	0	-34	34
05/17/13 B	855,702.4600	1.0000	0	-855,702 *	855,702
05/20/13 B	52,259.4900	1.0000	0	-52,259	52,259
06/04/13 B	36.5700	1.0000	0	-37	37
06/17/13 B	169,005.0800	1.0000	0	-169,005	169,005
06/19/13 B	735,657.8700	1.0000	0	-735,658 *	735,658
07/17/13 B	820,372.7700	1.0000	0	-820,373 *	820,373
07/18/13 B	27,057.8500	1.0000	0	-27,058	27,058
07/26/13 B	50,478.3300	1.0000	0	-50,478	50,478

SUNTRUST

REPORTABLE TRANSACTIONS WORKSHEET

1/1/13 THROUGH 12/31/13

ACCOUNT 7036736

RAILROAD - MAINT WAY EMP SUPP 5K

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
08/02/13 B	36.6300	1.0000	0	-37	37	0
08/16/13 B	117,883.7000	1.0000	0	-117,884	117,884	0
08/19/13 B	708,715.8000	1.0000	0	-708,716 *	708,716	0
08/27/13 B	53,238.0300	1.0000	0	-53,238 *	53,238	0
09/04/13 B	36.6600	1.0000	0	-37	37	0
09/17/13 B	568,248.7600	1.0000	0	-568,249 *	568,249	0
09/18/13 B	520,824.7100	1.0000	0	-520,825 *	520,825	0
09/19/13 B	16,461.9200	1.0000	0	-16,462	16,462	0
10/02/13 B	36.0900	1.0000	0	-36	36	0
10/18/13 B	956,679.2200	1.0000	0	-956,679 *	956,679	0
11/04/13 B	37.8900	1.0000	0	-38	38	0
11/18/13 B	364,093.4200	1.0000	0	-364,093 *	364,093	0
11/21/13 B	545,470.8700	1.0000	0	-545,471 *	545,471	0
12/03/13 B	39.0800	1.0000	0	-39	39	0
12/17/13 B	395,923.1000	1.0000	0	-395,923 *	395,923	0
12/18/13 B	419,101.5000	1.0000	0	-419,102 *	419,102	0
12/26/13 B	59,900.1800	1.0000	0	-59,900 *	59,900	0
SUB-TOTAL OF BUYS # 59			0	10,707,607	10,707,607	
01/02/13 S	93,976.2300	1.0000	0	93,976	93,976	0
01/03/13 S	31,912.0200	1.0000	0	31,912	31,912	0
01/04/13 S	181,734.9100	1.0000	0	181,735	181,735	0
01/07/13 S	21,940.0200	1.0000	0	21,940	21,940	0
01/08/13 S	48,017.5500	1.0000	0	48,017	48,017	0
01/09/13 S	1,139.1200	1.0000	0	1,139	1,139	0
01/09/13 S	34,583.8000	1.0000	0	34,584	34,584	0
01/10/13 S	11,343.7300	1.0000	0	11,344	11,344	0
01/11/13 S	35,140.5200	1.0000	0	35,141	35,141	0
01/14/13 S	22,197.4400	1.0000	0	22,197	22,197	0
01/15/13 S	50,182.5500	1.0000	0	50,183	50,183	0
01/16/13 S	18,231.5900	1.0000	0	18,232	18,232	0
01/17/13 S	57,702.1500	1.0000	0	57,702	57,702	0
01/22/13 S	51,007.7400	1.0000	0	51,008	51,008	0
01/23/13 S	59,088.3700	1.0000	0	59,088	59,088	0
01/24/13 S	25,184.2100	1.0000	0	25,184	25,184	0
01/25/13 S	37,649.5400	1.0000	0	37,650	37,650	0
01/28/13 S	3,397.8700	1.0000	0	3,398	3,398	0
01/29/13 S	51,470.1500	1.0000	0	51,470	51,470	0
01/30/13 S	19,005.6100	1.0000	0	19,006	19,006	0
02/01/13 S	176,571.6000	1.0000	0	176,572	176,572	0
02/04/13 S	85,019.0600	1.0000	0	85,019	85,019	0
02/05/13 S	55,630.0700	1.0000	0	55,630	55,630	0
02/06/13 S	31,695.9500	1.0000	0	31,696	31,696	0
02/07/13 S	60,414.0000	1.0000	0	60,414	60,414	0
02/08/13 S	1,175.9700	1.0000	0	1,176	1,176	0

