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

Pensi	on Benefit Guaranty Corporation					Inspection	
Part I	Annual Report Identi						
For cale	ndar plan year 2013 or fiscal pla			and ending 12/31/2	2013		
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	return/report is:	the first return/report;	the final	return/report;			
		an amended return/report;		olan year return/report (less the		,	
C If the	plan is a collectively-bargained	plan, check here				. ▶ X	
D Chec	k box if filing under:	Form 5558;	ш	ic extension;	th	e DFVC program;	
		special extension (enter desc	cription)				
Part	II Basic Plan Informa	ation—enter all requested information	tion				
	ne of plan JILROAD EMPLOYEES NATION	JAL VISION PLAN			1b	Three-digit plan number (PN) ▶	509
111210		W.E. VIOIOIVI E.I.V			1c	Effective date of pla	an
22 Plan	a ananaar'a nama and addrasa:	include room or suite number (emp	lover if for a single	omployer plan)	2h	01/01/1999 Employer Identifica	tion
	IAL CARRIERS' CONFERENCE		lloyer, il lor a sirigle	-еттрюует ріатту	25	Number (EIN) 52-1036399	ILIOIT
					2c Sponsor's telephone		ie
40041	OTDEET NIM OLUTE 500					number 202-862-7200)
	STREET NW SUITE 500 NGTON, DC 20036				2d	Business code (see instructions)	9
						482110	
	· · ·	omplete filing of this return/report					dulaa
		nalties set forth in the instructions, I the electronic version of this return.					
SIGN							
HERE	Filed with authorized/valid elec	•	10/15/2014	A. K. GRADIA			
	Signature of plan administra	ator	Date	Enter name of individual s	igning as	plan administrator	
SIGN							
HERE	Signature of employer/plan	sponsor	Date	Enter name of individual s	igning as	employer or plan sp	onsor
O.O.							
SIGN HERE							
_	Signature of DFE		Date	Enter name of individual s			
Prepare	r's name (including firm name, if	f applicable) and address; include ro	oom or suite numbe		reparer's optional)	telephone number	
I							

	Form 5500 (2013) Page 2		
3a	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Administrat	or's EIN
		3c Administrat	or's telephone
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	
а	Sponsor's name	4c PN	
5	Total number of participants at the beginning of the plan year	5	15066
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	. 6a	14893
b	Retired or separated participants receiving benefits	. 6b	
С	Other retired or separated participants entitled to future benefits.	. 6c	
d	Subtotal. Add lines 6a, 6b, and 6c.	6d	14893
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e	
f	Total. Add lines 6d and 6e.	. 6f	(
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	44
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Cod	es in the instructi	ons:
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Code 4E		ns:
9 а	Plan funding arrangement (check all that apply) (1)	insurance contra	cts
40	(4) General assets of the sponsor (4) General assets of the s	•	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the num	ber attached. (S	ee instructions)
а	Pension Schedules b General Schedules		
	(1) R (Retirement Plan Information) (1) H (Financial Inform	mation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan (3) (4) (Positive Provided P	rmation)	an)
	C (Service Provide	er Information)	

(5)

(6)

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

(3)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

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 pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

		pursuant to	ERISA section 103(a)(2)				-		
For calendar plan year 20	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013								
A Name of plan THE RAILROAD EMPLOY	EES NATIONA	AL VISION PLAN			e-digit number (P	N) •	509		
C Plan sponsor's name a NATIONAL CARRIERS' C				D Emplo 52-103		cation Number (EIN)		
		ing Insurance Contract Individual contracts grouped a							
1 Coverage Information:									
(a) Name of insurance ca	rrier								
	(c) NAIC	(d) Contract or	(e) Approximate nu	umber of		Policy or co	ontract year		
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To		
43-0949844	71870	9859752	40428	37	01/01/20	013	12/31/2013		
2 Insurance fee and com- descending order of the		tion. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	, brokers, and ot	her persons in		
(a) Total a	amount of comr	nissions paid		(b) To	tal amount	of fees paid			
3 Persons receiving com		ees. (Complete as many entrie							
	(a) Name a	nd address of the agent, broke	r, or other person to who	m commiss	ions or fees	s were paid			
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid					
commissions pa		(c) Amount	(d) Purpose			(e) Organization code			
	(a) Name a	nd address of the agent, broke	r, or other person to who	m commiss	ions or fees	s were paid			
(h) Amount of sales or	(b) Amount of sales and base Fees and other commissions paid								
` '		(c) Amount		(d) Purpose	<u> </u>		(e) Organization code		
commissions paid (c) Amount (d) Purpose									

Schedule A (Form 5500)	2013	Page 2 - 1					
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid				
(4)	and and address of the agent, profit	.,					
		Fees and other commissions paid					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
	(o) / tinodit	(a) 1 dipose	0000				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid				
		Fees and other commissions paid					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
	(O) / timodine	(a) 1 diposes	0000				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid				
	_						
		Fees and other commissions paid					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
	(o) / unoun	(4)	3345				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid				
		Fees and other commissions paid	() 0				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
	(1)	(2)					
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid				
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
	, ,	, , ,					

