

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;">2015</div> This Form is Open to Public Inspection
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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 <u>THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">502</div>	
	1c Effective date of plan <u>07/01/1973</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u> <u>251 - 18TH STREET SOUTH SUITE 750</u> <u>ARLINGTON, VA 22202</u>	2b Employer Identification Number (EIN) <u>52-1036399</u>	2c Plan Sponsor's telephone number <u>571-336-7600</u>	2d Business code (see instructions) <u>482110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	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) <u>TIMOTHY A. HELLER, CPA</u> <u>TMDG, LLC.</u> <u>500 E PRATT ST STE 525</u> <u>BALTIMORE, MD 21202</u>			Preparer's telephone number <u>443-743-1277</u>

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 30710
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) 30710 6a(2) 31215 6b 6c 6d 31215 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 37

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

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

4F

9a Plan funding arrangement (check all that apply) (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
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CARRIERS' CONFERENCE COMMITTEE	D Employer Identification Number (EIN) 52-1036399	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUNTRUST BANKS, INC.

303 PEACHTREE STREET NE
SUITE 3200
ATLANTA, GA 30308

58-0466330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	12841	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TMDG, LLC

500 E PRATT STREET
SUITE 525
BALTIMORE, MD 21202

03-0583064

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	114880	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AETNA, INC.

151 FARMINGTON AVENUE
HARTFORD, CT 06186

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15	NONE	1847593	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WEAVER BROTHERS INSURANCE

7315 WISCONSIN AVENUE
EAST SUITE 900
BETHESDA, MD 20814

52-1590169

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	15506	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN</u>		B Three-digit plan number (PN) <u>502</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		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	91859	79216
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	1001304	908884
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	48848	1298664
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3927947	2972880
	(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	5069958	5259644

Liabilities

g Benefit claims payable	1g	4280237	4793810
h Operating payables	1h	170085	243918
i Acquisition indebtedness	1i		
j Other liabilities	1j		221916
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4450322	5259644

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	619636	
-----------------------------------------------------------	-----------	--------	--

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	13242639	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13242639
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	458	
(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)		458
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		13243097

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11868489	
(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)		11868489
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)	133810	
(2) Contract administrator fees	2i(2)	1847593	
(3) Investment advisory and management fees	2i(3)	12841	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1994244
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13862733

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-619636
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: TMDG, LLC

(2) EIN: 03-0583064

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	N/A	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		
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		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?		X		

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

6a Name of trust
THE MOW EMPLOYEES SSBP TRUST

6b Trust's EIN
521162945

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

FINANCIAL STATEMENTS
(Together with report of Independent Public Accountants)

December 31, 2015 and 2014

CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT ON THE FINANCIAL STATEMENTS	3 – 4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Statements of Plan Benefit Obligations	7
Statement of Changes in Plan Benefit Obligations	8
Notes to Financial Statements	9 – 18
SUPPLEMENTAL SCHEDULES	
Schedule of Assets (Held at End of Year)	20
Schedule of Reportable Transactions	21 – 30

500 East Pratt Street • Suite 525 • Baltimore, Maryland 21202-3178

Telephone: 443.743.1277 • Facsimile: 443.743.1295



INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Maintenance of Way Employees Supplemental Sickness Benefit Plan (the Plan), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2015 and 2014, 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, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, 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, 2015 and 2014, and for the year ended

December 31, 2015, 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.

Emphasis of Matter

As discussed in Note 1 to the financial statements, during the year ended December 31, 2015, the Plan adopted new accounting guidance, Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force)*. This update was retrospectively applied to December 31, 2014. Our opinion has not been modified with respect to this matter.

Other Matter

The supplemental schedules, schedule of assets (held at end of year) and schedule of reportable transactions as of or for the year ended December 31, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan Administrator. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

TMDG LLC

Baltimore, Maryland
October 12, 2016

THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
ASSETS		
Investments, at fair value	<u>\$ 2,972,880</u>	<u>\$ 3,927,947</u>
Receivables:		
Participating railroads' contributions	908,884	1,001,304
Plan benefit overpayments	62,543	48,814
Accrued interest	<u>93</u>	<u>34</u>
	<u>971,520</u>	<u>1,050,152</u>
Cash	<u>79,216</u>	<u>91,859</u>
Amount due from participating railroads	<u>1,236,028</u>	<u>-</u>
Total assets	<u>5,259,644</u>	<u>5,069,958</u>
LIABILITIES		
Accounts payable and accrued expenses	243,918	170,085
Participating railroad contribution overpayment	<u>221,916</u>	<u>-</u>
Total liabilities	<u>465,834</u>	<u>170,085</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 4,793,810</u></u>	<u><u>\$ 4,899,873</u></u>

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

THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2015

ADDITIONS

Investment income:	
Interest income	\$ 458
Less investment expenses	<u>(12,841)</u>
	<u>(12,383)</u>
Participating railroads' contributions	<u>13,242,639</u>
Total additions	<u>13,230,256</u>