SUNTRUST

REPORTABLE TRANSACTIONS WORKSHEET

1/1/13   THROUGH 12/31/13

ACCOUNT 7036738

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
02/08/13 S	38,112.1600	1.0000	0	38,112	38,112	0
02/11/13 S	24,890.3200	1.0000	0	24,890	24,890	0
02/12/13 S	40,264.9800	1.0000	0	40,265	40,265	0
02/13/13 S	150,526.2800	1.0000	0	150,526	150,526	0
02/14/13 S	42,225.2800	1.0000	0	42,225	42,225	0
02/15/13 S	43,119.5300	1.0000	0	63,120	63,120	0
02/20/13 S	24,796.8600	1.0000	0	24,797	24,797	0
02/22/13 S	3,018.6800	1.0000	0	3,019	3,019	0
02/25/13 S	32,156.0500	1.0000	0	32,156	32,156	0
02/26/13 S	30,781.3500	1.0000	0	30,781	30,781	0
02/28/13 S	3,074.2900	1.0000	0	3,074	3,074	0
03/01/13 S	331,169.1000	1.0000	0	331,169 *	331,169	0
03/04/13 S	40,811.1700	1.0000	0	40,811	40,811	0
03/05/13 S	47,939.8600	1.0000	0	47,940	47,940	0
03/06/13 S	35,355.2400	1.0000	0	35,355	35,355	0
03/07/13 S	26,350.9400	1.0000	0	26,351	26,351	0
03/08/13 S	1,153.7900	1.0000	0	1,154	1,154	0
03/08/13 S	28,109.5900	1.0000	0	28,110	28,110	0
03/11/13 S	43,246.2800	1.0000	0	43,246	43,246	0
03/12/13 S	28,955.0600	1.0000	0	28,955	28,955	0
03/13/13 S	38,802.3100	1.0000	0	38,802	38,802	0
03/14/13 S	24,646.4600	1.0000	0	24,646	24,646	0
03/15/13 S	38,914.8400	1.0000	0	38,915	38,915	0
03/18/13 S	43,912.1000	1.0000	0	43,912	43,912	0
03/20/13 S	35,256.6300	1.0000	0	35,256	35,256	0
03/21/13 S	23,877.4600	1.0000	0	23,877	23,877	0
03/22/13 S	15,006.3800	1.0000	0	15,006	15,006	0
03/27/13 S	58,977.7600	1.0000	0	58,978	58,978	0
03/28/13 S	164,684.9500	1.0000	0	164,685	164,685	0
04/01/13 S	80,166.8400	1.0000	0	80,167	80,167	0
04/02/13 S	184,694.0100	1.0000	0	184,694	184,694	0
04/03/13 S	30,328.1200	1.0000	0	30,328	30,328	0
04/04/13 S	35,328.7900	1.0000	0	35,329	35,329	0
04/05/13 S	18,744.6300	1.0000	0	18,745	18,745	0
04/08/13 S	1,158.6800	1.0000	0	1,159	1,159	0
04/08/13 S	34,498.8200	1.0000	0	34,499	34,499	0
04/09/13 S	44,374.7300	1.0000	0	44,375	44,375	0
04/10/13 S	37,561.1100	1.0000	0	37,561	37,561	0
04/11/13 S	27,411.2100	1.0000	0	27,411	27,411	0
04/12/13 S	22,843.4200	1.0000	0	22,843	22,843	0
04/15/13 S	29,331.7600	1.0000	0	29,332	29,332	0
04/16/13 S	32,197.9700	1.0000	0	32,198	32,198	0
04/17/13 S	28,973.2400	1.0000	0	28,973	28,973	0
04/19/13 S	57,547.6500	1.0000	0	57,548	57,548	0
04/22/13 S	31,394.4800	1.0000	0	31,394	31,394	0
04/24/13 S	30,658.6600	1.0000	0	30,659	30,659	0

