

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. ....	<input checked="" type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information				
<b>1a</b> Name of plan <u>THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>502</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>07/01/1973</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>502</u>	<b>1c</b> Effective date of plan <u>07/01/1973</u>	
<b>1b</b> Three-digit plan number (PN) ▶	<u>502</u>				
<b>1c</b> Effective date of plan <u>07/01/1973</u>					
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u>  <u>251 - 18TH STREET SOUTH SUITE 750</u> <u>ARLINGTON, VA 22202</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) <u>52-1036399</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number <u>571-336-7600</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>482110</u></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>52-1036399</u>	<b>2c</b> Plan Sponsor's telephone number <u>571-336-7600</u>	<b>2d</b> Business code (see instructions) <u>482110</u>	
<b>2b</b> Employer Identification Number (EIN) <u>52-1036399</u>					
<b>2c</b> Plan Sponsor's telephone number <u>571-336-7600</u>					
<b>2d</b> Business code (see instructions) <u>482110</u>					

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2015	A. K. GRADIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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) <u>TIMOTHY A. HELLER, CPA</u> <u>TMDG, LLC.</u> <u>500 E PRATT ST STE 525</u> <u>BALTIMORE, MD 21202-3178</u>			Preparer's telephone number (optional) <u>443-743-1277</u>

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 30388
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b> 30388
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b> 30710
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....	<b>6d</b> 30710
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....	<b>6f</b> 0
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g</b>
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b> 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

<b>9a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)** ☐ **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)

**Part III****Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2014</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

<b>Part I</b>	<b>Service Provider Information (see instructions)</b>
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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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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<b>(b)</b> Enter name and EIN or address of person who provided you disclosure 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	14021	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	118755	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	1790122	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	15506	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	



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

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2014</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
<b>A</b> Name of plan <u>THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>502</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u>	<b>D</b> Employer Identification Number (EIN) <u>52-1036399</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
<b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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.				
	<b>Assets</b>			
<b>a</b>	Total noninterest-bearing cash .....	<b>1a</b>	57840	91859
<b>b</b>	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	<b>1b(1)</b>	989432	1001304
	(2) Participant contributions.....	<b>1b(2)</b>		
	(3) Other.....	<b>1b(3)</b>	118257	48848
<b>c</b>	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	4747466	3927947
	(2) U.S. Government securities .....	<b>1c(2)</b>		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred .....	<b>1c(3)(A)</b>		
	(B) All other.....	<b>1c(3)(B)</b>		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred .....	<b>1c(4)(A)</b>		
	(B) Common.....	<b>1c(4)(B)</b>		
	(5) Partnership/joint venture interests .....	<b>1c(5)</b>		
	(6) Real estate (other than employer real property).....	<b>1c(6)</b>		
	(7) Loans (other than to participants) .....	<b>1c(7)</b>		
	(8) Participant loans.....	<b>1c(8)</b>		
	(9) Value of interest in common/collective trusts .....	<b>1c(9)</b>		0
	(10) Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
	(11) Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
	(12) Value of interest in 103-12 investment entities.....	<b>1c(12)</b>		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
	(15) Other.....	<b>1c(15)</b>		

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	5912995	5069958

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>	3955091	4280237
<b>h</b> Operating payables .....	<b>1h</b>	302902	170085
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	4257993	4450322

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	1655002	619636
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**Part II Income and Expense Statement**

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

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	11930246	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		11930246
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	441	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		441
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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 <b>income</b> amounts in column (b) and enter total.....	2d		11930687

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11027649	
(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)		11027649
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)	134261	
(2) Contract administrator fees.....	2i(2)	1790122	
(3) Investment advisory and management fees.....	2i(3)	14021	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1938404
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		12966053

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1035366
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:

**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.).....

**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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>n</b> 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. ....			

**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)

<b>6a</b> Name of trust THE MOW EMPLOYEES SSBP TRUST	<b>6b</b> Trust's EIN 521162945
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THE MAINTENANCE OF WAY EMPLOYEES  
SUPPLEMENTAL SICKNESS BENEFIT PLAN

FINANCIAL STATEMENTS  
(Together with report of Independent Public Accountants)

December 31, 2014 and 2013

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## 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, 2014 and 2013, 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, 2014, 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, 2014 and 2013, and for the year ended December 31, 2014, 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, 2014, 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 12, 2015

THE MAINTENANCE OF WAY EMPLOYEES  
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Statements of Net Assets Available for Benefits  
December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments, at fair value	<u>\$ 3,927,947</u>	<u>\$ 4,747,466</u>
Receivables:		
Participating railroads' contributions	1,001,304	989,432
Plan benefit overpayments	48,814	118,217
Accrued interest	<u>34</u>	<u>40</u>
	<u>1,050,152</u>	<u>1,107,689</u>
Cash	<u>91,859</u>	<u>57,840</u>
Amount due from participating railroads	<u>-</u>	<u>-</u>
Total assets	<u>5,069,958</u>	<u>5,912,995</u>
LIABILITIES		
Accounts payable and accrued expenses	<u>170,085</u>	<u>302,902</u>
Total liabilities	<u>170,085</u>	<u>302,902</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,899,873</u>	<u>\$ 5,610,093</u>

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, 2014

ADDITIONS

Investment income:	
Interest income	\$ 441
Less investment expenses	<u>( 14,021)</u>
	<u>( 13,580)</u>
Participating railroads' contributions	<u>11,930,246</u>
Total additions	<u>11,916,666</u>

DEDUCTIONS

Benefits paid to participants	10,702,503
Administrative expenses	<u>1,924,383</u>
Total deductions	<u>12,626,886</u>
Net increase (decrease)	( 710,220)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>5,610,093</u>
End of year	<u>\$ 4,899,873</u>

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, 2014 and 2013

	2014	2013
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS		
Claims payable and claims incurred but not reported	<u>\$ 4,280,237</u>	<u>\$ 3,955,091</u>

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, 2014

AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS

Balance at beginning of year	\$ 3,955,091
Claims approved for payment and claims incurred but not reported	11,027,649
Claims paid	<u>( 10,702,503)</u>
Balance at end of year	<u>\$ 4,280,237</u>

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

## NOTES TO FINANCIAL STATEMENTS

### 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 2011.

#### *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.

#### *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.



## NOTES TO FINANCIAL STATEMENTS

### 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.

#### *Payment of benefits*

Claim payments are recorded when paid by the Plan. Amounts processed by the third party administrator, but not paid by the Plan and claims incurred but not reported as of December 31<sup>st</sup> are recorded as plan benefit obligations within the accompanying statements of plan benefit obligations.

#### *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.

## NOTES TO FINANCIAL STATEMENTS

### Note 2. Significant Accounting Policies (continued)

#### *Subsequent events*

The Plan Administrator has evaluated subsequent events through October 12, 2015 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, 2014 and 2013. Investments that represent 5% or more of the Plan's net assets are separately identified.

	2014	2013
Investments at estimated fair value:		
Money market fund*	<u>\$ 3,927,947</u>	<u>\$ 4,747,466</u>

\* Investments held as of December 31, 2014 and 2013 were in Federated Treasury Obligations 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.

## NOTES TO FINANCIAL STATEMENTS

### Note 4. Fair Value Measurements (continued)

#### *Level 3*

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The valuation methodology used for assets measured at fair value as of December 31, 2014 and 2013 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, 2014 and 2013, 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, 2014 and 2013, which only includes amounts that have been reported to and recorded by Aetna as of December 31<sup>st</sup>.

## NOTES TO FINANCIAL STATEMENTS

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

	2014	2013
Total plan benefit overpayment receivable	\$ 232,610	\$ 215,809
Allowance	<u>( 183,796)</u>	<u>( 97,592)</u>
Net plan benefit overpayment receivable	<u>\$ 48,814</u>	<u>\$ 118,217</u>

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 31<sup>st</sup>, 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 31<sup>st</sup> 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 80% and 81% of the total Plan activity as of and for the years ended December 31, 2014 and 2013, respectively.

## NOTES TO FINANCIAL STATEMENTS

### 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, 2014 and 2013, and participating railroads' contributions for the year ended December 31, 2014 as follows:

Railroad	Percentage of Total Plan Activity	
	2014	2013
A	26.6%	27.9%
B	24.6%	22.6%
C	15.5%	15.8%
D	13.3%	14.2%

### 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 2014 and 2013 financial statements to the Form 5500.

	2014	2013
Net assets available for benefits as reported within the financial statements	\$ 4,899,873	\$ 5,610,093
Benefit obligations currently payable	( 4,280,237)	( 3,955,091)
Net assets available for benefits as reported within the Form 5500	<u>\$ 619,636</u>	<u>\$ 1,655,002</u>

## NOTES TO FINANCIAL STATEMENTS

### 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, 2014.

Benefits paid to participants as reported within the financial statements	\$ 10,702,503
Add: Amounts payable at end of year	4,280,237
Less: Amounts payable at beginning of year	<u>( 3,955,091)</u>
Benefits paid to participants as reported within the Form 5500	<u>\$ 11,027,649</u>

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

### Note 10. Party in Interest Transactions

The Plan paid administrative fees to service providers during the year that are considered party in interest transactions. This includes management fees paid to SunTrust, the trustee of the Plan, for certain Plan assets invested in money market funds. 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.