DEDUCTIONS

Benefits paid to participants	11,354,916
Administrative expenses	<u>1,981,403</u>
Total deductions	<u>13,336,319</u>
Net decrease	(106,063)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>4,899,873</u>
End of year	<u>\$ 4,793,810</u>

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

THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Statements of Plan Benefit Obligations
(As Determined by Aetna)
December 31, 2015 and 2014

	2015	2014
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS		
Claims payable and claims incurred but not reported	<u>\$ 4,793,810</u>	<u>\$ 4,280,237</u>

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

THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Statement of Changes in Plan Benefit Obligations
(As Determined by Aetna)
For the Year Ended December 31, 2015

AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS

Balance at beginning of year	\$ 4,280,237
Claims approved for payment and claims incurred but not reported	11,868,489
Claims paid	<u>(11,354,916)</u>
Balance at end of year	<u>\$ 4,793,810</u>

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

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of The Maintenance of Way Employees Supplemental Sickness Benefit Plan (the Plan) provides only general information. Participants should refer to the Plan's Summary Plan Description for a more complete description of the Plan's provisions.

General

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

Benefits

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

Eligibility

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

Funding

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

Tax status

The Trust established pursuant to the Plan document to hold the Plan's assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code and, accordingly, the Trust's net investment income is exempt from income taxation. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded during the year ending December 31, 2015 for unrelated business taxable income.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (continued)

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

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740, Income Taxes, prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The Plan's management has evaluated the impact of this guidance to its financial statements. The Plan's tax returns are subject to examination by taxing authorities, generally for a period of three years from the date the returns are filed.

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.

Recent accounting pronouncements

In May 2015, the FASB issued Accounting Standards Update No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent) (a consensus of the FASB Emerging Issues Task Force)*. The amendments in this update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in this update are effective for public business entities for fiscal years beginning after December 15, 2015. For all other entities, the amendments in this update are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. Plan management has determined that this update is not currently applicable to the Plan.

In July 2015, the FASB issued Accounting Standards Update No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III)*

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (continued)

Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force). The purpose of this update is to simplify plan accounting.

The amendments in Part I of this update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value; accordingly, there will no longer be an adjustment from fair value to contract value on the face of the financial statements.

The amendments in Part II of this update will eliminate the requirements for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, *Annual Return/Report of Employee Benefit Plan*, as a direct filing entity, disclosure of that investment's strategy will no longer be required.

The amendments in Part III of this update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The update may be adopted in whole or by part (I, II, and III), as applicable. The amendments in this update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. Plan management has adopted Part II of this update as of and for the year ended December 31, 2015 and has retrospectively applied it to December 31, 2014. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new update. Parts I and III are currently not applicable to the Plan.

Note 2. Significant Accounting Policies

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (continued)

Use of estimates

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

Valuation of investments and income recognition

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

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

Fair value of financial instruments

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

Payment of benefits

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

Participating railroads' contributions and contributions receivable

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

Allowance for doubtful accounts

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

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (continued)

Amounts due from participating railroads

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

Subsequent events

The Plan Administrator has evaluated subsequent events through October 12, 2016, the date the financial statements were available to be issued.

Note 3. Information Certified by the Plan's Trustee and the Plan Administrator

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

	2015	2014
Money Market Fund:*		
Investments	\$ 2,972,880	\$ 3,927,947
Accrued interest	\$ 93	\$ 34
Interest income	\$ 458	N/A

* Investments held as of December 31, 2015 and 2014 were in Federated Treasury Obligations MM-1 #68 FFS.

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

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

Note 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:

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (continued)

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, 2015 and 2014 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, 2015 and 2014, all of the Plan's investment assets have been determined by the Plan Administrator to be level 1.

Note 5. Plan Benefit Overpayment Receivable

Pursuant to the Plan's Summary Plan Description, should a Plan participant receive one or more types of certain subsequent payments from a government entity, another plan,

NOTES TO FINANCIAL STATEMENTS

Note 5. Plan Benefit Overpayment Receivable (continued)

or another insurance arrangement (see Plan's Summary Plan Description for a complete listing of these subsequent payments) in connection with a disability claim that has been paid by the Plan, the payment will reduce the basic benefit payable by the Plan and an overpayment will be created.

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

Based on current and historical collection patterns, the Plan Administrator has determined that any amounts not repaid by Plan participants within one year of receipt of such payments will be deemed uncollectible. The following table represents the balances of the plan benefit overpayment receivable as of December 31, 2015 and 2014, which only includes amounts that have been reported to and recorded by Aetna as of December 31st.

	2015	2014
Total plan benefit overpayment receivable	\$ 162,957	\$ 232,610
Allowance	<u>(100,414)</u>	<u>(183,796)</u>
Net plan benefit overpayment receivable	<u>\$ 62,543</u>	<u>\$ 48,814</u>

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

Note 6. Post-Retirement Benefits and Other Plan Obligations

The Plan provides no post-retirement benefits.