SUNTRUST

REPORTABLE TRANSACTIONS WORKSHEET

1/1/13 THROUGH 12/31/13

RAILROAD - MAINT WAY EMP SUPP SK

ACCOUNT 7036738

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
04/25/13 S	19,660.9600	1.0000	0	19,661	19,661	0
04/26/13 S	12,329.7600	1.0000	0	12,330	12,330	0
04/29/13 S	158,433.3500	1.0000	0	158,433	158,433	0
04/30/13 S	1,710.9300	1.0000	0	1,711	1,711	0
05/01/13 S	73,769.2200	1.0000	0	73,769	73,769	0
05/02/13 S	28,313.6900	1.0000	0	28,314	28,314	0
05/03/13 S	178,053.1800	1.0000	0	178,053	178,053	0
05/06/13 S	35,127.5600	1.0000	0	35,128	35,128	0
05/07/13 S	53,910.8900	1.0000	0	53,911	53,911	0
05/08/13 S	1,139.9100	1.0000	0	1,140	1,140	0
05/08/13 S	54,065.3000	1.0000	0	54,065	54,065	0
05/09/13 S	21,176.4200	1.0000	0	21,176	21,176	0
05/10/13 S	25,102.3200	1.0000	0	25,102	25,102	0
05/13/13 S	49,813.1200	1.0000	0	49,813	49,813	0
05/14/13 S	30,691.2800	1.0000	0	30,691	30,691	0
05/15/13 S	30,889.0700	1.0000	0	30,889	30,889	0
05/16/13 S	45,506.6600	1.0000	0	45,507	45,507	0
05/21/13 S	2,638.5700	1.0000	0	2,639	2,639	0
05/22/13 S	36,365.4100	1.0000	0	36,365	36,365	0
05/23/13 S	62,397.8600	1.0000	0	62,398	62,398	0
05/24/13 S	1,170.9700	1.0000	0	1,171	1,171	0
05/28/13 S	35,271.8600	1.0000	0	35,272	35,272	0
05/29/13 S	52,341.5400	1.0000	0	52,342	52,342	0
05/30/13 S	161,789.8500	1.0000	0	161,790	161,790	0
05/31/13 S	6,623.7100	1.0000	0	6,624	6,624	0
06/03/13 S	28,281.7700	1.0000	0	28,282	28,282	0
06/04/13 S	50,595.6500	1.0000	0	50,596	50,596	0
06/05/13 S	193,607.2100	1.0000	0	193,607	193,607	0
06/06/13 S	35,527.9000	1.0000	0	35,528	35,528	0
06/07/13 S	36,242.0300	1.0000	0	36,242	36,242	0
06/10/13 S	1,163.4500	1.0000	0	1,163	1,163	0
06/10/13 S	36,541.6500	1.0000	0	36,542	36,542	0
06/11/13 S	4,796.9100	1.0000	0	4,797	4,797	0
06/12/13 S	22,809.6200	1.0000	0	22,810	22,810	0
06/13/13 S	45,108.6200	1.0000	0	45,109	45,109	0
06/14/13 S	38,185.1200	1.0000	0	38,185	38,185	0
06/18/13 S	22,335.9100	1.0000	0	22,336	22,336	0
06/20/13 S	31,996.4000	1.0000	0	31,996	31,996	0
06/21/13 S	31,769.7700	1.0000	0	31,770	31,770	0
06/24/13 S	32,289.7700	1.0000	0	32,290	32,290	0
06/25/13 S	35,021.6000	1.0000	0	35,022	35,022	0
06/26/13 S	40,205.5100	1.0000	0	40,206	40,206	0
06/27/13 S	155,761.3600	1.0000	0	155,761	155,761	0
06/28/13 S	1,112.2900	1.0000	0	1,112	1,112	0
07/02/13 S	52,737.9400	1.0000	0	52,738	52,738	0
07/02/13 S	78,724.2200	1.0000	0	78,724	78,724	0