## NOTES TO FINANCIAL STATEMENTS

### 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, 2014 and 2013 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, 2014

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

EIN: 52-1036399

Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	<u>Cost</u>	Current <u>Value</u>
	Money Market Funds			
*	SunTrust Bank Account 70-04-102-7036738	Money Market Fund Federated Trsy Obligs MM-I #68 FFS	\$ <u>3,927,947</u>	\$ <u>3,927,947</u>

\* Known party-in-interest to the Plan.

THE MAINTENANCE OF WAY EMPLOYEES  
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Schedule of Reportable Transactions  
For the Year Ended December 31, 2014

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

EIN: 52-1036399

Plan Number: 502

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



## REPORTABLE TRANSACTIONS WORKSHEET

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ACCOUNT 7036736

RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/17/14 B	804,551.6500	1.0000		-804,552 *	804,552	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/18/14 B	871,983.1800	1.0000		-871,983 *	871,983	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/17/14 B	246,021.7200	1.0000		-246,022 *	246,022	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/18/14 B	548,988.9600	1.0000		-548,989 *	548,989	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/17/14 B	888,077.9800	1.0000		-888,078 *	888,078	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/20/14 B	849,740.9200	1.0000		-849,741 *	849,741	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/17/14 B	630,195.0200	1.0000		-630,195 *	630,195	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/17/14 B	794,853.9400	1.0000		-794,854 *	794,854	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/18/14 B	402,071.1900	1.0000		-402,071 *	402,071	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/19/14 B	385,253.9500	1.0000		-385,254 *	385,254	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/18/14 B	801,422.3300	1.0000		-801,422 *	801,422	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/02/14 S	266,913.0500	1.0000		266,913 *	266,913	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/20/14 B	817,331.1600	1.0000		-817,331 *	817,331	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
11/19/14 B	958,377.4900	1.0000		-958,377 *	958,377	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/19/14 B	790,869.6200	1.0000		-790,870 *	790,870	
GRAND TOTAL				10,056,652	10,056,652	0



SUNTRUST

REPORTABLE TRANSACTIONS WORKSHEET

1/1/14 THROUGH 12/31/14

ACCOUNT 7036730

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RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
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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 NM-I 068

01/03/14 B	39.9600	1.0000	0	-40	40
01/17/14 B	804,552.6500	1.0000	0	-804,552 *	804,552
01/29/14 B	39,963.7500	1.0000	0	-39,964	39,964
02/04/14 B	39.3500	1.0000	0	-39	39
02/18/14 B	871,983.1800	1.0000	0	-871,983 *	871,983
02/26/14 B	25,692.9800	1.0000	0	-25,693	25,693
03/04/14 B	34.5900	1.0000	0	-35	35
03/17/14 B	246,021.7200	1.0000	0	-246,022 *	246,022
03/18/14 B	548,988.9600	1.0000	0	-548,989 *	548,989
03/21/14 B	42,861.0000	1.0000	0	-42,861	42,861
04/02/14 B	39.6600	1.0000	0	-39	39
04/17/14 B	888,077.9800	1.0000	0	-888,078 *	888,078
05/02/14 B	36.7200	1.0000	0	-37	37
05/20/14 B	849,740.9200	1.0000	0	-849,741 *	849,741
05/22/14 B	59,375.2500	1.0000	0	-59,375	59,375
06/03/14 B	36.7400	1.0000	0	-37	37
06/17/14 B	630,195.0200	1.0000	0	-630,195 *	630,195
06/18/14 B	230,278.6000	1.0000	0	-230,279	230,279
06/19/14 B	19,506.0400	1.0000	0	-19,506	19,506
07/02/14 B	35.6300	1.0000	0	-36	36
07/16/14 B	114,622.6800	1.0000	0	-114,623	114,623
07/17/14 B	794,853.9400	1.0000	0	-794,854 *	794,854



## REPORTABLE TRANSACTIONS WORKSHEET

1/1/14 THROUGH 12/31/14

ACCOUNT 7036730

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RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
08/06/14 B	36.6000	1.0000	0	-37	37	
08/18/14 B	402,071.1900	1.0000	0	-402,071 *	402,071	
08/19/14 B	385,253.9500	1.0000	0	-385,254 *	385,254	
08/21/14 B	46,581.3900	1.0000	0	-46,581	46,581	
09/03/14 B	48.2300	1.0000	0	-48	48	
09/16/14 B	93,730.5500	1.0000	0	-93,731	93,731	
09/18/14 B	801,422.3300	1.0000	0	-801,422 *	801,422	
10/02/14 B	36.6000	1.0000	0	-35	35	
10/16/14 B	80,321.8900	1.0000	0	-80,322	80,322	
10/20/14 B	817,331.1600	1.0000	0	-817,331 *	817,331	
11/19/14 B	958,377.4900	1.0000	0	-958,377 *	958,377	
12/02/14 B	32.4000	1.0000	0	-32	32	
12/15/14 B	11,467.6400	1.0000	0	-11,468	11,468	
12/16/14 B	82,651.4900	1.0000	0	-82,651	82,651	
12/19/14 B	790,870.6200	1.0000	0	-790,870 *	790,870	
SUB-TOTAL OF BUYS \$ 37				10,637,208	10,637,208	
01/02/14 S	17,518.2800	1.0000	0	17,518	17,518	0
01/03/14 S	31,151.8400	1.0000	0	31,152	31,152	0
01/06/14 S	38,598.2500	1.0000	0	38,598	38,598	0
01/07/14 S	12,326.9200	1.0000	0	12,327	12,327	0
01/08/14 S	194,469.7600	1.0000	0	194,470	194,470	0
01/09/14 S	1,212.6900	1.0000	0	1,213	1,213	0
01/09/14 S	28,459.6400	1.0000	0	28,460	28,460	0
01/10/14 S	178,620.8700	1.0000	0	178,621	178,621	0
01/13/14 S	46,938.9700	1.0000	0	46,939	46,939	0
01/14/14 S	39,879.3600	1.0000	0	39,879	39,879	0
01/15/14 S	38,871.3200	1.0000	0	38,871	38,871	0
01/21/14 S	26,173.2800	1.0000	0	26,173	26,173	0
01/22/14 S	10,229.5600	1.0000	0	10,230	10,230	0
01/23/14 S	39,171.5100	1.0000	0	39,172	39,172	0
01/24/14 S	606.4200	1.0000	0	606	606	0
01/27/14 S	32,700.6300	1.0000	0	32,701	32,701	0
01/28/14 S	40,361.0300	1.0000	0	40,361	40,361	0
01/30/14 S	155,318.5300	1.0000	0	155,319	155,319	0
01/31/14 S	42,570.2900	1.0000	0	42,570	42,570	0
02/03/14 S	45,201.7000	1.0000	0	45,202	45,202	0
02/04/14 S	29,314.4900	1.0000	0	29,314	29,314	0
02/05/14 S	191,643.6800	1.0000	0	191,644	191,644	0
02/06/14 S	29,294.9200	1.0000	0	29,295	29,295	0
02/07/14 S	27,286.3700	1.0000	0	27,286	27,286	0
02/10/14 S	1,204.7400	1.0000	0	1,205	1,205	0
02/10/14 S	46,825.3600	1.0000	0	46,825	46,825	0
02/11/14 S	34,894.7500	1.0000	0	34,895	34,895	0
02/12/14 S	53,960.3600	1.0000	0	53,960	53,960	0



## REPORTABLE TRANSACTIONS WORKSHEET

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ACCOUNT 7036738

RAILROAD - MAINT MAY EMP SUPP SX

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
02/13/14 \$	16,491.4900	1.0000	0	16,491	16,491	0
02/16/14 \$	35,395.6200	1.0000	0	35,396	35,396	0
02/19/14 \$	40,161.8000	1.0000	0	40,162	40,162	0
02/19/14 \$	74,938.6900	1.0000	0	74,939	74,939	0
02/20/14 \$	10,477.3800	1.0000	0	10,477	10,477	0
02/21/14 \$	16,766.0400	1.0000	0	16,766	16,766	0
02/24/14 \$	27,716.8400	1.0000	0	27,717	27,717	0
02/25/14 \$	32,473.4400	1.0000	0	32,473	32,473	0
02/27/14 \$	154,793.6800	1.0000	0	154,794	154,794	0
02/28/14 \$	31,236.1100	1.0000	0	31,236	31,236	0
03/04/14 \$	229,808.9900	1.0000	0	229,809	229,809	0
03/05/14 \$	34,585.2900	1.0000	0	34,585	34,585	0
03/06/14 \$	34,417.6400	1.0000	0	34,418	34,418	0
03/07/14 \$	26,523.3700	1.0000	0	26,523	26,523	0
03/10/14 \$	1,188.5700	1.0000	0	1,189	1,189	0
03/10/14 \$	45,424.3000	1.0000	0	45,424	45,424	0
03/11/14 \$	38,911.1800	1.0000	0	38,911	38,911	0
03/12/14 \$	44,796.0800	1.0000	0	44,796	44,796	0
03/13/14 \$	602.0300	1.0000	0	602	602	0
03/14/14 \$	16,951.6600	1.0000	0	16,952	16,952	0
03/19/14 \$	50,138.1400	1.0000	0	50,138	50,138	0
03/20/14 \$	25,533.9900	1.0000	0	25,534	25,534	0
03/24/14 \$	24,657.7500	1.0000	0	24,658	24,658	0
03/25/14 \$	32,566.1600	1.0000	0	32,566	32,566	0
03/26/14 \$	46,497.4200	1.0000	0	46,497	46,497	0
03/27/14 \$	26,178.6500	1.0000	0	26,179	26,179	0
03/28/14 \$	146,078.6000	1.0000	0	146,079	146,079	0
03/31/14 \$	56,919.8400	1.0000	0	56,920	56,920	0
04/01/14 \$	30,403.9300	1.0000	0	30,404	30,404	0
04/02/14 \$	191,992.9000	1.0000	0	191,993	191,993	0
04/03/14 \$	43,356.2500	1.0000	0	43,356	43,356	0
04/04/14 \$	41,641.6600	1.0000	0	41,642	41,642	0
04/07/14 \$	38,686.0800	1.0000	0	38,686	38,686	0
04/08/14 \$	1,194.1300	1.0000	0	1,194	1,194	0
04/08/14 \$	44,334.8700	1.0000	0	44,335	44,335	0
04/09/14 \$	25,029.6500	1.0000	0	25,030	25,030	0
04/10/14 \$	18,810.5600	1.0000	0	18,811	18,811	0
04/11/14 \$	25,816.6800	1.0000	0	25,817	25,817	0
04/14/14 \$	19,673.6000	1.0000	0	19,674	19,674	0
04/15/14 \$	70,895.1500	1.0000	0	70,895	70,895	0
04/16/14 \$	50,514.4200	1.0000	0	50,514	50,514	0
04/21/14 \$	49,897.6300	1.0000	0	49,898	49,898	0
04/22/14 \$	7,994.4200	1.0000	0	7,995	7,995	0
04/23/14 \$	22,151.0900	1.0000	0	22,151	22,151	0
04/24/14 \$	36,294.0200	1.0000	0	36,294	36,294	0
04/25/14 \$	24,452.5400	1.0000	0	24,453	24,453	0



## REPORTABLE TRANSACTIONS WORKSHEET

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ACCOUNT 7036738

RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
06/28/14 S	42,276.0800	1.0000	0	42,276	42,276	0
06/29/14 S	178,111.1600	1.0000	0	178,111	178,111	0
04/30/14 S	39,115.3300	1.0000	0	39,115	39,115	0
05/01/14 S	36,357.3100	1.0000	0	36,357	36,357	0
05/02/14 S	22,837.5600	1.0000	0	22,838	22,838	0
05/05/14 S	36,564.4300	1.0000	0	36,544	36,544	0
05/06/14 S	54,532.7500	1.0000	0	54,533	54,533	0
05/07/14 S	201,945.7900	1.0000	0	201,946	201,946	0
05/08/14 S	1,183.8100	1.0000	0	1,184	1,184	0
05/08/14 S	31,612.3200	1.0000	0	31,612	31,612	0
05/09/14 S	28,186.3500	1.0000	0	28,186	28,186	0
05/12/14 S	39,281.0400	1.0000	0	39,281	39,281	0
05/13/14 S	897.7800	1.0000	0	898	898	0
05/14/14 S	29,074.4100	1.0000	0	29,074	29,074	0
05/15/14 S	47,164.7800	1.0000	0	47,165	47,165	0
05/16/14 S	27,941.9900	1.0000	0	27,942	27,942	0
05/19/14 S	36,574.2600	1.0000	0	36,574	36,574	0
05/21/14 S	43,501.6300	1.0000	0	43,502	43,502	0
05/23/14 S	34,264.1600	1.0000	0	34,264	34,264	0
05/27/14 S	42,345.2100	1.0000	0	42,345	42,345	0
05/28/14 S	36,355.6200	1.0000	0	36,356	36,356	0
05/29/14 S	172,076.0000	1.0000	0	172,076	172,076	0
05/30/14 S	26,452.9100	1.0000	0	26,453	26,453	0
06/02/14 S	37,644.5500	1.0000	0	37,645	37,645	0
06/03/14 S	172,032.6100	1.0000	0	172,033	172,033	0
06/04/14 S	29,582.0800	1.0000	0	29,582	29,582	0
06/05/14 S	31,747.7500	1.0000	0	31,748	31,748	0
06/06/14 S	40,600.4200	1.0000	0	40,600	40,600	0
06/09/14 S	1,165.8400	1.0000	0	1,166	1,166	0
06/09/14 S	45,278.6800	1.0000	0	45,279	45,279	0
06/10/14 S	40,162.8100	1.0000	0	40,163	40,163	0
06/11/14 S	49,534.1900	1.0000	0	49,534	49,534	0
06/12/14 S	28,901.0000	1.0000	0	28,901	28,901	0
06/13/14 S	25,893.2900	1.0000	0	25,893	25,893	0
06/16/14 S	36,576.3700	1.0000	0	36,576	36,576	0
06/20/14 S	31,172.7700	1.0000	0	31,173	31,173	0
06/23/14 S	38,232.9000	1.0000	0	38,233	38,233	0
06/24/14 S	45,092.4700	1.0000	0	45,092	45,092	0
06/25/14 S	48,197.5000	1.0000	0	48,198	48,198	0
06/26/14 S	35,439.4600	1.0000	0	35,439	35,439	0
06/27/14 S	163,987.7800	1.0000	0	163,988	163,988	0
06/30/14 S	42,208.4300	1.0000	0	42,208	42,208	0
07/01/14 S	28,714.0100	1.0000	0	28,714	28,714	0
07/02/14 S	66,000.4200	1.0000	0	66,000	66,000	0
07/03/14 S	191,607.8400	1.0000	0	191,608	191,608	0
07/07/14 S	38,026.8500	1.0000	0	38,027	38,027	0



REPORTABLE TRANSACTIONS WORKSHEET

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ACCOUNT 7036758

RAILROAD - MAINT MAY EMP SUPP SK

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
07/08/14 \$	16,780.9400	1.0000	0	14,781	14,781	0
07/09/14 \$	1,167.1200	1.0000	0	1,167	1,167	0
07/09/14 \$	25,805.6600	1.0000	0	25,806	25,806	0
07/10/14 \$	16,582.8800	1.0000	0	16,582	16,582	0
07/11/14 \$	60,612.3700	1.0000	0	60,612	60,612	0
07/14/14 \$	43,445.6500	1.0000	0	43,445	43,445	0
07/15/14 \$	27,296.7000	1.0000	0	27,297	27,297	0
07/18/14 \$	7,927.9600	1.0000	0	7,928	7,928	0
07/21/14 \$	45,150.9600	1.0000	0	45,151	45,151	0
07/22/14 \$	35,692.8300	1.0000	0	35,693	35,693	0
07/23/14 \$	44,204.8900	1.0000	0	44,205	44,205	0
07/24/14 \$	32,871.4600	1.0000	0	32,871	32,871	0
07/25/14 \$	41,505.9300	1.0000	0	41,506	41,506	0
07/28/14 \$	40,718.4800	1.0000	0	40,718	40,718	0
07/29/14 \$	27,107.1800	1.0000	0	27,107	27,107	0
07/30/14 \$	162,554.1800	1.0000	0	162,554	162,554	0
07/31/14 \$	31,142.1500	1.0000	0	31,142	31,142	0
08/01/14 \$	26,450.1800	1.0000	0	26,450	26,450	0
08/04/14 \$	44,640.6000	1.0000	0	44,641	44,641	0
08/05/14 \$	41,387.1300	1.0000	0	41,387	41,387	0
08/06/14 \$	38,510.8500	1.0000	0	38,511	38,511	0
08/07/14 \$	30,190.9800	1.0000	0	30,191	30,191	0
08/08/14 \$	1,163.8600	1.0000	0	1,164	1,164	0
08/08/14 \$	189,794.8900	1.0000	0	189,795	189,795	0
08/11/14 \$	42,221.0800	1.0000	0	42,221	42,221	0
08/12/14 \$	25,636.7500	1.0000	0	25,637	25,637	0
08/13/14 \$	26,899.2600	1.0000	0	26,899	26,899	0
08/14/14 \$	10,366.2800	1.0000	0	10,366	10,366	0
08/15/14 \$	3,103.6780	1.0000	0	3,104	3,104	0
08/20/14 \$	40,764.2100	1.0000	0	40,764	40,764	0
08/22/14 \$	24,498.9180	1.0000	0	24,499	24,499	0
08/25/14 \$	49,687.9080	1.0000	0	49,688	49,688	0
08/26/14 \$	37,264.3100	1.0000	0	37,264	37,264	0
08/27/14 \$	41,317.3500	1.0000	0	41,317	41,317	0
08/28/14 \$	181,633.1600	1.0000	0	181,633	181,633	0
08/29/14 \$	40,990.2600	1.0000	0	40,990	40,990	0
09/02/14 \$	25,602.2400	1.0000	0	25,602	25,602	0
09/03/14 \$	7,474.3080	1.0000	0	7,474	7,474	0
09/04/14 \$	2,889.2900	1.0000	0	2,889	2,889	0
09/05/14 \$	166,390.2000	1.0000	0	166,390	166,390	0
09/08/14 \$	44,042.1500	1.0000	0	44,042	44,042	0
09/09/14 \$	1,151.0508	1.0000	0	1,151	1,151	0
09/09/14 \$	33,415.2900	1.0000	0	33,415	33,415	0
09/10/14 \$	31,841.5900	1.0000	0	31,842	31,842	0
09/11/14 \$	45,482.0408	1.0000	0	45,482	45,482	0
09/12/14 \$	36,773.8200	1.0000	0	36,774	36,774	0





## REPORTABLE TRANSACTIONS WORKSHEET

1/1/14 THROUGH 12/31/14

ACCOUNT 7034738

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RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
09/15/14 S	35,920.2000	1.0000	0	35,928	35,928	0
09/17/14 S	41,348.5700	1.0000	0	41,349	41,349	0
09/19/14 S	29,377.2000	1.0000	0	29,377	29,377	0
09/22/14 S	52,712.1400	1.0000	0	52,712	52,712	0
09/23/14 S	51,305.3400	1.0000	0	51,305	51,305	0
09/24/14 S	17,689.1200	1.0000	0	17,689	17,689	0
09/25/14 S	35,797.7800	1.0000	0	35,798	35,798	0
09/26/14 S	26,997.4800	1.0000	0	26,997	26,997	0
09/29/14 S	179,339.8200	1.0000	0	179,340	179,340	0
09/30/14 S	38,644.2000	1.0000	0	38,644	38,644	0
10/01/14 S	32,450.2700	1.0000	0	32,450	32,450	0
10/02/14 S	266,913.0500	1.0000	0	266,913 *	266,913	0
10/03/14 S	36,566.4600	1.0000	0	36,566	36,566	0
10/06/14 S	41,223.3100	1.0000	0	41,223	41,223	0
10/07/14 S	42,956.7000	1.0000	0	42,957	42,957	0
10/08/14 S	1,151.1400	1.0000	0	1,151	1,151	0
10/08/14 S	46,520.4400	1.0000	0	46,520	46,520	0
10/09/14 S	42,248.2300	1.0000	0	42,248	42,248	0
10/10/14 S	29,484.4900	1.0000	0	29,484	29,484	0
10/16/14 S	45,147.9600	1.0000	0	45,148	45,148	0
10/15/14 S	43,286.0600	1.0000	0	43,286	43,286	0
10/17/14 S	14,816.2800	1.0000	0	14,816	14,816	0
10/21/14 S	33,320.0900	1.0000	0	33,320	33,320	0
10/22/14 S	52,591.9200	1.0000	0	52,592	52,592	0
10/23/14 S	35,488.7800	1.0000	0	35,489	35,489	0
10/24/14 S	41,727.5600	1.0000	0	41,728	41,728	0
10/27/14 S	53,286.2700	1.0000	0	53,286	53,286	0
10/28/14 S	38,721.0300	1.0000	0	38,721	38,721	0
10/29/14 S	20,530.4700	1.0000	0	20,530	20,530	0
10/30/14 S	134,203.6500	1.0000	0	134,204	134,204	0
10/31/14 S	36,637.7600	1.0000	0	36,638	36,638	0
11/04/14 S	40,683.6200	1.0000	0	40,684	40,684	0
11/04/14 S	24,854.2700	1.0000	0	24,854	24,854	0
11/05/14 S	204,575.3200	1.0000	0	204,575	204,575	0
11/06/14 S	39,867.6000	1.0000	0	39,867	39,867	0
11/07/14 S	59,181.0500	1.0000	0	59,181	59,181	0
11/10/14 S	1,122.0300	1.0000	0	1,122	1,122	0
11/10/14 S	34,551.9600	1.0000	0	34,552	34,552	0
11/12/14 S	50,387.7000	1.0000	0	50,388	50,388	0
11/13/14 S	44,113.9700	1.0000	0	44,114	44,114	0
11/14/14 S	12,160.0500	1.0000	0	12,160	12,160	0
11/17/14 S	25,609.4300	1.0000	0	25,609	25,609	0
11/18/14 S	29,109.5400	1.0000	0	29,109	29,109	0
11/20/14 S	41,728.0600	1.0000	0	41,728	41,728	0
11/21/14 S	36,850.8600	1.0000	0	36,850	36,850	0
11/24/14 S	42,243.6600	1.0000	0	42,244	42,244	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/14 THROUGH 12/31/14

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ACCOUNT 7036730

RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/25/14 \$	75,759.0600	1.0000	0	75,760	75,760	0
11/26/14 \$	34,437.4200	1.0000	0	34,437	34,437	0
12/01/14 \$	147,973.3600	1.0000	0	147,973	147,973	0
12/02/14 \$	4,152.3500	1.0000	0	4,152	4,152	0
12/03/14 \$	41,466.6700	1.0000	0	41,467	41,467	0
12/04/14 \$	57,942.3500	1.0000	0	57,942	57,942	0
12/05/14 \$	38,147.4100	1.0000	0	38,147	38,147	0
12/08/14 \$	1,115.5400	1.0000	0	1,116	1,116	0
12/08/14 \$	42,348.8400	1.0000	0	42,349	42,349	0
12/09/14 \$	25,427.1700	1.0000	0	25,427	25,427	0
12/10/14 \$	71,620.8200	1.0000	0	71,621	71,621	0
12/11/14 \$	52,079.6900	1.0000	0	52,080	52,080	0
12/12/14 \$	29,534.6300	1.0000	0	29,535	29,535	0
12/17/14 \$	39,834.9800	1.0000	0	39,835	39,835	0
12/18/14 \$	83,936.2800	1.0000	0	83,936	83,936	0
12/22/14 \$	34,100.9000	1.0000	0	34,101	34,101	0
12/23/14 \$	184,084.0900	1.0000	0	184,084	184,084	0
12/24/14 \$	42,445.3500	1.0000	0	42,445	42,445	0
12/26/14 \$	35,014.8000	1.0000	0	35,015	35,015	0
12/29/14 \$	42,678.1200	1.0000	0	42,678	42,678	0
12/30/14 \$	161,135.9400	1.0000	0	161,134	161,134	0
12/31/14 \$	19,402.9800	1.0000	0	19,403	19,403	0
SUB-TOTAL OF SALES # 234				11,456,721	11,456,721	0
SUB-TOTAL				22,093,929	22,093,929	0
GRAND TOTAL				22,093,929	22,093,929	0

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

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



ACCOUNT 7036738

REPORTABLE TRANSACTIONS WORKSHEET

1/1/14 THROUGH 12/31/14

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RAILROAD - MAINT MAY EMP SUPP SX

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

\* = SINGLE TRANSACTION IS 5X REPORTABLE  
B = BUY TRANSACTION  
S = SELL TRANSACTION  
R = REINVESTMENT TRANSACTION

# 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](http://www.irs.gov/form5558).

OMB No. 1545-0212

**File With IRS Only**

<b>Part I</b>	<b>Identification</b>
---------------	-----------------------

<b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions) <b>NATIONAL CARRIERS' CONFERENCE COMMITTEE</b> Number, street, and room or suite number (If a P.O. box, see instructions) <b>251 - 18TH STREET, SOUTH, SUITE 750</b> City or town, state, and ZIP code <b>ARLINGTON, VA 22202</b>	<b>B</b> Filer's Identifying Number (see instructions). <input checked="checked" type="checkbox"/> Employer identification number (EIN) (9 digits XX-XXXXXXX)  <input type="checkbox"/> Social security number (SSN) (9 digits XXX-XX-XXXX) ▶ 52-1036399 ▶						
<b>C</b> Plan name <b>1 THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL</b>	Plan number <b>502</b> Plan year ending <table border="1"> <tr> <th>MM</th> <th>DD</th> <th>YYYY</th> </tr> <tr> <td>12</td> <td>31</td> <td>14</td> </tr> </table>	MM	DD	YYYY	12	31	14
MM	DD	YYYY					
12	31	14					

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

- 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 10/15/2015 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.

<b>a</b> Enter the Code section(s) imposing the tax.....	<b>a</b>	
<b>b</b> Enter the payment amount attached .....	<b>b</b>	
<b>c</b> For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date.....	<b>c</b>	

- 5 State in detail why you need the extension:**

[illegible]

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 ▶

Form **5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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**2014****This Form Is Open to  
Public Inspection****Part I Annual Report Identification Information****For calendar plan year 2014 or fiscal plan year beginning****and ending**

- A** This return/report is for: (1) ☒ a multiemployer plan; (3) ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- (2) ☐ a single-employer plan; (4) ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1) ☐ the first return/report; (3) ☐ the final return/report;
- (2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ..... ☒
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

**Part II Basic Plan Information — enter all requested information.****1 a** Name of planTHE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL  
SICKNESS BENEFIT PLAN**1b** Three-digit  
plan number (PN).... ►

502

**1c** Effective date of plan  
07/01/1973**2 a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)**2b** Employer Identification Number (EIN)  
52-1036399**2c** Plan Sponsor's telephone number  
571-336-7600**2d** Business code (see instructions)  
482110NATIONAL CARRIERS' CONFERENCE COMMITTEE  
251 - 18TH STREET, SOUTH, SUITE 750  
ARLINGTON, VA 22202**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.

<b>SIGN HERE</b>	<i>A. K. Gradia</i>	10/12/15	A. K. GRADIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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) TIMOTHY A. HELLER, CPA TMDG, LLC. 500 E PRATT ST STE 525 BALTIMORE MD 21202-3178			Preparer's telephone number (optional) [443] 743-1277

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.**Form **5500** (2014)  
v.140124

<b>3 a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3 b</b> Administrator's EIN
		<b>3 c</b> Administrator's telephone number

  

<b>4</b> 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: <b>a</b> Sponsor's name	<b>4 b</b> EIN  <b>4 c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year .....	<b>5</b>	30388
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	30388
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	30710
<b>b</b> Retired or separated participants receiving benefits .....	<b>6 b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6 c</b>	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6 d</b>	30710
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6 e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6 f</b>	
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6 g</b>	
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6 h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	36

  

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<b>4F</b> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

  

<b>9 a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9 b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) – signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) – signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III****Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If 'Yes' is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2) .. ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_