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

NOTES TO FINANCIAL STATEMENTS

Note 6. Post-Retirement Benefits and Other Plan Obligations (continued)

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

Note 7. Concentration of Participating Railroads

There are approximately 37 railroads participating in the Plan, of which 4 Class I railroads comprised approximately 80% of the total Plan activity as of and for the years ended December 31, 2015 and 2014.

This activity includes, but is not limited to, participating railroad contributions receivable and amounts due from participating railroads as of December 31, 2015 and 2014, and participating railroads' contributions for the year ended December 31, 2015 as follows:

Railroad	Percentage of Total Plan Activity	
	2015	2014
A	27.3%	26.6%
B	25.2%	24.6%
C	15.2%	15.5%
D	12.6%	13.3%

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2015 and 2014 financial statements to the Form 5500.

	2015	2014
Net assets available for benefits as reported within the financial statements	\$ 4,793,810	\$ 4,899,873
Benefit obligations currently payable	(4,793,810)	(4,280,237)
Net assets available for benefits as reported within the Form 5500	\$ -	\$ 619,636

NOTES TO FINANCIAL STATEMENTS

Note 8. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31, 2015.

Benefits paid to participants as reported within the financial statements	\$ 11,354,916
Add: Amounts payable at end of year	4,793,810
Less: Amounts payable at beginning of year	<u>(4,280,237)</u>
Benefits paid to participants as reported within the Form 5500	<u>\$ 11,868,489</u>

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

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. Risks and Uncertainties

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

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

NOTES TO FINANCIAL STATEMENTS

Note 10. Risks and Uncertainties (continued)

The total obligations for claims payable and claims incurred but not reported, as calculated and reported to the Plan by Aetna as of December 31, 2015 and 2014 is based on certain assumptions pertaining to health care trends and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

SUPPLEMENTAL SCHEDULES

THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Schedule of Assets (Held at End of Year)
December 31, 2015

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

EIN: 52-1036399

Plan Number: 502

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	<u>Cost</u>	<u>Current Value</u>
*	Money Market Funds SunTrust Bank Account 70-04-102-7036738	Money Market Fund Federated Trsy Oblig MM-1 #68FFS	<u>\$ 2,972,880</u>	<u>\$ 2,972,880</u>

* Known party-in-interest to the Plan.

THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN

Schedule of Reportable Transactions
For the Year Ended December 31, 2015

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

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



REPORTABLE TRANSACTIONS WORKSHEET

1/1/15 THROUGH 12/31/15

ACCOUNT 7034730

PAGE 63

RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
01/21/15 B	730,230.9200	1.0000		-730,231 *	730,231	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
02/17/15 B	244,391.5400	1.0000		-244,392 *	244,392	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
02/19/15 B	372,951.5800	1.0000		-372,951 *	372,951	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
02/20/15 B	235,332.4100	1.0000		-235,332 *	235,332	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
03/04/15 S	210,302.1800	1.0000		210,302 *	210,302	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
03/18/15 B	660,121.6900	1.0000		-660,122 *	660,122	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
03/30/15 S	199,800.7700	1.0000		199,801 *	199,801	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
04/14/15 S	200,939.9200	1.0000		200,940 *	200,940	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
04/20/15 B	802,709.6000	1.0000		-802,710 *	802,710	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
05/19/15 B	944,576.9600	1.0000		-944,577 *	944,577	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
05/26/15 S	200,679.5200	1.0000		200,680 *	200,680	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
06/17/15 S	198,830.9900	1.0000		198,831 *	198,831	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
06/18/15 B	847,253.5100	1.0000		-847,254 *	847,254	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
06/29/15 S	197,409.5400	1.0000		197,410 *	197,410	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
07/20/15 B	790,242.1300	1.0000		-790,242 *	790,242	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
08/18/15 B	1,007,638.7600	1.0000		-1,007,639 *	1,007,639	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS NM-I #68						
09/17/15 B	580,203.4700	1.0000		-580,203 *	580,203	

BEGINNING MARKET VALUE 3,927,981.18
COMPARATIVE VALUE (\$X) 196,899.06



REPORTABLE TRANSACTIONS WORKSHEET

1/1/15 THROUGH 12/31/15

PAGE 64

ACCOUNT 7036738

RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MN-I #68						
09/23/15 S	208,725.2000	1.0000	0	208,725 *	208,725	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MN-I #68						
10/21/15 B	981,595.7000	1.0000	0	-981,596 *	981,596	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MN-I #68						
11/03/15 S	208,735.1300	1.0000	0	208,735 *	208,735	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MN-I #68						
11/17/15 B	231,015.7900	1.0000	0	-231,016 *	231,016	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MN-I #68						
11/18/15 B	454,923.3000	1.0000	0	-454,923 *	454,923	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MN-I #68						
11/19/15 B	231,164.3900	1.0000	0	-231,164 *	231,164	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MN-I #68						
12/25/15 B	951,695.5300	1.0000	0	-951,696 *	951,696	
GRAND TOTAL			0	11,699,552	11,699,552	0