SunTrust

ACCOUNT 7036758

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD		SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
07/03/13	S	46,096.2100	1.0000	0	46,096	46,096	0
07/05/13	S	151,009.5600	1.0000	0	151,010	151,010	0
07/08/13	S	49,659.9600	1.0000	0	49,660	49,660	0
07/09/13	S	1,157.0000	1.0000	0	1,157	1,157	0
07/09/13	S	9,003.4700	1.0000	0	9,003	9,003	0
07/10/13	S	49,856.4500	1.0000	0	49,856	49,856	0
07/11/13	S	27,470.3000	1.0000	0	27,470	27,470	0
07/12/13	S	46,911.3000	1.0000	0	46,911	46,911	0
07/15/13	S	30,729.6400	1.0000	0	30,730	30,730	0
07/16/13	S	28,082.5000	1.0000	0	28,083	28,083	0
07/19/13	S	24,419.7100	1.0000	0	24,420	24,420	0
07/22/13	S	26,556.6900	1.0000	0	26,557	26,557	0
07/25/13	S	27,744.8500	1.0000	0	27,745	27,745	0
07/24/13	S	25,623.3400	1.0000	0	25,623	25,623	0
07/25/13	S	39,043.0500	1.0000	0	39,043	39,043	0
07/29/13	S	20,838.6400	1.0000	0	20,839	20,839	0
07/30/13	S	145,381.3400	1.0000	0	145,381	145,381	0
07/31/13	S	5,137.0200	1.0000	0	5,137	5,137	0
08/01/13	S	203,330.7400	1.0000	0	203,331	203,331	0
08/02/13	S	35,847.7200	1.0000	0	35,848	35,848	0
08/05/13	S	37,416.5100	1.0000	0	37,417	37,417	0
08/06/13	S	26,821.1100	1.0000	0	26,821	26,821	0
08/07/13	S	34,624.8600	1.0000	0	34,625	34,625	0
08/08/13	S	1,164.0800	1.0000	0	1,164	1,164	0
08/08/13	S	39,094.9700	1.0000	0	39,095	39,095	0
08/09/13	S	36,595.8800	1.0000	0	36,596	36,596	0
08/12/13	S	27,651.6100	1.0000	0	27,652	27,652	0
08/13/13	S	21,975.8500	1.0000	0	21,976	21,976	0
08/14/13	S	34,086.7200	1.0000	0	34,087	34,087	0
08/15/13	S	16,672.8700	1.0000	0	16,673	16,673	0
08/20/13	S	41,403.5000	1.0000	0	41,404	41,404	0
08/21/13	S	27,016.8200	1.0000	0	27,017	27,017	0
08/22/13	S	25,572.5900	1.0000	0	25,573	25,573	0
08/23/13	S	49,713.7200	1.0000	0	49,714	49,714	0
08/26/13	S	34,916.9600	1.0000	0	34,917	34,917	0
08/28/13	S	12,343.5900	1.0000	0	12,344	12,344	0
08/29/13	S	172,433.5100	1.0000	0	172,434	172,434	0
08/30/13	S	419.3900	1.0000	0	419	419	0
09/03/13	S	47,726.9400	1.0000	0	47,727	47,727	0
09/04/13	S	8,115.0600	1.0000	0	8,115	8,115	0
09/05/13	S	49,542.0000	1.0000	0	49,542	49,542	0
09/06/13	S	179,939.0100	1.0000	0	179,939	179,939	0
09/09/13	S	44,195.0000	1.0000	0	44,195	44,195	0
09/10/13	S	1,159.6000	1.0000	0	1,160	1,160	0
09/10/13	S	28,651.4900	1.0000	0	28,651	28,651	0
09/11/13	S	45,470.8500	1.0000	0	45,471	45,471	0

