

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A 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 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).
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>
D 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)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">512</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2013</td> </tr> </table>	1b Three-digit plan number (PN) ▶	512	1c Effective date of plan 01/01/2013	
1b Three-digit plan number (PN) ▶	512				
1c Effective date of plan 01/01/2013					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) NATIONAL CARRIERS' CONFERENCE COMMITTEE 251 - 18TH STREET SOUTH SUITE 750 ARLINGTON, VA 22202	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 52-1036399</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 571-336-7600</td> </tr> <tr> <td>2d Business code (see instructions) 482110</td> </tr> </table>	2b Employer Identification Number (EIN) 52-1036399	2c Plan Sponsor's telephone number 571-336-7600	2d Business code (see instructions) 482110	
2b Employer Identification Number (EIN) 52-1036399					
2c Plan Sponsor's telephone number 571-336-7600					
2d Business code (see instructions) 482110					

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 6036
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 6036 6a(2) 5458 6b 6c 6d 5458 6e 6f 0 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 26

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:
4A

9a 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	9b 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)

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 _____

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

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

A Name of plan <u>RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN</u>	B Three-digit plan number (PN) ► <u>512</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u>	D Employer Identification Number (EIN) <u>52-1036399</u>

Part I	Service Provider Information (see instructions)
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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) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

UNITEDHEALTHCARE

185 ASYLUM STREET
HARTFORD, CT 06103

36-2739571

(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	307544	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 EAST 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	40822	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"/>

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)

(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"/>

(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN</u>	B Three-digit plan number (PN) ►	<u>512</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u>	D Employer Identification Number (EIN) <u>52-1036399</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)	18844	63668
(3) Other.....	1b(3)	6	16
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	785248	2121745
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	804098	2185429

Liabilities

g Benefit claims payable	1g	152072	161510
h Operating payables	1h	37549	42050
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	189621	203560

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	614477	1981869
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1748731	
(B) Participants	2a(1)(B)	7173741	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8922472

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	62	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		62

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8922534

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7204627	
(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)		7204627
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)	40822	
(2) Contract administrator fees.....	2i(2)	307544	
(3) Investment advisory and management fees.....	2i(3)	1299	
(4) Other.....	2i(4)	850	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		350515
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7555142

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1367392
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		53990
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust THE RR EMPLOYEES HEALTH FSA TRUST	6b Trust's EIN 800868908
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THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

FINANCIAL REPORT
(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 Railroad Employees National Health Flexible Spending Account Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Railroad Employees National Health Flexible Spending Account 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 5, 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 delinquent contributions for the year ended December 31, 2014, schedule of assets (held at end of year) as of December 31, 2014, and schedule of reportable transactions 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's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

TMDG LLC

Baltimore, Maryland
October 12, 2015

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

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

	2014	2013
ASSETS		
Investments, at fair value	\$ <u>2,121,745</u>	\$ <u>785,248</u>
Receivables:		
Participants' contributions	63,668	18,844
Accrued interest	<u>16</u>	<u>6</u>
	<u>63,684</u>	<u>18,850</u>
Total assets	<u>2,185,429</u>	<u>804,098</u>
LIABILITIES		
Accounts payable	<u>42,050</u>	<u>37,549</u>
Total liabilities	<u>42,050</u>	<u>37,549</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,143,379</u>	<u>\$ 766,549</u>

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

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2014

ADDITIONS

Investment income:	
Interest income	\$ 62
Less investment expenses	(1,299)
	(1,237)
Participants' contributions	7,098,642
Participating railroads' contributions	1,748,731
Participants' COBRA contributions	<u>75,099</u>
	<u>8,922,472</u>
Total additions	<u>8,921,235</u>

DEDUCTIONS

Benefits paid to or for participants, beneficiaries and dependents:	
Claims	7,195,189
Administrative expenses	<u>349,216</u>
Total deductions	<u>7,544,405</u>
Net increase (decrease)	1,376,830

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>766,549</u>
End of year	<u>\$ 2,143,379</u>

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

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

Statements of Plan Benefit Obligations
December 31, 2014 and 2013

	2014	2013
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Claims payable	<u>\$ 161,510</u>	<u>\$ 152,072</u>

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

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

Statement of Changes in Plan Benefit Obligations
For the Year Ended December 31, 2014

AMOUNTS CURRENTLY PAYABLE TO OR FOR
PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS

Claims payable:

Balance at beginning of year	\$ 152,072
Claims reported and approved for payment	7,204,627
Claims paid	<u>(7,195,189)</u>
Balance at end of year	<u>\$ 161,510</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 Railroad Employees National Health Flexible Spending Account 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 and related Trust were established January 1, 2013 pursuant to collective-bargaining. The Plan is a defined contribution plan 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 allows a participant to use pre-tax wage deductions to pay for certain medical care expenses incurred that satisfy requirements established by the Internal Revenue Service through a Health Flexible Spending Arrangement (Health FSA). Such use is limited to the participant's annual election for Health Flexible Spending Arrangement (FSA) benefits.

Eligibility

Upon satisfying the eligibility and coverage requirements, as outlined in the Plan's Summary Plan Description, a prospective participant must make an annual election to participate in the Plan.

Participant accounts

An individual account is maintained for each participant of the Plan. This account is credited for contributions provided by the participant and charged for all reimbursements made to the participant during the Plan year.

Regardless of the amount actually credited to a participant's account, the amount available to the participant at any time within a period of coverage shall equal the total annual Health FSA benefit election reduced by any prior reimbursements to the participant in the same period of coverage.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (continued)

Experience gains

If the Plan has an experience gain for the Plan year (the total of all amounts remitted to the Plan for the year plus earnings on such amounts exceeds the total amount of all reimbursements for health care expenses for the Plan year), then such gain shall be used to defray reasonable administrative costs of the Plan. Any remaining gain shall remain in the Plan to defray reasonable administrative costs of the Plan for subsequent years or, at the Plan Administrator's discretion, may be distributed in any manner permitted by the Code and ERISA.

Vesting

Participants are immediately vested in their account. (See additional disclosure related to forfeitures).

Payment of benefits

Benefits will be paid for eligible health care expenses submitted by a Plan participant and received by the Plan Administrator no later than March 31st following the close of the Plan year.

Any benefit check sent to a participant that is not cashed within ninety (90) days of the date on which it is issued shall be forfeited, and the participant shall have no further right to receive reimbursement for the health care expenses for which such benefit check was issued, unless, within one (1) year from the date the check was issued, the participant demonstrates to the Plan Administrator's satisfaction that the check was not received.

Forfeitures

In addition to the forfeitures noted above, any balance remaining in the participant's account as of March 31st for the preceding Plan year, December 31st, will be forfeited by the participant and will remain in the Plan to defray reasonable administrative costs.

Period of coverage

In general, the period of coverage for a participant shall commence on January 1st and terminate on December 31st of the Plan year. In addition, if the participant has unused amounts in their Health FSA account and remain a participant or COBRA qualified beneficiary on the last day of the Plan year, their period of coverage will continue through January 30th of the year immediately following the Plan year.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (continued)

Period of coverage (continued)

However, in the case where a participant ceases to remain eligible to participate in the Plan, the period of coverage will terminate on the date on which the participant's eligibility terminates.

Funding

The Plan is funded through participant contributions. If the Plan experiences a shortfall, the Plan will either borrow the funds necessary to pay claims or require the participating employers to make supplemental contributions to cover the shortage.

Tax status

The Plan has filed for a determination letter from the Internal Revenue Service regarding the Plan's qualification under the related trust's tax-exempt status under the provision of Section 501(c)(9) of the Code. Representatives of the Plan Administrator believe the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code. The Plan Administrator will make any changes deemed necessary to ensure that the Plan is granted tax-exempt status.

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 operated in compliance with Section 501(c)(9) of the Code 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.

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.

NOTES TO FINANCIAL STATEMENTS

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

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

Claims expense is recorded when paid by the Plan.

Participant contributions and contributions receivable

Employee contributions are remitted to the Plan on at least a monthly basis in accordance with the participant's annual Health FSA benefit election. Employee contributions are recognized as revenue in the Plan year to which the annual election amount relates.

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (continued)

Participants' COBRA contributions

A participant, who experiences a qualifying event, as defined by Federal COBRA guidelines, may self-pay to continue coverage in the Plan for a limited period of time. Participants' COBRA contributions are recognized when due and payable.

Allowance for doubtful accounts

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

Claims Payable

Claims payable includes benefit obligations related to claims incurred but not paid, and amounts accrued for benefits through the period of coverage for Plan participants and COBRA qualified beneficiaries as of December 31st.

Forfeitures

Forfeitures are recorded in the year in which they occur.

Subsequent Events

The Plan 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>\$ 2,121,745</u>	<u>\$ 785,248</u>

* Investments held as of December 31, 2014 and 2013 were Federated Treasury Obligations MM-1 #68 FFS.

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Level 1

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

Level 2

Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

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

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.

NOTES TO FINANCIAL STATEMENTS

Note 5. Information Certified by the Plan's Trustee and the Plan Administrator

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

- Investments
- Accrued interest
- Investment income
- Schedule of assets held for investment purposes
- Schedule of reportable transactions

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

Note 6. Forfeitures

Forfeitures arise when either a benefit check sent to a participant is not cashed within ninety (90) days of the date on which it is issued or when a balance remains (i.e., the total contributions made by a Plan participant is exceeded by the total amount paid to that participant) in a participant's account as of March 31st for the preceding Plan year, December 31st. Forfeitures related to uncashed benefit checks amount to approximately \$68,773 and \$31,563 as of and for the year ended December 31, 2014 and 2013, respectively. Forfeitures related to unused participant account balances amounted to approximately \$103,000 and \$90,000 as of March 31, 2015 and 2014, which related to the years ending December 31, 2014 and 2013, respectively. These forfeitures were used to defray reasonable administrative costs of the Plan

Note 7. Concentration of Participants of Participating Railroads

There are approximately 26 railroads participating in the Plan, of which participants of four railroads comprised approximately 96% and 89% of the total Plan participant population as of and for the years ended December 31, 2014 and 2013, respectively, as depicted in the following table:

Railroad	Percentage of Total Plan Activity	
	2014	2013
A	33.0%	33.1%
B	24.4%	19.1%
C	22.4%	15.2%
D	16.1%	21.9%

NOTES TO FINANCIAL STATEMENTS

Note 8. 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	\$ 2,143,379	\$ 766,549
Benefit obligations currently payable	<u>(161,510)</u>	<u>(152,072)</u>
Net assets available for benefits as reported within the Form 5500	<u>\$ 1,981,869</u>	<u>\$ 614,477</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31, 2014.

Benefits paid to participants as reported within the financial statements	\$ 7,195,189
Add: Current benefit obligations, end of year	161,510
Less: Current benefit obligations, beginning of year	<u>(152,072)</u>
Benefits paid to participants as reported within the Form 5500	<u>\$ 7,204,627</u>

Benefit obligations currently payable to or for participants are recorded on the Form 5500 for obligations which arise as of December 31st but not yet paid as of that date.

Note 9. 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 10. Prohibited Transactions

During 2014, an aggregate of \$47,090 of certain participating railroads' employee withholdings were not deposited into the Plan within the timeframe required by the United States Department of Labor's (DOL) regulations. These withholdings are included in the Plan's receivable balance as of December 31, 2014. To correct these failures, the Plan Administrator deposited these withholdings, along with contributions for lost earnings, to the Plan on or prior to October 9, 2015.

NOTES TO FINANCIAL STATEMENTS

Note 10. Prohibited Transactions (continued)

During 2013, an aggregate of \$6,900 of certain participating railroads' employee withholdings were not deposited into the Plan within the timeframe required by the DOL's regulations. These withholdings are included in the Plan's receivable balance as of December 31, 2013. To correct this failure, the Plan Administrator deposited the withholdings, along with contributions for lost earnings, to the Plan on October 15, 2014.

Note 11. Contingencies

A participant has one year from the date a check was issued for benefits, to contact the Plan Administrator, even though that check may not have been cashed within the ninety (90) days required by the Plan, and request to have that check reissued. If the participant satisfies the requirements as set forth in the Summary Plan Description, then an otherwise forfeited claim will become reimbursable by the Plan. As of December 31, 2014 and 2013, there were \$68,773 and \$31,563, respectively, in such forfeitures that are subject to this provision of the Plan. These amounts represent the maximum amount that may be paid by the Plan if all forfeited claims become reimbursable. The Plan Administrator is of the opinion, based on all available known facts, that the amount expected to be paid with respect to the forfeited claims subject to this provision would not have a material effect on the financial position or results of operations of the Plan.

Note 12. 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.

SUPPLEMENTAL SCHEDULES

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

Schedule of Delinquent Participant Contributions For the Year Ended December 31, 2014

Schedule H Item 4(a) – Schedule of Delinquent Participant Contributions
EIN: 52-1036399
Plan Number: 512

Participant Contributions Transferred Late to the Plan	Check Here if Late Participant Loan Repayments Are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Correction Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here if Late Participant Loan Repayments Are Included:					
		\$ -	\$ 3,294	\$ -	\$ -
		\$ -	\$ 156	\$ -	\$ -
		\$ -	\$ 3,294	\$ -	\$ -
		\$ -	\$ 156	\$ -	\$ -
		\$ -	\$ 45,506	\$ -	\$ -
		\$ -	\$ 946	\$ -	\$ -
		\$ -	\$ 2	\$ -	\$ -
		\$ -	\$ 71	\$ -	\$ -
		\$ -	\$ 113	\$ -	\$ -
		\$ -	\$ 113	\$ -	\$ -
		\$ -	\$ 113	\$ -	\$ -
		\$ -	\$ 113	\$ -	\$ -
		\$ -	\$ 113	\$ -	\$ -

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT 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: 512

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, <u>Or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, <u>Collateral, Par or Maturity</u>	<u>Cost</u>	Current <u>Value</u>
	Cash and cash equivalents			
*	SunTrust Bank Account 70-04-102-7949279	Money market fund Federated Trsy Obligs MM-I #68 FFS	<u>\$ 2,121,745</u>	<u>\$ 2,121,745</u>

* Known party-in-interest to the Plan.

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT 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: 512

(a)	(b)	(c)	(d)	(g)	(i)
<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 70-04-102-7949279	(See attached schedule as prepared and reported by SunTrust Bank)				



REPORTABLE TRANSACTIONS WORKSHEET

1/1/14 THROUGH 12/31/14

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ACCOUNT 7949279

RAILROAD EMPLOYEES NATIONAL FSA

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

BEGINNING MARKET VALUE 785,253.56
COMPARATIVE VALUE (5X) 39,262.68

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5X OF VALUE

ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/07/14	70,381.0700	1.0000		-70,381 *	70,381	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/14/14	49,233.7000	1.0000		-49,234 *	49,234	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/15/14	149,457.9800	1.0000		-149,458 *	149,458	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/16/14	39,500.3900	1.0000		39,500 *	39,500	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/23/14	65,786.5300	1.0000		65,787 *	65,787	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/24/14	120,209.1000	1.0000		-120,209 *	120,209	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/28/14	56,634.4500	1.0000		56,634 *	56,634	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/29/14	77,146.3600	1.0000		77,146 *	77,146	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/31/14	84,990.2100	1.0000		84,990 *	84,990	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/03/14	44,754.5400	1.0000		44,755 *	44,755	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/04/14	58,710.5900	1.0000		58,719 *	58,719	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/06/14	113,785.3600	1.0000		113,785 *	113,785	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/11/14	67,729.9700	1.0000		67,730 *	67,730	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/12/14	39,877.9100	1.0000		39,878 *	39,878	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/18/14	128,237.8000	1.0000		128,238 *	128,238	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/19/14	113,055.3600	1.0000		113,055 *	113,055	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/20/14	55,207.0000	1.0000		55,207 *	55,207	0



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/24/14 B	224,035.9000	1.0000	0	-224,036 *	224,036	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/26/14 S	81,435.6300	1.0000	0	81,436 *	81,436	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/27/14 S	53,810.9000	1.0000	0	53,811 *	53,811	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/28/14 S	81,738.3900	1.0000	0	81,738 *	81,738	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/07/14 B	153,170.8800	1.0000	0	-153,171 *	153,171	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/10/14 S	66,355.8300	1.0000	0	66,356 *	66,356	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/11/14 S	74,517.7700	1.0000	0	74,518 *	74,518	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/13/14 S	53,503.4500	1.0000	0	53,503 *	53,503	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/21/14 B	210,071.9300	1.0000	0	-210,072 *	210,072	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/24/14 S	54,276.6500	1.0000	0	54,277 *	54,277	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/26/14 S	72,013.5900	1.0000	0	72,014 *	72,014	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/28/14 S	48,518.8200	1.0000	0	48,519 *	48,519	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/31/14 S	45,083.4700	1.0000	0	45,083 *	45,083	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/08/14 B	126,522.0200	1.0000	0	-126,522 *	126,522	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/10/14 S	47,853.4700	1.0000	0	47,853 *	47,853	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/11/14 S	60,695.2900	1.0000	0	60,695 *	60,695	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/17/14 B	90,930.0300	1.0000	0	-90,930 *	90,930	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/21/14 S	76,843.0500	1.0000	0	76,843 *	76,843	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/23/14 S	49,747.9200	1.0000	0	49,748 *	49,748	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/24/14 B	101,564.3200	1.0000	0	-101,564 *	101,564	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/29/14 S	46,565.4700	1.0000	0	46,565 *	46,565	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/30/14 S	45,112.8000	1.0000	0	45,113 *	45,113	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/07/14 B	58,586.4400	1.0000	0	-58,586 *	58,586	0



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/09/14 B	88,245.9000	1.0000		-88,246 *	88,246	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/13/14 S	73,924.9300	1.0000		73,925 *	73,925	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/16/14 B	96,510.9000	1.0000		-96,511 *	96,511	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/27/14 B	102,284.8500	1.0000		-102,285 *	102,285	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/29/14 S	51,818.1400	1.0000		51,818 *	51,818	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/30/14 B	70,099.9200	1.0000		-70,100 *	70,100	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/09/14 B	111,492.7600	1.0000		-111,493 *	111,493	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/17/14 B	78,500.9500	1.0000		-78,501 *	78,501	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/19/14 B	54,168.6000	1.0000		-54,169 *	54,169	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/28/14 B	77,765.6700	1.0000		-77,766 *	77,766	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/27/14 B	64,247.9200	1.0000		-64,248 *	64,248	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/09/14 B	72,699.9300	1.0000		-72,700 *	72,700	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/11/14 B	85,125.8000	1.0000		-85,126 *	85,126	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/16/14 B	69,866.2400	1.0000		-69,866 *	69,866	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/22/14 B	80,636.3500	1.0000		-80,636 *	80,636	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/31/14 B	66,536.1500	1.0000		-66,536 *	66,536	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/07/14 B	103,425.5300	1.0000		-103,426 *	103,426	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/18/14 B	76,361.3600	1.0000		-76,361 *	76,361	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/19/14 B	61,191.5700	1.0000		-61,192 *	61,192	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/22/14 B	103,788.1000	1.0000		-103,788 *	103,788	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/28/14 B	110,446.6200	1.0000		-110,447 *	110,447	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/08/14 B	87,925.7000	1.0000		-87,926 *	87,926	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/11/14 B	40,251.2000	1.0000		-40,251 *	40,251	



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ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/15/14 B	65,025.2400	1.0000		-65,025 *	65,025	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/17/14 B	74,175.3900	1.0000		-74,175 *	74,175	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/23/14 B	88,680.8400	1.0000		-88,681 *	88,681	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/29/14 B	64,367.6000	1.0000		-64,368 *	64,368	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/07/14 B	90,246.9800	1.0000		-90,247 *	90,247	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/14/14 B	50,498.3500	1.0000		-50,498 *	50,498	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/17/14 B	170,793.8400	1.0000		-170,794 *	170,794	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/22/14 B	88,305.8800	1.0000		-88,306 *	88,306	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/23/14 B	40,705.9300	1.0000		-40,706 *	40,706	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
11/03/14 B	63,542.2400	1.0000		-63,542 *	63,542	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
11/07/14 B	89,409.5400	1.0000		-89,410 *	89,410	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
11/18/14 B	196,149.7700	1.0000		-196,150 *	196,150	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
11/21/14 B	101,332.4000	1.0000		-101,332 *	101,332	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/01/14 B	67,458.7600	1.0000		-67,459 *	67,459	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/02/14 B	45,697.6600	1.0000		-45,698 *	45,698	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/08/14 B	90,673.4600	1.0000		-90,673 *	90,673	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/15/14 B	66,693.0000	1.0000		-66,693 *	66,693	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/16/14 B	80,712.1600	1.0000		-80,712 *	80,712	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/22/14 B	89,640.9200	1.0000		-89,641 *	89,641	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/29/14 B	74,343.5500	1.0000		-74,344 *	74,344	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/30/14 B	41,386.9800	1.0000		-41,387 *	41,387	
GRAND TOTAL				6,824,817	6,824,817	0



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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 MM-I #68

01/03/14 B	5.7600	1.0000	0	-6	6
01/07/14 B	70,381.0700	1.0000	0	-70,381 *	70,381
01/14/14 B	49,233.7000	1.0000	0	-49,234 *	49,234
01/15/14 B	149,457.9800	1.0000	0	-149,458 *	149,458
01/24/14 B	120,209.1000	1.0000	0	-120,209 *	120,209
01/27/14 B	34,208.4500	1.0000	0	-34,208	34,208
02/04/14 B	6.8100	1.0000	0	-7	7
02/10/14 B	19,322.0800	1.0000	0	-19,322	19,322
02/13/14 B	176.6700	1.0000	0	-177	177
02/14/14 B	28,041.6600	1.0000	0	-28,042	28,042
02/24/14 B	224,035.9000	1.0000	0	-224,036 *	224,036
02/25/14 B	7,583.1300	1.0000	0	-7,583	7,583
03/04/14 B	2.3300	1.0000	0	-2	2
03/05/14 B	5,057.3500	1.0000	0	-5,057	5,057
03/06/14 B	14,909.4300	1.0000	0	-14,909	14,909
03/07/14 B	153,170.8800	1.0000	0	-153,171 *	153,171
03/12/14 B	39,199.2400	1.0000	0	-39,199	39,199
03/17/14 B	324.6200	1.0000	0	-325	325
03/18/14 B	2,181.3800	1.0000	0	-2,181	2,181
03/19/14 B	1,168.4300	1.0000	0	-1,168	1,168
03/20/14 B	1,270.5200	1.0000	0	-1,270	1,270
03/21/14 B	210,071.9300	1.0000	0	-210,072 *	210,072



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
03/25/14 B	390.1800	1.0000	0	-390	390	
03/27/14 B	5,040.1400	1.0000	0	-5,040	5,040	
04/01/14 B	2,455.0300	1.0000	0	-2,455	2,455	
04/02/14 B	0.6000	1.0000	0	-1	1	
04/03/14 B	5,597.5600	1.0000	0	-5,598	5,598	
04/04/14 B	10,258.0200	1.0000	0	-10,258	10,258	
04/08/14 B	126,522.0200	1.0000	0	-126,522 *	126,522	
04/09/14 B	22,207.8600	1.0000	0	-22,208	22,208	
04/17/14 B	90,930.0300	1.0000	0	-90,930 *	90,930	
04/22/14 B	33,249.6300	1.0000	0	-33,250	33,250	
04/24/14 B	101,564.3200	1.0000	0	-101,564 *	101,564	
04/28/14 B	25,491.7300	1.0000	0	-25,492	25,492	
05/02/14 B	0.4100	1.0000	0	0	0	
05/02/14 B	1,608.3500	1.0000	0	-1,608	1,608	
05/05/14 B	35,083.4600	1.0000	0	-35,083	35,083	
05/07/14 B	58,586.4400	1.0000	0	-58,586 *	58,586	
05/09/14 B	88,245.9000	1.0000	0	-88,246 *	88,246	
05/15/14 B	37,123.6600	1.0000	0	-37,124	37,124	
05/16/14 B	96,510.9000	1.0000	0	-96,511 *	96,511	
05/27/14 B	102,284.8500	1.0000	0	-102,285 *	102,285	
05/30/14 B	70,099.9200	1.0000	0	-70,100 *	70,100	
06/03/14 B	0.5100	1.0000	0	-1	1	
06/09/14 B	111,492.7600	1.0000	0	-111,493 *	111,493	
06/17/14 B	78,500.9500	1.0000	0	-78,501 *	78,501	
06/19/14 B	54,168.6000	1.0000	0	-54,169 *	54,169	
06/20/14 B	77,765.6700	1.0000	0	-77,766 *	77,766	
06/27/14 B	64,247.9200	1.0000	0	-64,248 *	64,248	
07/02/14 B	0.8200	1.0000	0	-1	1	
07/08/14 B	33,511.1600	1.0000	0	-33,511	33,511	
07/09/14 B	72,699.9300	1.0000	0	-72,700 *	72,700	
07/11/14 B	85,125.8000	1.0000	0	-85,126 *	85,126	
07/16/14 B	69,866.2400	1.0000	0	-69,866 *	69,866	
07/17/14 B	31,548.5600	1.0000	0	-31,549	31,549	
07/22/14 B	80,636.3500	1.0000	0	-80,636 *	80,636	
07/25/14 B	5,511.9700	1.0000	0	-5,512	5,512	
07/31/14 B	66,536.1500	1.0000	0	-66,536 *	66,536	
08/04/14 B	1.8300	1.0000	0	-2	2	
08/07/14 B	103,425.5300	1.0000	0	-103,426 *	103,426	
08/08/14 B	5,106.3000	1.0000	0	-5,106	5,106	
08/13/14 B	33,997.3300	1.0000	0	-33,997	33,997	
08/18/14 B	76,361.3600	1.0000	0	-76,361 *	76,361	
08/19/14 B	61,191.5700	1.0000	0	-61,192 *	61,192	
08/22/14 B	103,788.1000	1.0000	0	-103,788 *	103,788	
08/28/14 B	110,446.6200	1.0000	0	-110,447 *	110,447	
09/03/14 B	4.6100	1.0000	0	-5	5	
09/05/14 B	8,664.8900	1.0000	0	-8,665	8,665	



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09/08/14 B	87,925.7000	1.0000	0	-87,926 *	87,926	
09/11/14 B	40,251.2000	1.0000	0	-40,251 *	40,251	
09/15/14 B	65,025.2400	1.0000	0	-65,025 *	65,025	
09/17/14 B	74,175.5900	1.0000	0	-74,175 *	74,175	
09/19/14 B	35,586.1200	1.0000	0	-35,586	35,586	
09/22/14 B	38,830.5800	1.0000	0	-38,830	38,830	
09/23/14 B	88,680.8400	1.0000	0	-88,681 *	88,681	
09/29/14 B	64,367.6000	1.0000	0	-64,368 *	64,368	
10/02/14 B	6.1300	1.0000	0	-6	6	
10/03/14 B	5,711.5900	1.0000	0	-5,712	5,712	
10/07/14 B	90,246.9800	1.0000	0	-90,247 *	90,247	
10/14/14 B	50,498.3500	1.0000	0	-50,498 *	50,498	
10/15/14 B	581.5400	1.0000	0	-582	582	
10/17/14 B	170,793.8400	1.0000	0	-170,794 *	170,794	
10/22/14 B	88,305.8800	1.0000	0	-88,306 *	88,306	
10/23/14 B	40,705.9300	1.0000	0	-40,706 *	40,706	
10/24/14 B	1,085.0700	1.0000	0	-1,085	1,085	
11/03/14 B	63,542.2400	1.0000	0	-63,542 *	63,542	
11/04/14 B	9.4900	1.0000	0	-9	9	
11/07/14 B	89,409.5400	1.0000	0	-89,410 *	89,410	
11/14/14 B	9,352.6800	1.0000	0	-9,352	9,352	
11/18/14 B	196,149.7700	1.0000	0	-196,150 *	196,150	
11/21/14 B	101,332.4000	1.0000	0	-101,332 *	101,332	
11/28/14 B	9,787.4900	1.0000	0	-9,787	9,787	
12/01/14 B	67,458.7600	1.0000	0	-67,459 *	67,459	
12/02/14 B	45,697.6600	1.0000	0	-45,698 *	45,698	
12/02/14 B	12.1000	1.0000	0	-12	12	
12/04/14 B	987.9900	1.0000	0	-988	988	
12/08/14 B	90,673.6400	1.0000	0	-90,673 *	90,673	
12/12/14 B	11,909.6300	1.0000	0	-11,910	11,910	
12/15/14 B	66,693.0000	1.0000	0	-66,693 *	66,693	
12/16/14 B	80,712.1600	1.0000	0	-80,712 *	80,712	
12/18/14 B	7,017.8000	1.0000	0	-7,018	7,018	
12/22/14 B	89,640.9200	1.0000	0	-89,641 *	89,641	
12/24/14 B	4,910.0800	1.0000	0	-4,910	4,910	
12/29/14 B	74,343.5500	1.0000	0	-74,344 *	74,344	
12/30/14 B	41,387.9000	1.0000	0	-41,387 *	41,387	
SUB-TOTAL OF BUYS # 105				5,371.677	5,371.677	
01/02/14 S	3,834.3000	1.0000	0	3,834	3,834	0
01/03/14 S	2,400.0000	1.0000	0	2,400	2,400	0
01/06/14 S	9,690.4600	1.0000	0	9,690	9,690	0
01/08/14 S	36,286.2000	1.0000	0	36,284	36,284	0
01/09/14 S	145.6200	1.0000	0	146	146	0
01/09/14 S	4,234.4900	1.0000	0	4,234	4,234	0



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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
01/10/14 S	17,316.2400	1.0000	0	17,316	17,316	0
01/13/14 S	30,236.3700	1.0000	0	30,236	30,236	0
01/15/14 S	29,012.5300	1.0000	0	29,013	29,013	0
01/16/14 S	39,500.3900	1.0000	0	39,500 *	39,500	0
01/17/14 S	26,166.0400	1.0000	0	26,166	26,166	0
01/21/14 S	30,460.4800	1.0000	0	30,460	30,460	0
01/22/14 S	36,795.3500	1.0000	0	36,795	36,795	0
01/23/14 S	65,786.5300	1.0000	0	65,787 *	65,787	0
01/28/14 S	56,634.4500	1.0000	0	56,634 *	56,634	0
01/29/14 S	77,146.3600	1.0000	0	77,146 *	77,146	0
01/30/14 S	35,770.3900	1.0000	0	35,770	35,770	0
01/31/14 S	84,990.2100	1.0000	0	84,990 *	84,990	0
02/03/14 S	44,754.5400	1.0000	0	44,755 *	44,755	0
02/06/14 S	58,718.5900	1.0000	0	58,719 *	58,719	0
02/06/14 S	113,705.3600	1.0000	0	113,785 *	113,785	0
02/07/14 S	548.0800	1.0000	0	548	548	0
02/10/14 S	174.9700	1.0000	0	175	175	0
02/11/14 S	67,729.9700	1.0000	0	67,730 *	67,730	0
02/12/14 S	39,877.9100	1.0000	0	39,878 *	39,878	0
02/18/14 S	128,237.8000	1.0000	0	128,238 *	128,238	0
02/19/14 S	113,055.3600	1.0000	0	113,055 *	113,055	0
02/20/14 S	55,207.0000	1.0000	0	55,207 *	55,207	0
02/21/14 S	26,567.9300	1.0000	0	26,568	26,568	0
02/26/14 S	81,435.6300	1.0000	0	81,436 *	81,436	0
02/27/14 S	53,810.9000	1.0000	0	53,811 *	53,811	0
02/28/14 S	81,738.3500	1.0000	0	81,738 *	81,738	0
03/03/14 S	28,702.3500	1.0000	0	28,702	28,702	0
03/04/14 S	2,071.2600	1.0000	0	2,071	2,071	0
03/10/14 S	66,355.8300	1.0000	0	66,356 *	66,356	0
03/10/14 S	70.6800	1.0000	0	70	70	0
03/11/14 S	74,517.7700	1.0000	0	74,518 *	74,518	0
03/13/14 S	53,503.4500	1.0000	0	53,503 *	53,503	0
03/14/14 S	22,956.1300	1.0000	0	22,956	22,956	0
03/24/14 S	54,276.6500	1.0000	0	54,277 *	54,277	0
03/26/14 S	72,013.5900	1.0000	0	72,014 *	72,014	0
03/28/14 S	48,518.8200	1.0000	0	48,519 *	48,519	0
03/31/14 S	45,083.6700	1.0000	0	45,083 *	45,083	0
04/02/14 S	692.9800	1.0000	0	693	693	0
04/07/14 S	16,471.6500	1.0000	0	16,472	16,472	0
04/08/14 S	15.6400	1.0000	0	16	16	0
04/10/14 S	47,853.4700	1.0000	0	47,853 *	47,853	0
04/11/14 S	60,695.2900	1.0000	0	60,695 *	60,695	0
04/14/14 S	37,228.9600	1.0000	0	37,229	37,229	0
04/15/14 S	2,161.3900	1.0000	0	2,161	2,161	0
04/16/14 S	79.2500	1.0000	0	79	79	0
04/21/14 S	76,843.0500	1.0000	0	76,843 *	76,843	0