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

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

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

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

01/05/15 B	33.8900	1.0000	0	-34	34
01/21/15 B	730,230.9200	1.0000	0	-730,231 *	730,231
02/02/15 B	44,789.9300	1.0000	0	-44,790	44,790
02/03/15 B	32.4300	1.0000	0	-32	32
02/13/15 B	244,391.5400	1.0000	0	-244,392 *	244,392
02/19/15 B	372,951.3800	1.0000	0	-372,951 *	372,951



ACCOUNT 7036730

REPORTABLE TRANSACTIONS WORKSHEET

1/1/15 THROUGH 12/31/15

PAGE 65

RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/STOCK	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
02/20/15 B	235,332.4100	1.0000		-235,332 *	235,332	
03/05/15 B	28.4300	1.0000		-29	29	
03/17/15 B	189,829.3600	1.0000		-189,829	189,829	
03/18/15 B	660,121.4900	1.0000		-660,122 *	660,122	
03/19/15 B	12,522.5600	1.0000		-12,523	12,523	
04/02/15 B	31.3100	1.0000		-32	32	
04/16/15 B	109,730.9700	1.0000		-109,731	109,731	
04/20/15 B	802,709.6000	1.0000		-802,710 *	802,710	
05/04/15 B	29.1700	1.0000		-29	29	
05/19/15 B	944,576.9600	1.0000		-944,577 *	944,577	
06/02/15 B	30.5400	1.0000		-31	31	
06/16/15 B	112,093.3600	1.0000		-112,093	112,093	
06/18/15 B	847,253.5100	1.0000		-847,254 *	847,254	
07/02/15 B	29.3500	1.0000		-29	29	
07/16/15 B	106,393.8100	1.0000		-106,394	106,394	
07/20/15 B	790,242.1300	1.0000		-790,242 *	790,242	
07/22/15 B	43,000.4700	1.0000		-43,000	43,000	
08/06/15 B	29.1800	1.0000		-29	29	
08/18/15 B	1,007,638.7600	1.0000		-1,007,639 *	1,007,639	
09/02/15 B	43.2200	1.0000		-43	43	
09/16/15 B	127,391.6900	1.0000		-127,392	127,392	
09/17/15 B	580,203.4700	1.0000		-580,203 *	580,203	
09/21/15 B	176,479.3700	1.0000		-176,479	176,479	
10/02/15 B	43.2800	1.0000		-43	43	
10/21/15 B	981,595.7000	1.0000		-981,596 *	981,596	
11/03/15 B	31.6000	1.0000		-32	32	
11/17/15 B	231,015.7900	1.0000		-231,016 *	231,016	
11/18/15 B	454,923.3000	1.0000		-454,923 *	454,923	
11/19/15 B	231,164.3900	1.0000		-231,164 *	231,164	
12/02/15 B	36.0300	1.0000		-36	36	
12/23/15 B	951,695.5300	1.0000		-951,696 *	951,696	
SUB-TOTAL OF BUYS \$ 37				-----	-----	
				11,008,678	11,008,678	
01/02/15 S	61,423.8600	1.0000		61,424	61,424	
01/05/15 S	64,455.8400	1.0000		64,456	64,456	
01/06/15 S	30,708.4700	1.0000		30,708	30,708	
01/07/15 S	47,650.4300	1.0000		47,650	47,650	
01/08/15 S	1,194.1500	1.0000		1,194	1,194	
01/09/15 S	1,124.7700	1.0000		1,125	1,125	
01/09/15 S	847.8200	1.0000		848	848	
01/12/15 S	27,499.2800	1.0000		27,499	27,499	
01/13/15 S	26,532.8400	1.0000		26,532	26,532	
01/14/15 S	41,345.8100	1.0000		41,346	41,346	
01/15/15 S	63,988.2900	1.0000		63,988	63,988	
01/20/15 S	83,683.8500	1.0000		83,684	83,684	



REPORTABLE TRANSACTIONS WORKSHEET

1/1/15 THROUGH 12/31/15

PAGE 66

ACCOUNT 7036758

RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
01/22/15 S	24,654.5200	1.0000		24,655	24,655	0
01/23/15 S	40,236.4800	1.0000		40,236	40,236	0
01/26/15 S	46,962.6600	1.0000		46,963	46,963	0
01/27/15 S	40,253.5200	1.0000		40,254	40,254	0
01/28/15 S	52,087.9800	1.0000		52,088	52,088	0
01/29/15 S	141,359.7200	1.0000		141,360	141,360	0
01/30/15 S	47,517.2900	1.0000		47,517	47,517	0
02/03/15 S	57,837.8500	1.0000		57,838	57,838	0
02/04/15 S	41,558.4500	1.0000		41,558	41,558	0
02/05/15 S	43,734.4200	1.0000		43,734	43,734	0
02/06/15 S	29,885.6300	1.0000		29,886	29,886	0
02/09/15 S	1,103.0500	1.0000		1,103	1,103	0
02/10/15 S	185,311.2000	1.0000		185,311	185,311	0
02/10/15 S	42,682.7100	1.0000		42,683	42,683	0
02/11/15 S	49,869.5100	1.0000		49,870	49,870	0
02/12/15 S	52,304.0400	1.0000		52,304	52,304	0
02/13/15 S	28,937.8800	1.0000		28,938	28,938	0
02/18/15 S	44,503.4300	1.0000		44,503	44,503	0
02/23/15 S	29,984.9700	1.0000		29,985	29,985	0
02/24/15 S	24,095.2000	1.0000		24,095	24,095	0
02/25/15 S	34,968.3600	1.0000		34,968	34,968	0
02/26/15 S	149,918.2800	1.0000		149,918	149,918	0
02/27/15 S	28,547.2900	1.0000		28,547	28,547	0
03/02/15 S	42,114.4400	1.0000		42,114	42,114	0
03/03/15 S	36,903.4300	1.0000		36,903	36,903	0
03/06/15 S	218,302.1800	1.0000		218,302	218,302	0
03/05/15 S	38,178.5700	1.0000		38,179	38,179	0
03/06/15 S	36,196.0800	1.0000		36,196	36,196	0
03/09/15 S	1,091.2000	1.0000		1,091	1,091	0
03/09/15 S	41,509.1600	1.0000		41,509	41,509	0
03/10/15 S	48,292.5600	1.0000		48,293	48,293	0
03/12/15 S	75,336.2800	1.0000		75,336	75,336	0
03/13/15 S	22,790.3500	1.0000		22,790	22,790	0
03/16/15 S	28,072.8400	1.0000		28,073	28,073	0
03/20/15 S	31,263.4500	1.0000		31,263	31,263	0
03/23/15 S	53,879.8900	1.0000		53,880	53,880	0
03/24/15 S	21,787.0800	1.0000		21,787	21,787	0
03/25/15 S	44,451.9100	1.0000		44,452	44,452	0
03/26/15 S	52,108.4300	1.0000		52,108	52,108	0
03/27/15 S	36,703.4500	1.0000		36,703	36,703	0
03/30/15 S	199,880.7700	1.0000		199,881	199,881	0
03/31/15 S	41,548.1000	1.0000		41,548	41,548	0
04/01/15 S	36,845.3400	1.0000		36,845	36,845	0
04/02/15 S	56,195.3600	1.0000		56,195	56,195	0
04/06/15 S	51,728.5600	1.0000		51,724	51,724	0
04/07/15 S	23,032.4400	1.0000		23,032	23,032	0



ACCOUNT 7836738

REPORTABLE TRANSACTIONS WORKSHEET

1/1/15 THROUGH 12/31/15

PAGE 67

RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
04/08/15 \$	1,089.5300	1.0000		0	1,090	0
04/08/15 \$	49,002.9900	1.0000		49,003	49,003	0
04/09/15 \$	32,875.5500	1.0000		32,876	32,876	0
04/10/15 \$	19,705.5400	1.0000		19,706	19,706	0
04/13/15 \$	50,682.3600	1.0000		50,682	50,682	0
04/14/15 \$	208,939.9200	1.0000		208,940	208,940	0
04/15/15 \$	27,876.6200	1.0000		27,877	27,877	0
04/17/15 \$	34,429.6500	1.0000		34,430	34,430	0
04/21/15 \$	40,616.9100	1.0000		40,617	40,617	0
04/22/15 \$	20,085.1500	1.0000		20,085	20,085	0
04/23/15 \$	29,323.2400	1.0000		29,323	29,323	0
04/24/15 \$	27,655.2200	1.0000		27,655	27,655	0
04/27/15 \$	49,572.7000	1.0000		49,573	49,573	0
04/28/15 \$	22,683.5700	1.0000		22,684	22,684	0
04/29/15 \$	182,996.7500	1.0000		182,997	182,997	0
04/30/15 \$	30,785.2600	1.0000		30,785	30,785	0
05/01/15 \$	21,839.8500	1.0000		21,840	21,840	0
05/04/15 \$	37,732.1800	1.0000		37,732	37,732	0
05/05/15 \$	47,422.6200	1.0000		47,423	47,423	0
05/06/15 \$	39,293.9100	1.0000		39,294	39,294	0
05/07/15 \$	18,691.0800	1.0000		18,691	18,691	0
05/08/15 \$	1,068.8300	1.0000		1,069	1,069	0
05/08/15 \$	42,850.0400	1.0000		42,850	42,850	0
05/11/15 \$	32,612.7700	1.0000		32,613	32,613	0
05/12/15 \$	28,649.3000	1.0000		28,649	28,649	0
05/13/15 \$	43,855.6200	1.0000		43,855	43,855	0
05/14/15 \$	25,918.3100	1.0000		25,918	25,918	0
05/15/15 \$	10,505.9100	1.0000		10,506	10,506	0
05/18/15 \$	31,056.2600	1.0000		31,056	31,056	0
05/20/15 \$	35,568.4900	1.0000		35,568	35,568	0
05/21/15 \$	35,011.0400	1.0000		35,011	35,011	0
05/22/15 \$	31,571.9600	1.0000		31,572	31,572	0
05/24/15 \$	200,679.5200	1.0000		200,680	200,680	0
05/27/15 \$	29,038.7000	1.0000		29,039	29,039	0
05/28/15 \$	162,051.0600	1.0000		162,051	162,051	0
05/29/15 \$	18,373.0500	1.0000		18,373	18,373	0
06/01/15 \$	51,597.2500	1.0000		51,597	51,597	0
06/02/15 \$	40,191.0700	1.0000		40,191	40,191	0
06/03/15 \$	35,199.7200	1.0000		35,200	35,200	0
06/04/15 \$	43,215.5300	1.0000		43,216	43,216	0
06/05/15 \$	32,667.8200	1.0000		32,668	32,668	0
06/08/15 \$	1,074.2200	1.0000		1,074	1,074	0
06/08/15 \$	29,260.6100	1.0000		29,261	29,261	0
06/09/15 \$	43,594.6700	1.0000		43,595	43,595	0
06/10/15 \$	38,246.0700	1.0000		38,246	38,246	0
06/11/15 \$	29,831.2100	1.0000		29,831	29,831	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/15 THROUGH 12/31/15

PAGE 68

ACCOUNT 7036738

RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
06/12/15 \$	18,785.5100	1.0000	0	18,786	18,786	0
06/15/15 \$	40,128.8100	1.0000	0	40,129	40,129	0
06/17/15 \$	198,830.9900	1.0000	0	198,831 *	198,831	0
06/19/15 \$	39,548.9500	1.0000	0	39,549	39,549	0
06/22/15 \$	18,461.2100	1.0000	0	18,461	18,461	0
06/23/15 \$	44,977.9000	1.0000	0	44,978	44,978	0
06/24/15 \$	33,487.3200	1.0000	0	33,487	33,487	0
06/25/15 \$	45,724.1200	1.0000	0	45,724	45,724	0
06/26/15 \$	23,717.2900	1.0000	0	23,717	23,717	0
06/29/15 \$	197,409.5400	1.0000	0	197,410 *	197,410	0
06/30/15 \$	32,714.5300	1.0000	0	32,715	32,715	0
07/01/15 \$	89,753.2900	1.0000	0	89,753	89,753	0
07/02/15 \$	41,452.9400	1.0000	0	41,453	41,453	0
07/06/15 \$	50,994.5000	1.0000	0	50,995	50,995	0
07/07/15 \$	35,039.1600	1.0000	0	35,039	35,039	0
07/08/15 \$	1,071.6000	1.0000	0	1,072	1,072	0
07/08/15 \$	165,951.1300	1.0000	0	165,951	165,951	0
07/09/15 \$	39,053.4500	1.0000	0	39,053	39,053	0
07/10/15 \$	17,446.9600	1.0000	0	17,447	17,447	0
07/13/15 \$	45,624.5000	1.0000	0	45,625	45,625	0
07/14/15 \$	33,026.5000	1.0000	0	33,027	33,027	0
07/15/15 \$	33,236.4800	1.0000	0	33,236	33,236	0
07/17/15 \$	41,230.4200	1.0000	0	41,230	41,230	0
07/21/15 \$	35,567.7100	1.0000	0	35,568	35,568	0
07/23/15 \$	19,900.4600	1.0000	0	19,900	19,900	0
07/24/15 \$	8,982.0100	1.0000	0	8,982	8,982	0
07/27/15 \$	37,470.6100	1.0000	0	37,471	37,471	0
07/28/15 \$	19,084.4300	1.0000	0	19,084	19,084	0
07/29/15 \$	29,061.8400	1.0000	0	29,062	29,062	0
07/30/15 \$	167,259.5500	1.0000	0	167,260	167,260	0
07/31/15 \$	23,918.6500	1.0000	0	23,919	23,919	0
08/03/15 \$	32,036.4500	1.0000	0	32,036	32,036	0
08/04/15 \$	45,045.3500	1.0000	0	45,045	45,045	0
08/05/15 \$	40,703.6000	1.0000	0	40,704	40,704	0
08/06/15 \$	34,722.3500	1.0000	0	34,722	34,722	0
08/07/15 \$	23,535.1400	1.0000	0	23,535	23,535	0
08/10/15 \$	1,054.3000	1.0000	0	1,054	1,054	0
08/10/15 \$	40,155.0400	1.0000	0	40,155	40,155	0
08/11/15 \$	182,710.5600	1.0000	0	182,711	182,711	0
08/12/15 \$	29,848.9900	1.0000	0	29,849	29,849	0
08/13/15 \$	24,475.3800	1.0000	0	24,475	24,475	0
08/14/15 \$	23,239.8400	1.0000	0	23,240	23,240	0
08/17/15 \$	52,320.0400	1.0000	0	52,320	52,320	0
08/19/15 \$	54,060.6800	1.0000	0	54,061	54,061	0
08/20/15 \$	24,806.6200	1.0000	0	24,807	24,807	0
08/23/15 \$	33,845.2100	1.0000	0	33,845	33,845	0



ACCOUNT 7036750

REPORTABLE TRANSACTIONS WORKSHEET

1/1/15 THROUGH 12/31/15

PAGE 69

RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/STOCK	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
08/24/15 \$	65,155.6000	1.0000		65,156	65,156	0
08/25/15 \$	34,897.6300	1.0000		34,898	34,898	0
08/26/15 \$	56,033.3400	1.0000		56,033	56,033	0
08/27/15 \$	37,064.5900	1.0000		37,065	37,065	0
08/28/15 \$	149,256.8900	1.0000		149,257	149,257	0
08/31/15 \$	41,127.2300	1.0000		41,127	41,127	0
09/01/15 \$	45,593.6500	1.0000		45,594	45,594	0
09/02/15 \$	29,260.2800	1.0000		29,260	29,260	0
09/03/15 \$	53,084.6400	1.0000		53,085	53,085	0
09/04/15 \$	50,333.0700	1.0000		50,333	50,333	0
09/08/15 \$	34,299.5400	1.0000		34,300	34,300	0
09/09/15 \$	1,068.5200	1.0000		1,069	1,069	0
09/09/15 \$	5,783.6000	1.0000		5,784	5,784	0
09/10/15 \$	58,688.9200	1.0000		58,689	58,689	0
09/11/15 \$	33,102.2100	1.0000		33,102	33,102	0
09/14/15 \$	33,923.0900	1.0000		33,923	33,923	0
09/15/15 \$	7,737.6700	1.0000		7,737	7,737	0
09/18/15 \$	41,100.5800	1.0000		41,101	41,101	0
09/22/15 \$	43,705.0600	1.0000		43,705	43,705	0
09/23/15 \$	208,725.2000	1.0000		208,725 *	208,725	0
09/26/15 \$	42,671.7900	1.0000		42,672	42,672	0
09/28/15 \$	31,920.1800	1.0000		31,920	31,920	0
09/28/15 \$	48,551.7500	1.0000		48,552	48,552	0
09/29/15 \$	104,862.2700	1.0000		104,862	104,862	0
09/30/15 \$	49,432.2400	1.0000		49,432	49,432	0
10/01/15 \$	44,888.5100	1.0000		44,889	44,889	0
10/02/15 \$	32,935.2200	1.0000		32,935	32,935	0
10/05/15 \$	51,310.0100	1.0000		51,310	51,310	0
10/06/15 \$	190,237.0000	1.0000		190,237	190,237	0
10/07/15 \$	57,779.8500	1.0000		57,780	57,780	0
10/08/15 \$	1,068.7200	1.0000		1,069	1,069	0
10/08/15 \$	71,758.4800	1.0000		71,758	71,758	0
10/09/15 \$	44,548.6700	1.0000		44,549	44,549	0
10/13/15 \$	37,584.9200	1.0000		37,585	37,585	0
10/14/15 \$	60,699.4500	1.0000		60,699	60,699	0
10/15/15 \$	33,879.2300	1.0000		33,879	33,879	0
10/16/15 \$	26,011.2800	1.0000		26,011	26,011	0
10/19/15 \$	43,387.7700	1.0000		43,388	43,388	0
10/20/15 \$	27,048.4800	1.0000		27,048	27,048	0
10/22/15 \$	34,302.5600	1.0000		34,303	34,303	0
10/23/15 \$	37,107.0500	1.0000		37,107	37,107	0
10/26/15 \$	65,837.6500	1.0000		65,838	65,838	0
10/27/15 \$	46,179.6100	1.0000		46,180	46,180	0
10/28/15 \$	64,350.3400	1.0000		64,350	64,350	0
10/29/15 \$	194,065.1200	1.0000		194,065	194,065	0
10/30/15 \$	31,835.4000	1.0000		31,835	31,835	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/15 THROUGH 12/31/15

ACCOUNT 7036730

PAGE 70

RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/02/15 \$	42,269.5200	1.0000	0	42,270	42,270	0
11/03/15 \$	208,735.1300	1.0000	0	208,735	208,735	0
11/04/15 \$	46,238.5200	1.0000	0	46,239	46,239	0
11/05/15 \$	37,924.1400	1.0000	0	37,924	37,924	0
11/06/15 \$	114,722.2600	1.0000	0	114,722	114,722	0
11/09/15 \$	1,023.6400	1.0000	0	1,024	1,024	0
11/10/15 \$	51,033.1300	1.0000	0	51,033	51,033	0
11/10/15 \$	37,377.9800	1.0000	0	37,378	37,378	0
11/12/15 \$	38,883.4200	1.0000	0	38,883	38,883	0
11/13/15 \$	58,557.3700	1.0000	0	58,557	58,557	0
11/16/15 \$	34,797.3100	1.0000	0	34,797	34,797	0
11/20/15 \$	41,417.1800	1.0000	0	41,417	41,417	0
11/23/15 \$	52,378.1000	1.0000	0	52,378	52,378	0
11/24/15 \$	83,825.2100	1.0000	0	83,825	83,825	0
11/25/15 \$	40,082.6400	1.0000	0	40,083	40,083	0
12/01/15 \$	15,000.0000	1.0000	0	15,000	15,000	0
12/02/15 \$	36,476.2100	1.0000	0	36,476	36,476	0
12/03/15 \$	186,620.7300	1.0000	0	186,621	186,621	0
12/04/15 \$	58,306.5300	1.0000	0	58,307	58,307	0
12/07/15 \$	56,493.6900	1.0000	0	56,494	56,494	0
12/08/15 \$	1,002.5000	1.0000	0	1,003	1,003	0
12/08/15 \$	27,291.0400	1.0000	0	27,291	27,291	0
12/09/15 \$	188,373.7000	1.0000	0	188,374	188,374	0
12/10/15 \$	29,722.0800	1.0000	0	29,722	29,722	0
12/11/15 \$	29,755.0300	1.0000	0	29,755	29,755	0
12/14/15 \$	52,022.7600	1.0000	0	52,023	52,023	0
12/15/15 \$	44,715.0100	1.0000	0	44,715	44,715	0
12/16/15 \$	51,177.3300	1.0000	0	51,177	51,177	0
12/17/15 \$	78,923.3600	1.0000	0	78,923	78,923	0
12/18/15 \$	26,846.4900	1.0000	0	26,846	26,846	0
12/21/15 \$	54,510.7200	1.0000	0	54,511	54,511	0
12/22/15 \$	32,398.7900	1.0000	0	32,391	32,391	0
12/24/15 \$	23,700.1900	1.0000	0	23,700	23,700	0
12/28/15 \$	41,662.3200	1.0000	0	41,662	41,662	0
12/29/15 \$	23,762.0800	1.0000	0	23,762	23,762	0
12/30/15 \$	139,612.7600	1.0000	0	139,613	139,613	0
12/31/15 \$	34,158.0200	1.0000	0	34,158	34,158	0
SUB-TOTAL OF SALES \$ 233				11,963,746	11,963,746	0
SUB-TOTAL				22,972,424	22,972,424	0
GRAND TOTAL				22,972,424	22,972,424	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/15 THROUGH 12/31/15

ACCOUNT 7034738

PAGE 71

RAILROAD - MAINT MAY EMP SUPP SK

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

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

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

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

OMB No. 1545-0212

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

File With IRS Only

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

A Name of filer, plan administrator, or plan sponsor (see instructions) NATIONAL CARRIERS' CONFERENCE COMMITTEE Number, street, and room or suite number (if a P.O. box, see instructions) 251 - 18TH STREET, SOUTH, SUITE 750 City or town, state, and ZIP code ARLINGTON, VA 22202	B Filer's identifying number (see instructions). <input checked="" type="checkbox"/> Employer identification number (EIN) (9 digits XX-XXXXXXX) ▶ 52-1036399 <input type="checkbox"/> Social security number (SSN) (9 digits XXX-XX-XXXX) ▶						
C Plan name 1 THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL	Plan number 502						
	Plan year ending <table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>12</td> <td>31</td> <td>15</td> </tr> </table>	MM	DD	YYYY	12	31	15
MM	DD	YYYY					
12	31	15					

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 10/17/2016 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**2015****This Form Is Open to
Public Inspection****Annual Report Identification Information****For calendar plan year 2015 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)




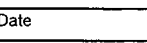
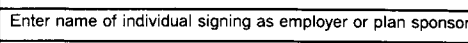



Basic Plan Information — enter all requested information**1 a** Name of planTHE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL
SICKNESS BENEFIT PLAN**1b** Three-digit
plan number (PN).... ▶ 502**1c** Effective date of plan
07/01/1973**2 a** Plan sponsor's name (employer, if for a single-employer plan)

Mailing address (include room, apt., suite no. and street, or P.O. Box)

City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

2b Employer Identification Number (EIN)
52-1036399**2c** Plan Sponsor's telephone number
571-336-7600**2d** Business code (see instructions)
482110NATIONAL CARRIERS' CONFERENCE COMMITTEE
251 - 18TH STREET, SOUTH, SUITE 750
ARLINGTON, VA 22202**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

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

		A. K. GRADIA
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
		
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) TIMOTHY A. HELLER, CPA TMDG, LLC. 500 E PRATT ST, STE 525 BALTIMORE MD 21202		Preparer's telephone number [443] 743-1277

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.Form **5500** (2015)
v.150123

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

a Sponsor's name

4c PN

5 Total number of participants at the beginning of the plan year 5 30710

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) 30710

a(2) Total number of active participants at the end of the plan year 6a(2) 31215

b Retired or separated participants receiving benefits 6b

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

d Subtotal. Add lines 6a(2), 6b, and 6c 6d 31215

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

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

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

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

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) 7 37

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

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

4F									

9a Plan funding arrangement (check all that apply)

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

9b 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)

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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____