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	be treated	d as a unit for purposes of		
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
_		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.	nnection with	the acquisition or	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 terminate				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а	Type of contract: (1)		ion guarantee		
	b	Balance at the end of the previous year			7b	
	С	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)	
		Total of balance and additions (add lines 7b and 7c(6)).			7d	
	е	Deductions:	- (1)			
		(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)			
					7 - (5)	
	£	(5) Total deductions.			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	

Page 4	
-	

Schedule A ((Form 5500))2013

Pa	art I	Welfare Benefit Contract Informat If more than one contract covers the same g		same employ	ver(s) or members of th	ne same em	plovee organizations	(s) the
		information may be combined for reporting p the entire group of such individual contracts	urposes if such contracts	are experienc	ce-rated as a unit. Wh	nere contrac		
8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	C	Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disabilit	ty g	Supplemental unem	ployment	h Prescription dr	ug
	i į	Stop loss (large deductible)	j HMO contract	k [PPO contract		I Indemnity cont	tract
	m	Other (specify)	_	_	_		_	
		_						
9	Ехр	erience-rated contracts:						
	а	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid	db	9a(2)				
		(3) Increase (decrease) in unearned premium res	serve	9a(3)				
		(4) Earned ((1) + (2) - (3))				. 9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add (1) and (2))				. 9b(3)		
		(4) Claims charged				. 9b(4)		
	С	Remainder of premium: (1) Retention charges (c	,					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		9c(1)(E)				
		(F) Charges for risks or other contingencies.						
		(G) Other retention charges		9c(1)(G)				
		(H) Total retention				9c(1)(H))	
		(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	benefits after	r retirement	. 9d(1)		
		(2) Claim reserves				. 9d(2)		
		(3) Other reserves				. 9d(3)		
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2)).)	. 9e		
1() No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to o	carrier			. 10a		12879379
	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 D	Did the	insurance company fail to provide any information necessary to complete Schedule A?	Yes	X	No

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

Form **5500**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

A This return/report is for:

B This return/report is:

Annual Report Identification Information

(1) X a multiemployer plan;

a single-employer plan;

the first return/report;

MD

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

21202-3178

For the calendar plan year 2013 or fiscal plan year beginning

Part I

BALTIMORE

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.

and ending

a DFE (specify)

a multiple-employer plan; or

the final return/report;

(3)

(4)

OMB Nos. 1210-0110 1210-0089

2013

This Form Is Open to Public Inspection

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

· · ·	ended return/report;	(4)	a short plan year return/report	_
C If the plan is a collectively-bargained Check box if filing under: X Form 5			automatic extension;	the DD/C program:
	l extension (enter description	,	automatic extension,	the DFVC program;
<u> </u>		·		
Part II Basic Plan Information	 enter all requested informat 	ion.		
1 a Name of plan			1b Three-digit	
THE RAILROAD EMPLOYEES NATI	ONAL VISION PLAN		plan number (F	
			1c Effective date of pla	
2-0			01/01/199	····
2 a Plan sponsor's name and address, including room	or suite number (employer, if for single	e-employer plan)	2b Employer Identificat	, ,
			52-103639	
			2c Sponsor's telephone	
			202-862-72 2d Business code (see	
			,	instructions)
			482110	Autoros de la Cara de Marada
			7.04 V	
			700 S	
NATIONAL CARRIERS' CONFEREN				
1901 L STREET, NW, SUITE 50 WASHINGTON, DC 20036	U			
Caution: A penalty for the late or incomplete	filing of this return/report will b	ne assessed unless rea	sonable cause is establish	ned
Under penalties of perjury and other penalties set forth in well as the electronic version of this return/report, and to the				
well as the electronic version of this return/report, and to the	ne best of my knowledge and belief, it i	is true, correct, and complete	,	
SIGN ON A				
HERE (1.) The	10/10/14	A. K. GRAD	TA	
Signature of plan administrator	Date		lual signing as plan administrator	
SIGN				
HERE				
Signature of employer/plan sponsor	Date	Enter name of individ	lual signing as employer or plan s	ponsor
SIGN				······································
HERE				
Signature of DFE	Date	Enter name of individ	ual signing as DFE	
Preparer's name (including firm name, if applicable) ar	nd address; including room or suite n	number. (optional)	Preparer's telep	hone number (optional)
MATTHEW B DUBNANSKY, CPA	-		'	
TMDG, LLC.				
500 E PRATT ST STE 525				

Form 5500 (2013)	Page 2			
3 a Plan administrator's name and address X Same as Plan Sponsor Name Sa	me as Plan Sponsor Address	3b Administrator	's EIN	
		3c Administrator	's telep	hone number
4 If the name and/or EIN of the plan sponsor has changed since the last rel name, EIN and the plan number from the last return/report:	turn/report filed for this plan	n, enter the		4b EIN
a Sponsor's name				4c PN
5 Total number of participants at the beginning of the plan year			5	150666
6 Number of participants as of the end of the plan year (welfare plans comple	te only lines 6a, 6b, 6c, and	6d)	4	
a Active participants			6 a	148933
b Retired or separated participants receiving benefits		⊢	6 b	
c Other retired or separated participants entitled to future benefits		<u> </u>	6 c	
d Subtotal. Add lines 6a, 6b, and 6c		-	6d	148933
e Deceased participants whose beneficiaries are receiving or are entit		F	6 e	
f Total. Add lines 6d and 6e			6f	· · · · · · · · · · · · · · · · · · ·
g Number of participants with account balances as of the end of the p complete this item)			6 g	
h Number of participants that terminated employment during the plan year with the plan vested.			6 h	······································
7 Enter the total number of employers obligated to contribute to the plan (only multiemplo			7	44
8 a If the plan provides pension benefits, enter the applicable pension feature codes from the land the plan provides welfare benefits, enter the applicable welfare feature codes from the land the plan provides welfare benefits, enter the applicable welfare feature codes from the land the plan provides welfare benefits, enter the applicable welfare feature codes from the land the plan provides welfare benefits, enter the applicable welfare feature codes from the land the plan provides welfare benefits, enter the applicable welfare feature codes from the land the plan provides welfare benefits, enter the applicable welfare feature codes from the land the plan provides welfare benefits, enter the applicable welfare feature codes from the land the plan provides welfare benefits, enter the applicable welfare feature codes from the land the plan provides welfare benefits, enter the applicable welfare feature codes from the land the plan provides welfare benefits, enter the applicable welfare feature codes from the land the plan provides welfare benefits, enter the applicable welfare feature codes from the land the plan provides welfare benefits and the land th			:	
9 a Plan funding arrangement (check all that apply)	9 b Plan benefit arran	gement (check al	I that	apply)
(1) X Insurance	(1) X Insurance			
(2) Code section 412(e)(3) insurance contracts		on 412(e)(3) insu	rance	contracts
(3) Trust	(3) Trust			
(4) General assets of the sponsor	·	sets of the spons		
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and	·	•	structio	ins)
a Pension Schedules	b General Schedule			
(1) R (Retirement Plan Information)	``' -	Financial Informa	•	Constitution >
(2) MB (Multiemployer Defined Benefit Plan and Certain	``	Financial Informa		·
Money Purchase Plan Actuarial Information) – signed by	` · H	Insurance Informa	-	
the plan actuary	· · ·	Service Provider		
(3) SB (Single-Employer Defined Benefit Plan Actuarial	· · ·	DFE/Participating		·
Information) - signed by the plan actuary	(6) G (Financial Transac	tion 9	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.

OMB No. 1545-0212

File With IRS Only

Pai	t I Identification					
A	Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's Identifying Number (see instructions). Employer identification number (EIN) (9 digits				
	NATIONAL CARRIERS' CONFERENCE COMMITTEE	XX-XXXXXXXX	XX-XXXXXXX)			
	Number, street, and room or suite number (If a P.O. box, see instructions)					
	1901 L STREET, NW, SUITE 500	<u> </u>				
	City or town, state, and ZIP code Social security number (SSN) (9 digits XXX-XX-XXXX)					
	WASHINGTON, DC 20036					
С	Plan name		Plan number	Plan year ending		
				MM	DD	YYYY
	THE RAILROAD EMPLOYEES NATIONAL VISION	PLAN	509	12	31	13
Pai	t II Extension of Time To File Form 5500 Series, and/or Form	n 8955-SSA				
1 2	Check this box if you are requesting an extension of time on line 2 to file the Part 1, C above. I request an extension of time until 10/15/2014 to file Form 5500 s	eries (see instructions).		olan liste	ed in	
	Note. A signature IS NOT required if you are requesting an extension to file	e Form 5500 series.				
3	I request an extension of time until to file Form 8955-SS	•				
	Note. A signature IS NOT required if you are requesting an extension to file	e Form 8955-55A.				
	The application is automatically approved to the date shown on line 2 and/or line 3 (a normal due date of Form 5500 series, and/or Form 8955-SSA for which this 3 (above) is not later than the 15th day of the third month after the normal	above) if: (a) the Form 5558 extension is requested due date.	is filed on or before , and (b) the date	e the e on line	e 2 and	or line
Day	+ III Extension of Time To File Form F330 (
	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 Form 5330.					
	four may be approved for up to a 6 month extension to file Form 5330, after	r the normal due date o	1 Form 5330.			
i	a Enter the Code section(s) imposing the tax	► a	n			
	Enter the payment amount attached		ь ь			
	For excise taxes under section 4980 or 4980F of the Code, enter the revers State in detail why you need the extension:	ion/amendment date	Р с		_	
					-	-
				_		
						-
Under this a	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on the oplication.	s form are true, correct, and cor	nplete, and that I am a	uthorized	to prepare	е
	nature >		Date	•		