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
04/23/14 S	49,747.9200	1.0000		49,748 *	49,748	0
04/25/14 S	31,142.1800	1.0000		31,142	31,142	0
04/29/14 S	46,565.4700	1.0000		46,565 *	46,565	0
04/30/14 S	45,112.8000	1.0000		45,113 *	45,113	0
05/06/14 S	14,307.0300	1.0000		14,307	14,307	0
05/08/14 S	10,7200	1.0000		11	11	0
05/08/14 S	32,930.3500	1.0000		32,930	32,930	0
05/12/14 S	34,151.6100	1.0000		34,152	34,152	0
05/13/14 S	73,924.9300	1.0000		73,925 *	73,925	0
05/14/14 S	29,640.5300	1.0000		29,641	29,641	0
05/19/14 S	24,639.4900	1.0000		24,639	24,639	0
05/20/14 S	34,624.0300	1.0000		34,624	34,624	0
05/21/14 S	39,074.0000	1.0000		39,074	39,074	0
05/22/14 S	10,771.7600	1.0000		10,772	10,772	0
05/23/14 S	25,900.8500	1.0000		25,901	25,901	0
05/28/14 S	31,868.0500	1.0000		31,868	31,868	0
05/29/14 S	51,818.1400	1.0000		51,818 *	51,818	0
06/02/14 S	21,016.8900	1.0000		21,017	21,017	0
06/03/14 S	32,813.1400	1.0000		32,813	32,813	0
06/04/14 S	31,087.7300	1.0000		31,088	31,088	0
06/05/14 S	1,285.0000	1.0000		1,285	1,285	0
06/06/14 S	1,068.3000	1.0000		1,068	1,068	0
06/09/14 S	12,5100	1.0000		13	13	0
06/10/14 S	28,525.5000	1.0000		28,526	28,526	0
06/11/14 S	29,746.9700	1.0000		29,747	29,747	0
06/12/14 S	20,468.4400	1.0000		20,468	20,468	0
06/13/14 S	8,199.6400	1.0000		8,200	8,200	0
06/16/14 S	12,508.7800	1.0000		12,509	12,509	0
06/18/14 S	8,222.0500	1.0000		8,222	8,222	0
06/23/14 S	11,470.8300	1.0000		11,471	11,471	0
06/24/14 S	26,380.1800	1.0000		26,380	26,380	0
06/25/14 S	28,252.2700	1.0000		28,252	28,252	0
06/26/14 S	20,237.2500	1.0000		20,237	20,237	0
06/30/14 S	39,184.7500	1.0000		39,185	39,185	0
07/01/14 S	22,702.8300	1.0000		22,703	22,703	0
07/02/14 S	32,436.6100	1.0000		32,437	32,437	0
07/03/14 S	23,660.3400	1.0000		23,660	23,660	0
07/07/14 S	27,602.0400	1.0000		27,602	27,602	0
07/09/14 S	21,0400	1.0000		21	21	0
07/10/14 S	14,925.8700	1.0000		14,926	14,926	0
07/14/14 S	20,762.4700	1.0000		20,762	20,762	0
07/15/14 S	17,570.4700	1.0000		17,570	17,570	0
07/18/14 S	18,692.1500	1.0000		18,692	18,692	0
07/21/14 S	16,061.0300	1.0000		16,061	16,061	0
07/23/14 S	20,649.1600	1.0000		20,649	20,649	0
07/24/14 S	7,784.0500	1.0000		7,784	7,784	0



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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
07/28/14 S	18,762.6000	1.0000		18,763	18,763	0
07/29/14 S	18,845.1300	1.0000		18,845	18,845	0
07/30/14 S	20,975.3100	1.0000		20,975	20,975	0
08/01/14 S	17,997.7400	1.0000		17,998	17,998	0
08/04/14 S	32,549.1100	1.0000		32,549	32,549	0
08/05/14 S	15,488.4000	1.0000		15,488	15,488	0
08/06/14 S	18,504.2800	1.0000		18,504	18,504	0
08/08/14 S	45,5600	1.0000		46	46	0
08/11/14 S	2,886.8600	1.0000		2,887	2,887	0
08/12/14 S	15,791.5100	1.0000		15,792	15,792	0
08/14/14 S	11,931.0100	1.0000		11,931	11,931	0
08/15/14 S	11,063.1100	1.0000		11,063	11,063	0
08/20/14 S	16,233.7700	1.0000		16,234	16,234	0
08/21/14 S	8,608.5700	1.0000		8,609	8,609	0
08/25/14 S	11,580.1600	1.0000		11,580	11,580	0
08/26/14 S	7,551.3100	1.0000		7,551	7,551	0
08/27/14 S	14,975.2900	1.0000		14,975	14,975	0
08/29/14 S	32,455.6000	1.0000		32,456	32,456	0
09/02/14 S	13,619.9600	1.0000		13,620	13,620	0
09/03/14 S	14,843.5600	1.0000		14,844	14,844	0
09/04/14 S	14,369.6100	1.0000		14,370	14,370	0
09/09/14 S	88.0600	1.0000		88	88	0
09/09/14 S	2,421.1900	1.0000		2,421	2,421	0
09/10/14 S	16,025.8200	1.0000		16,026	16,026	0
09/12/14 S	7,717.9300	1.0000		7,718	7,718	0
09/16/14 S	9,829.8000	1.0000		9,830	9,830	0
09/18/14 S	11,681.1600	1.0000		11,681	11,681	0
09/24/14 S	12,816.9100	1.0000		12,815	12,815	0
09/25/14 S	12,107.3400	1.0000		12,107	12,107	0
09/26/14 S	6,388.2900	1.0000		6,388	6,388	0
09/30/14 S	29,076.0600	1.0000		29,076	29,076	0
10/01/14 S	12,288.3500	1.0000		12,288	12,288	0
10/02/14 S	7,240.2200	1.0000		7,240	7,240	0
10/06/14 S	9,289.5900	1.0000		9,290	9,290	0
10/08/14 S	159.0900	1.0000		159	159	0
10/08/14 S	11,783.2800	1.0000		11,783	11,783	0
10/09/14 S	9,036.1700	1.0000		9,036	9,036	0
10/10/14 S	7,720.4900	1.0000		7,720	7,720	0
10/16/14 S	8,524.8700	1.0000		8,525	8,525	0
10/20/14 S	8,493.6000	1.0000		8,494	8,494	0
10/21/14 S	7,377.1000	1.0000		7,377	7,377	0
10/27/14 S	4,733.8500	1.0000		4,734	4,734	0
10/28/14 S	10,508.4900	1.0000		10,508	10,508	0
10/29/14 S	10,346.3400	1.0000		10,346	10,346	0
10/30/14 S	3,936.8600	1.0000		3,937	3,937	0
10/31/14 S	31,955.5200	1.0000		31,954	31,954	0



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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/06/14 S	7,817.4400	1.0000	0	7,817	7,817	0
11/05/14 S	7,750.9800	1.0000	0	7,731	7,731	0
11/06/14 S	6,536.0900	1.0000	0	6,536	6,536	0
11/10/14 S	239.8400	1.0000	0	240	240	0
11/10/14 S	4,693.2100	1.0000	0	4,693	4,693	0
11/13/14 S	11,021.2800	1.0000	0	11,021	11,021	0
11/17/14 S	4,246.0600	1.0000	0	4,246	4,246	0
11/19/14 S	5,403.2500	1.0000	0	5,403	5,403	0
11/20/14 S	6,490.5000	1.0000	0	6,491	6,491	0
11/24/14 S	2,904.9200	1.0000	0	2,905	2,905	0
11/25/14 S	3,995.6200	1.0000	0	3,996	3,996	0
11/26/14 S	25,919.4900	1.0000	0	25,919	25,919	0
12/03/14 S	13,627.3900	1.0000	0	13,627	13,627	0
12/08/14 S	6,840.5900	1.0000	0	6,841	6,841	0
12/08/14 S	315.2800	1.0000	0	315	315	0
12/09/14 S	10,339.8800	1.0000	0	10,340	10,340	0
12/10/14 S	8,169.3400	1.0000	0	8,169	8,169	0
12/11/14 S	4,583.9100	1.0000	0	4,584	4,584	0
12/17/14 S	7,894.1100	1.0000	0	7,894	7,894	0
12/19/14 S	9,823.9000	1.0000	0	9,824	9,824	0
12/23/14 S	4,911.7200	1.0000	0	4,912	4,912	0
12/26/14 S	4,554.0700	1.0000	0	4,555	4,555	0
12/31/14 S	24,760.9400	1.0000	0	24,761	24,761	0
SUB-TOTAL OF SALES \$ 167			0	4,035,173	4,035,173	0
SUB-TOTAL			0	9,406,850	9,406,850	0
GRAND TOTAL			0	9,406,850	9,406,850	0

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

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



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REPORTABLE TRANSACTIONS WORKSHEET

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RAILROAD EMPLOYEES NATIONAL FSA

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 5% 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.

OMB No. 1545-0012

File With IRS Only

Part I	Identification
---------------	-----------------------

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

NATIONAL CARRIERS' CONFERENCE COMMITTEE

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

251 - 18TH STREET, SOUTH, SUITE 750

City or town, state, and ZIP code

ARLINGTON, VA 22202

B Filer's Identifying Number (see instructions).

☒ Employer identification number (EIN) (9 digits
XX-XXXXXXX)

► 52-1036399

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

C

Plan name

Plan number

Plan, year ending

MM	DD	YYYY
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1 RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE

512

12

31

14

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

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

2 I request an extension of time until **10/15/2015** 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.

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

a

b Enter the payment amount attached

b

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

C

5 State in detail why you need the extension:

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

Signature ▶

Date ▶

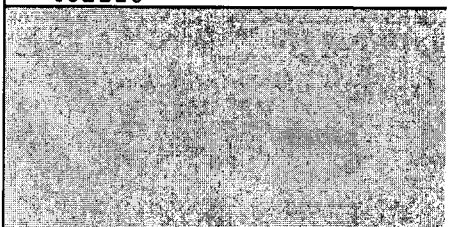
Form **5500**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

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**

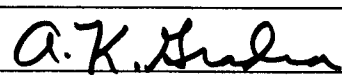
- A** This return/report is for: (1) ☒ a multiemployer plan; (3) ☐ a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- (2) ☐ a single-employer plan; (4) ☐ a DFE (specify) _____
- B** This return/report 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 plan RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN	1b Three-digit plan number (PN).... ▶ 512
	1c Effective date of plan 01/01/2013
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) 482110
NATIONAL 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.

SIGN HERE  Signature of plan administrator	10/12/15 Date	A. K. GRADIA Enter name of individual signing as plan administrator
SIGN HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) 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

3 a Plan administrator's name and address ☒ Same as Plan Sponsor

3 b Administrator's EIN

3 c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4 b EIN

4 c PN

5 Total number of participants at the beginning of the plan year 5 6036

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).

a(1) Total number of active participants at the beginning of the plan year 6a(1) 6036

a(2) Total number of active participants at the end of the plan year 6a(2) 5458

b Retired or separated participants receiving benefits 6 b

c Other retired or separated participants entitled to future benefits 6 c

d Subtotal. Add lines 6a(2), 6b, and 6c 6 d 5458

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits 6 e

f Total. Add lines 6d and 6e 6 f

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 6 g

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 6 h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) 7 26

8 a 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:

4A									

9 a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9 b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1) ☐ R (Retirement Plan Information)
 (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) – signed by the plan actuary
 (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) – signed by the plan actuary

b General Schedules

- (1) ☒ H (Financial Information)
 (2) ☐ I (Financial Information – Small Plan)
 (3) ☐ A (Insurance Information)
 (4) ☒ C (Service Provider Information)
 (5) ☐ D (DFE/Participating Plan Information)
 (6) ☐ G (Financial Transaction Schedules)

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 _____