SUNTRUST

REPORTABLE TRANSACTIONS WORKSHEET

1/1/13 THROUGH 12/31/13

ACCOUNT 7036736

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
09/12/13 $	37,867.4700	1.0000	0	37,867	37,867	0
09/13/13 $	24,586.5200	1.0000	0	24,587	24,587	0
09/16/13 $	32,716.0200	1.0000	0	32,716	32,716	0
09/20/13 $	36,289.9100	1.0000	0	36,290	36,290	0
09/23/13 $	34,933.4500	1.0000	0	34,933	34,933	0
09/24/13 $	40,005.7400	1.0000	0	40,006	40,006	0
09/25/13 $	28,858.5100	1.0000	0	28,859	28,859	0
09/26/13 $	25,287.3500	1.0000	0	25,287	25,287	0
09/27/13 $	87,019.8600	1.0000	0	87,020	87,020	0
09/30/13 $	764.6100	1.0000	0	765	765	0
10/01/13 $	65,504.7600	1.0000	0	65,505	65,505	0
10/02/13 $	185,852.7900	1.0000	0	185,853	185,853	0
10/03/13 $	19,375.1100	1.0000	0	19,375	19,375	0
10/04/13 $	23,906.6100	1.0000	0	23,907	23,907	0
10/07/13 $	50,002.6900	1.0000	0	50,003	50,003	0
10/08/13 $	1,173.2500	1.0000	0	1,173	1,173	0
10/09/13 $	29,776.6400	1.0000	0	29,777	29,777	0
10/09/13 $	37,917.1500	1.0000	0	37,917	37,917	0
10/10/13 $	48,284.8200	1.0000	0	48,285	48,285	0
10/11/13 $	24,877.7400	1.0000	0	24,878	24,878	0
10/15/13 $	25,531.8400	1.0000	0	25,532	25,532	0
10/16/13 $	44,427.2200	1.0000	0	44,427	44,427	0
10/17/13 $	27,443.4000	1.0000	0	27,443	27,443	0
10/21/13 $	4,718.9200	1.0000	0	4,719	4,719	0
10/22/13 $	3,366.0100	1.0000	0	3,366	3,366	0
10/23/13 $	39,019.8500	1.0000	0	39,020	39,020	0
10/24/13 $	35,700.8400	1.0000	0	35,701	35,701	0
10/25/13 $	37,506.8700	1.0000	0	37,507	37,507	0
10/28/13 $	48,534.1300	1.0000	0	48,534	48,534	0
10/29/13 $	112,005.5700	1.0000	0	112,004	112,004	0
10/30/13 $	151,868.5900	1.0000	0	151,868	151,868	0
10/31/13 $	36,724.3700	1.0000	0	36,724	36,724	0
11/01/13 $	39,220.0600	1.0000	0	39,220	39,220	0
11/04/13 $	175,712.5300	1.0000	0	175,713	175,713	0
11/05/13 $	37,515.7800	1.0000	0	37,516	37,516	0
11/06/13 $	44,039.9300	1.0000	0	44,040	44,040	0
11/07/13 $	51,737.2500	1.0000	0	51,737	51,737	0
11/08/13 $	1,185.0600	1.0000	0	1,185	1,185	0
11/12/13 $	28,298.6800	1.0000	0	28,299	28,299	0
11/13/13 $	24,356.7100	1.0000	0	24,357	24,357	0
11/14/13 $	48,764.7300	1.0000	0	48,765	48,765	0
11/15/13 $	16,980.6100	1.0000	0	16,981	16,981	0
11/19/13 $	21,492.4500	1.0000	0	21,492	21,492	0
11/20/13 $	22,864.5400	1.0000	0	22,865	22,865	0
11/22/13 $	26,681.0800	1.0000	0	26,681	26,681	0
11/22/13 $	34,650.5200	1.0000	0	34,651	34,651	0

SUNTRUST

ACCOUNT 7036738

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/25/13 S	37,509.6600	1.0000	0	37,510	37,510	0
11/26/13 S	66,270.8900	1.0000	0	66,271	66,271	0
11/27/13 S	28,992.2300	1.0000	0	28,992	28,992	0
12/02/13 S	46,723.2000	1.0000	0	46,723	46,723	0
12/03/13 S	10,301.7300	1.0000	0	10,302	10,302	0
12/04/13 S	36,666.4400	1.0000	0	36,666	36,666	0
12/05/13 S	20,868.7300	1.0000	0	20,869	20,869	0
12/06/13 S	48,326.3800	1.0000	0	48,326	48,326	0
12/09/13 S	1,168.0400	1.0000	0	1,168	1,168	0
12/09/13 S	51,098.3200	1.0000	0	51,098	51,098	0
12/10/13 S	26,972.2500	1.0000	0	26,972	26,972	0
12/11/13 S	37,257.9700	1.0000	0	37,258	37,258	0
12/12/13 S	34,268.9800	1.0000	0	34,269	34,269	0
12/13/13 S	23,496.9700	1.0000	0	23,497	23,497	0
12/16/13 S	27,039.8900	1.0000	0	27,040	27,040	0
12/19/13 S	52,138.6800	1.0000	0	52,139	52,139	0
12/20/13 S	24,255.3500	1.0000	0	24,255	24,255	0
12/23/13 S	68,240.0100	1.0000	0	68,240	68,240	0
12/24/13 S	9,441.0000	1.0000	0	9,441	9,441	0
12/27/13 S	26,388.3800	1.0000	0	26,388	26,388	0
12/30/13 S	30,113.9900	1.0000	0	30,114	30,114	0
12/31/13 S	195,587.0200	1.0000	0	195,587	195,587	0
SUB-TOTAL OF SALES # 232			0	10,474,972	10,474,972	0
SUB-TOTAL			0	21,182,579	21,182,579	0
GRAND TOTAL			0	21,182,579	21,182,579	0

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

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

REPORTABLE TRANSACTIONS WORKSHEET

1/1/13 THROUGH 12/31/13

RAILROAD - MAINT WAY EMP SUPP SK

SunTrust

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS

F O O T N O T E S
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* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION