

<b>Form 5500</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold;">2015</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ <b>B</b> This return/report is: <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). <b>C</b> If the plan is a collectively-bargained plan, check here. .... <input checked="" type="checkbox"/> <b>D</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information										
<b>1a</b> Name of plan <u>RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN</u>  <b>2a</b> 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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>512</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>01/01/2013</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN) <u>52-1036399</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number <u>571-336-7600</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions) <u>482110</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>512</u>	<b>1c</b> Effective date of plan <u>01/01/2013</u>		<b>2b</b> Employer Identification Number (EIN) <u>52-1036399</u>		<b>2c</b> Plan Sponsor's telephone number <u>571-336-7600</u>		<b>2d</b> Business code (see instructions) <u>482110</u>	
<b>1b</b> Three-digit plan number (PN) ▶	<u>512</u>										
<b>1c</b> Effective date of plan <u>01/01/2013</u>											
<b>2b</b> Employer Identification Number (EIN) <u>52-1036399</u>											
<b>2c</b> Plan Sponsor's telephone number <u>571-336-7600</u>											
<b>2d</b> Business code (see instructions) <u>482110</u>											

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2016	A. K. GRADIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) <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>

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 6526
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....  <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b> 6526 <b>6a(2)</b> 5938 <b>6b</b> <b>6c</b> <b>6d</b> 5938 <b>6e</b> <b>6f</b> 0 <b>6g</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b> 26
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A	
<b>9a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> <b>(1)</b> <input type="checkbox"/> <b>R</b> (Retirement Plan Information)  <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information) <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) <b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information) <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) <b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) <b>(6)</b> <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2015</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
<b>A</b> Name of plan RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN	<b>B</b> Three-digit plan number (PN) ▶	512
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CARRIERS' CONFERENCE COMMITTEE	<b>D</b> Employer Identification Number (EIN) 52-1036399	

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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<b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

UNITEDHEALTHCARE

185 ASYLUM STREET  
HARTFORD, CT 06103

36-2739571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15	NONE	324121	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TMDG,LLC

500 EAST PRATT STREET  
SUITE 525  
BALTIMORE, MD 21202

03-0583064

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	52488	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2015</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
<b>A</b> Name of plan <u>RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN</u>	<b>B</b> Three-digit plan number (PN) ►	<u>512</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u>	<b>D</b> Employer Identification Number (EIN) <u>52-1036399</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	63668	31769
<b>(3)</b> Other.....	<b>1b(3)</b>	16	75
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2121745	2519238
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>		0
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	2185429	2551082

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>	161510	211104
<b>h</b> Operating payables .....	<b>1h</b>	42050	39299
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	203560	250403

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	1981869	2300679
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**Part II Income and Expense Statement**

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

**Income**

		(a) Amount	(b) Total
<b>a</b> <b>Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	796003	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	9231876	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		10027879
<b>b</b> <b>Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	162	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		162
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
c Other income .....	2c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		10028041

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	9330306	
(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)		9330306
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)	52488	
(2) Contract administrator fees .....	2i(2)	324121	
(3) Investment advisory and management fees .....	2i(3)	2316	
(4) Other .....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	2i(5)		378925
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		9709231

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		318810
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
<b>a</b> 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.) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55858
<b>b</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.) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

**6b** Trust's EIN

800868908

**6c** Name of trustee or custodian

**6d** Trustee's or custodian's telephone number

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

FINANCIAL REPORT  
(Together with report of Independent Public Accountants)

December 31, 2015 and 2014

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**INDEPENDENT AUDITOR'S REPORT**

To the National Carriers' Conference Committee with respect to  
The Railroad Employees National Health Flexible Spending Account Plan

**Report on the Financial Statements**

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

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

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

**TMDG LLC**

Baltimore, Maryland  
October 12, 2016

# THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

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

	2015	2014
<b>ASSETS</b>		
Investments, at fair value	<u>\$ 2,519,238</u>	<u>\$ 2,121,745</u>
Receivables:		
Participants' contributions	31,769	63,668
Accrued interest	<u>75</u>	<u>16</u>
	<u>31,844</u>	<u>63,684</u>
Total assets	<u>2,551,082</u>	<u>2,185,429</u>
<b>LIABILITIES</b>		
Accounts payable	<u>39,299</u>	<u>42,050</u>
Total liabilities	<u>39,299</u>	<u>42,050</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ 2,511,783</u></u>	<u><u>\$ 2,143,379</u></u>

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

# THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

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

### ADDITIONS

Investment income:	
Interest income	\$ 162
Less investment expenses	( 2,316)
	( 2,154)
Participants' contributions	9,113,179
Participating railroads' contributions	796,003
Participants' COBRA contributions	118,697
	<u>10,027,879</u>
Total additions	<u>10,025,725</u>

### DEDUCTIONS

Benefits paid to or for participants, beneficiaries, and dependents:	
Claims paid	9,280,712
Administrative expenses	<u>376,609</u>
Total deductions	<u>9,657,321</u>
Net increase	368,404

### NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>2,143,379</u>
End of year	<u>\$ 2,511,783</u>

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

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

Statements of Plan Benefit Obligations  
December 31, 2015 and 2014

	2015	2014
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Claims payable	<u>\$ 211,104</u>	<u>\$ 161,510</u>

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

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

Statement of Changes in Plan Benefit Obligations  
For the Year Ended December 31, 2015

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

Claims payable:

Balance at beginning of year	\$ 161,510
Claims reported and approved for payment	9,330,306
Claims paid	<u>( 9,280,712)</u>
Balance at end of year	<u>\$ 211,104</u>

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

## NOTES TO FINANCIAL STATEMENTS

### Note 1. Description of the Plan

The following description of The Railroad Employees National Health Flexible Spending Account Plan (the Plan) provides only general information. Participants should refer to the Plan's Summary Plan Description for a more complete description of the Plan's provisions.

#### *General*

The Plan and related Trust were established January 1, 2013 pursuant to collective-bargaining. The Plan is a defined contribution plan administered by the National Carriers' Conference Committee and is subject to the provisions of the Railway Labor Act, as amended, and the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### *Benefits*

The Plan allows a participant to use pre-tax wage deductions to pay for certain medical care expenses incurred that satisfy requirements established by the Internal Revenue Service through a Health Flexible Spending Arrangement (Health FSA). Such use is limited to the participant's annual election for Health Flexible Spending Arrangement (FSA) benefits.

#### *Eligibility*

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

#### *Participant accounts*

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

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

## NOTES TO FINANCIAL STATEMENTS

### Note 1. Description of the Plan (continued)

#### *Experience gains*

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

#### *Vesting*

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

#### *Payment of benefits*

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

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

#### *Forfeitures*

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

#### *Period of coverage*

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

## NOTES TO FINANCIAL STATEMENTS

### Note 1. Description of the Plan (continued)

#### *Period of coverage (continued)*

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

#### *Funding*

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

#### *Tax status*

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

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.

## NOTES TO FINANCIAL STATEMENTS

### Note 1. Description of the Plan (continued)

#### *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) 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

## NOTES TO FINANCIAL STATEMENTS

### Note 1. Description of the Plan (continued)

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.

#### *Use of estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements. Accordingly, actual results could differ from those estimates.

#### *Valuation of investments and income recognition*

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

## NOTES TO FINANCIAL STATEMENTS

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

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

#### *Fair value of financial instruments*

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

#### *Payment of benefits*

Claims expense is recorded when paid by the Plan.

#### *Participant contributions and contributions receivable*

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

#### *Participants' COBRA contributions*

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

#### *Allowance for doubtful accounts*

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

#### *Claims Payable*

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

#### *Forfeitures*

Forfeitures are recorded in the year in which they occur.

## NOTES TO FINANCIAL STATEMENTS

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

#### *Subsequent Events*

The Plan 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	\$ 2,519,238	\$ 2,121,745
Accrued interest	\$ 75	\$ 16
Interest income	\$ 162	N/A

\* Investments held as of December 31, 2015 and 2014 were in Federated Treasury Obligation 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:

#### *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.

## NOTES TO FINANCIAL STATEMENTS

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

#### *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. Forfeitures

Forfeitures arise when either a benefit check sent to a participant is not cashed within ninety (90) days of the date on which it is issued or when a balance remains (i.e., the total contributions made by a Plan participant exceed the total amount paid to that participant) in a participant's account as of March 31<sup>st</sup> for the preceding Plan year, December 31<sup>st</sup>. Forfeitures related to uncashed benefit checks amount to approximately \$64,362 and \$68,773 as of and for the year ended December 31, 2015 and 2014,

## NOTES TO FINANCIAL STATEMENTS

### Note 5. Forfeitures (continued)

respectively. Forfeitures related to unused participant account balances amounted to approximately \$103,500 and \$103,000 as of March 31, 2016 and 2015, which related to the years ending December 31, 2015 and 2014, respectively. These forfeitures were used to defray reasonable administrative costs of the Plan

### Note 6. Concentration of Participants of Participating Railroads

There are approximately 26 railroads participating in the Plan, of which participants of four railroads comprised approximately 88% and 96% of the total Plan participant population as of and for the years ended December 31, 2015 and 2014, respectively, as depicted in the following table:

Railroad	Percentage of Total Plan Activity	
	2015	2014
A	32.3%	33.0%
B	23.4%	24.4%
C	16.2%	16.1%
D	16.1%	22.4%

### Note 7. 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	\$ 2,511,783	\$ 2,143,379
Benefit obligations currently payable	( 211,104)	( 161,510)
Net assets available for benefits as reported within the Form 5500	<u>\$ 2,300,679</u>	<u>\$ 1,981,869</u>

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

Benefits paid to participants as reported within the financial statements	\$ 9,280,712
Add: Current benefit obligations, end of year	211,104
Less: Current benefit obligations, beginning of year	( 161,510)
Benefits paid to participants as reported within the Form 5500	<u>\$ 9,330,306</u>

## NOTES TO FINANCIAL STATEMENTS

### Note 7. Reconciliation of Financial Statements to Form 5500 (continued)

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

### Note 8. 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 9. Prohibited Transactions

During 2015, an aggregate of \$8,768 of certain participating railroads' employee withholdings were not deposited into the Plan within the timeframe required by the United States Department of Labor's (DOL) regulations. These withholdings are included in the participants' contributions receivable balance as of December 31, 2015. To correct these failures, the Plan Administrator deposited these withholdings, along with contributions for lost earnings, to the Plan on or prior to October 12, 2016.

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

### Note 10. Contingencies

A participant has one year from the date a check was issued for benefits, to contact the Plan Administrator, even though that check may not have been cashed within the ninety (90) days required by the Plan, and request to have that check reissued. If the participant satisfies the requirements as set forth in the Summary Plan Description, then an otherwise forfeited claim will become reimbursable by the Plan. As of December 31, 2015 and 2014, there were \$64,362 and \$68,773, respectively, in such forfeitures that are subject to this provision of the Plan. These amounts were excluded from the claims payable balances as of December 31, 2015 and 2014 and represent the maximum amount that may be paid by the Plan if all forfeited claims become reimbursable. The Plan Administrator is of the opinion, based on all available known facts, that the amount expected to be paid with respect to the forfeited claims subject to this provision would not have a material effect on the financial position or results of operations of the Plan.

## NOTES TO FINANCIAL STATEMENTS

### Note 11. Risks and Uncertainties

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

## SUPPLEMENTAL SCHEDULES

# THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

## Schedule of Delinquent Participant Contributions For the Year Ended December 31, 2015

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

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCEP and PTE 2002-51
Check Here if Late Participant Loan Repayments Are Included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCEP	Contributions Pending Correction in VFCEP	
	\$ -	\$ 45,506	\$ -	\$ -
	\$ -	\$ 946	\$ -	\$ -
	\$ -	\$ 2	\$ -	\$ -
	\$ -	\$ 71	\$ -	\$ -
	\$ -	\$ 113	\$ -	\$ -
	\$ -	\$ 113	\$ -	\$ -
	\$ -	\$ 113	\$ -	\$ -
	\$ -	\$ 113	\$ -	\$ -
	\$ -	\$ 113	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
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	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -
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	\$ -	\$ 83	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -

## Plan Number: 512

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# THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT 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: 512

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, <u>Or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, <u>Collateral, Par or Maturity</u>	<u>Cost</u>	<u>Current Value</u>
*	SunTrust Bank Account 70-04-102-7949279	Money market fund Federated Trsy Oblig MM-1 #68FFS	<u>\$ 2,519,238</u>	<u>\$ 2,519,238</u>

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

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

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

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

EIN: 52-1036399

Plan Number: 512

(a)	(b)	(c)	(d)	(g)	(i)
<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Asset Cost</u>	<u>Current Value</u>
SunTrust Bank Account 70-04-102-7949279	(See attached schedule as prepare and reported by SunTrust Bank)				



## REPORTABLE TRANSACTIONS WORKSHEET

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ACCOUNT 7949279

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## RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
BEGINNING MARKET VALUE				2,121,761.16		
COMPARATIVE VALUE (5X)				106,088.06		
-----						
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/23/15 S	107,954.3400	1.0000	0	107,954 *	107,954	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/28/15 S	115,399.9108	1.0000	0	115,400 *	115,400	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/09/15 B	141,804.1208	1.0000	0	-141,804 *	141,804	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/11/15 S	144,844.1408	1.0000	0	144,844 *	144,844	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/18/15 S	132,860.7108	1.0000	0	132,861 *	132,861	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/24/15 B	127,120.1100	1.0000	0	-127,120 *	127,120	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/25/15 S	126,523.9400	1.0000	0	126,524 *	126,524	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/02/15 S	131,367.2500	1.0000	0	131,367 *	131,367	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/03/15 S	134,858.3200	1.0000	0	134,858 *	134,858	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/09/15 B	133,904.0700	1.0000	0	-133,904 *	133,904	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/11/15 S	107,869.8400	1.0000	0	107,870 *	107,870	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/31/15 S	106,368.9400	1.0000	0	106,369 *	106,369	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/23/15 B	148,072.6300	1.0000	0	-148,073 *	148,073	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/08/15 B	182,751.6400	1.0000	0	-182,752 *	182,752	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/05/15 B	115,508.8700	1.0000	0	-115,509 *	115,509	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/07/15 B	120,814.2200	1.0000	0	-120,814 *	120,814	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/16/15 B	132,111.5000	1.0000	0	-132,112 *	132,112	0



## REPORTABLE TRANSACTIONS WORKSHEET

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ACCOUNT 7949279

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## RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/STOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCLUDED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/10/15 B	172,890.5200	1.0000	0	-172,891 *	172,891	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/21/15 B	222,794.8800	1.0000	0	-222,795 *	222,795	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/08/15 B	121,439.8900	1.0000	0	-121,440 *	121,440	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/22/15 B	111,536.7600	1.0000	0	-111,537 *	111,537	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/07/15 B	120,540.1000	1.0000	0	-120,540 *	120,540	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/22/15 B	107,718.1200	1.0000	0	-107,718 *	107,718	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
11/20/15 B	112,237.7900	1.0000	0	-112,238 *	112,238	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/08/15 B	163,589.8500	1.0000	0	-163,590 *	163,590	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/29/15 B	173,654.2500	1.0000	0	-173,654 *	173,654	
GRAND TOTAL			0	3,516,538	3,516,538	0

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

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

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

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

01/05/15 B	16.1500	1.0000	0	-16	16
01/09/15 B	56,095.3500	1.0000	0	-56,095	56,095



ACCOUNT 7949279

## REPORTABLE TRANSACTIONS WORKSHEET

1/1/15 THROUGH 12/31/15

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## RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/STOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
01/12/15 B	15,852.0200	1.0000		-15,852	15,852	
01/16/15 B	30,267.5600	1.0000		-30,267	30,267	
01/20/15 B	59,928.4100	1.0000		-59,928	59,928	
01/22/15 B	88,626.7300	1.0000		-88,626	88,626	
01/26/15 B	34,058.3900	1.0000		-34,058	34,058	
02/02/15 B	35,834.3700	1.0000		-35,834	35,834	
02/03/15 B	16,7200	1.0000		-17	17	
02/09/15 B	141,804.1200	1.0000		-141,804 *	141,804	
02/10/15 B	65,458.3500	1.0000		-65,458	65,458	
02/19/15 B	49,902.6500	1.0000		-49,903	49,903	
02/23/15 B	88,644.7800	1.0000		-88,645	88,645	
02/24/15 B	127,120.1100	1.0000		-127,120 *	127,120	
03/03/15 B	10,0600	1.0000		-10	10	
03/09/15 B	133,904.0700	1.0000		-133,904 *	133,904	
03/10/15 B	35,908.0400	1.0000		-35,908	35,908	
03/19/15 B	63,732.6500	1.0000		-63,733	63,733	
03/20/15 B	1,151.2800	1.0000		-1,151	1,151	
03/23/15 B	71,135.2400	1.0000		-71,135	71,135	
03/24/15 B	58,977.5900	1.0000		-58,978	58,978	
04/02/15 B	3,8300	1.0000		-4	4	
04/06/15 B	52,621.3400	1.0000		-52,621	52,621	
04/09/15 B	81,517.2200	1.0000		-81,517	81,517	
04/10/15 B	75,488.5500	1.0000		-75,489	75,489	
04/13/15 B	42,643.3700	1.0000		-42,643	42,643	
04/20/15 B	10,075.1200	1.0000		-10,075	10,075	
04/21/15 B	100,012.2400	1.0000		-100,012	100,012	
04/23/15 B	148,072.6300	1.0000		-148,073 *	148,073	
04/27/15 B	55,912.2300	1.0000		-55,912	55,912	
05/04/15 B	0.6800	1.0000		-1	1	
05/05/15 B	19,713.9700	1.0000		-19,714	19,714	
05/07/15 B	10,114.5400	1.0000		-10,115	10,115	
05/08/15 B	182,751.6400	1.0000		-182,752 *	182,752	
05/13/15 B	20,743.8100	1.0000		-20,744	20,744	
05/15/15 B	30,017.3400	1.0000		-30,017	30,017	
05/19/15 B	76,670.5900	1.0000		-76,671	76,671	
05/21/15 B	96,274.5700	1.0000		-96,275	96,275	
05/28/15 B	25,831.4600	1.0000		-25,831	25,831	
06/02/15 B	1,2500	1.0000		-1	1	
06/05/15 B	115,508.8700	1.0000		-115,509 *	115,509	
06/09/15 B	49,575.1300	1.0000		-49,575	49,575	
06/16/15 B	29,254.7700	1.0000		-29,255	29,255	
06/17/15 B	81,101.8900	1.0000		-81,102	81,102	
06/23/15 B	95,402.8400	1.0000		-95,403	95,403	
06/25/15 B	58,239.5800	1.0000		-58,240	58,240	
07/02/15 B	0.8700	1.0000		-1	1	
07/02/15 B	82,547.4800	1.0000		-82,547	82,547	



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REPORTABLE TRANSACTIONS WORKSHEET

1/1/15 THROUGH 12/31/15

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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/OLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
07/07/15 B	120,814.2200	1.0000	0	-120,814 *	120,814	
07/14/15 B	132,111.5000	1.0000	0	-132,112 *	132,112	
07/17/15 B	2,288.0700	1.0000	0	-2,288	2,288	
07/20/15 B	95,825.6700	1.0000	0	-95,826	95,826	
07/22/15 B	95,373.9100	1.0000	0	-95,374	95,374	
07/24/15 B	64,753.4000	1.0000	0	-64,753	64,753	
07/28/15 B	65,243.0900	1.0000	0	-65,243	65,243	
08/04/15 B	1.9800	1.0000	0	-2	2	
08/07/15 B	6,041.7200	1.0000	0	-6,042	6,042	
08/10/15 B	172,890.5200	1.0000	0	-172,891 *	172,891	
08/12/15 B	75,618.1700	1.0000	0	-75,618	75,618	
08/20/15 B	47,951.9700	1.0000	0	-47,952	47,952	
08/21/15 B	222,794.8800	1.0000	0	-222,795 *	222,795	
08/25/15 B	91,248.4300	1.0000	0	-91,248	91,248	
09/02/15 B	6.1000	1.0000	0	-6	6	
09/03/15 B	48,759.8000	1.0000	0	-48,760	48,760	
09/06/15 B	11,384.2500	1.0000	0	-11,384	11,384	
09/08/15 B	121,439.8900	1.0000	0	-121,440 *	121,440	
09/16/15 B	75,656.8500	1.0000	0	-75,657	75,657	
09/17/15 B	98,485.1900	1.0000	0	-98,485	98,485	
09/18/15 B	76,275.7000	1.0000	0	-76,276	76,276	
09/22/15 B	111,536.7600	1.0000	0	-111,537 *	111,537	
09/23/15 B	70,611.7900	1.0000	0	-70,612	70,612	
10/02/15 B	11.1800	1.0000	0	-11	11	
10/07/15 B	120,540.1000	1.0000	0	-120,540 *	120,540	
10/08/15 B	49,708.8000	1.0000	0	-49,709	49,709	
10/09/15 B	16,873.2600	1.0000	0	-16,873	16,873	
10/16/15 B	65,047.9500	1.0000	0	-65,048	65,048	
10/16/15 B	13,044.1400	1.0000	0	-13,044	13,044	
10/19/15 B	96,733.4100	1.0000	0	-96,733	96,733	
10/20/15 B	4,976.9000	1.0000	0	-4,977	4,977	
10/22/15 B	107,718.1200	1.0000	0	-107,718 *	107,718	
10/23/15 B	50,605.7400	1.0000	0	-50,606	50,606	
11/02/15 B	77,517.0300	1.0000	0	-77,517	77,517	
11/03/15 B	12.9000	1.0000	0	-13	13	
11/06/15 B	83,442.6600	1.0000	0	-83,443	83,443	
11/10/15 B	79,073.4300	1.0000	0	-79,073	79,073	
11/13/15 B	67,542.3700	1.0000	0	-67,543	67,543	
11/18/15 B	97,517.1600	1.0000	0	-97,517	97,517	
11/20/15 B	112,237.7900	1.0000	0	-112,238 *	112,238	
11/23/15 B	4,626.8600	1.0000	0	-4,627	4,627	
11/27/15 B	103,690.5200	1.0000	0	-103,691	103,691	
12/02/15 B	206.5500	1.0000	0	-207	207	
12/08/15 B	163,589.8500	1.0000	0	-163,590 *	163,590	
12/09/15 B	80,647.9600	1.0000	0	-80,648	80,648	
12/11/15 B	11,976.3300	1.0000	0	-11,976	11,976	



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## REPORTABLE TRANSACTIONS WORKSHEET

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## RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
12/14/15 B	1,709.7500	1.0000	0	-1,710	-1,710	0
12/18/15 B	52,126.7000	1.0000	0	-52,127	52,127	0
12/21/15 B	98,272.9400	1.0000	0	-98,273	98,273	0
12/22/15 B	2,497.3000	1.0000	0	-2,497	2,497	0
12/24/15 B	8,293.0100	1.0000	0	-8,293	8,293	0
12/28/15 B	75,250.8000	1.0000	0	-75,251	75,251	0
12/29/15 B	173,654.2500	1.0000	0	-173,654 *	173,654	0
SUB-TOTAL OF BUYS @ 101				6,324.803	6,324.803	0
01/02/15 S	6,916.5300	1.0000	0	6,917	6,917	0
01/05/15 S	14,415.6400	1.0000	0	14,416	14,416	0
01/06/15 S	18,918.6700	1.0000	0	18,919	18,919	0
01/07/15 S	48,155.1000	1.0000	0	48,155	48,155	0
01/08/15 S	46,372.4100	1.0000	0	46,372	46,372	0
01/09/15 S	408.5900	1.0000	0	409	409	0
01/13/15 S	29,150.0700	1.0000	0	29,150	29,150	0
01/14/15 S	77,428.8400	1.0000	0	77,429	77,429	0
01/15/15 S	45,778.9200	1.0000	0	45,779	45,779	0
01/21/15 S	62,517.0400	1.0000	0	62,517	62,517	0
01/23/15 S	107,954.3400	1.0000	0	107,954 *	107,954	0
01/28/15 S	115,399.9100	1.0000	0	115,400 *	115,400	0
01/29/15 S	88,036.4400	1.0000	0	88,036	88,036	0
01/30/15 S	100,190.1200	1.0000	0	100,190	100,190	0
02/03/15 S	81,546.8200	1.0000	0	81,547	81,547	0
02/04/15 S	93,961.4900	1.0000	0	93,961	93,961	0
02/05/15 S	59,979.6300	1.0000	0	59,980	59,980	0
02/06/15 S	77,962.7600	1.0000	0	77,963	77,963	0
02/09/15 S	429.3300	1.0000	0	429	429	0
02/11/15 S	144,844.1400	1.0000	0	144,844 *	144,844	0
02/12/15 S	50,076.2800	1.0000	0	50,076	50,076	0
02/13/15 S	74,715.8300	1.0000	0	74,716	74,716	0
02/17/15 S	52,168.5800	1.0000	0	52,169	52,169	0
02/18/15 S	132,860.7100	1.0000	0	132,861 *	132,861	0
02/20/15 S	73,323.4400	1.0000	0	73,323	73,323	0
02/25/15 S	126,523.9400	1.0000	0	126,524 *	126,524	0
02/26/15 S	89,244.5900	1.0000	0	89,245	89,245	0
02/27/15 S	77,384.4200	1.0000	0	77,384	77,384	0
03/02/15 S	131,367.2500	1.0000	0	131,367 *	131,367	0
03/03/15 S	134,858.3200	1.0000	0	134,858 *	134,858	0
03/04/15 S	99,673.1500	1.0000	0	99,673	99,673	0
03/05/15 S	66,914.7400	1.0000	0	66,915	66,915	0
03/06/15 S	55,920.2300	1.0000	0	55,920	55,920	0
03/09/15 S	289.0800	1.0000	0	289	289	0
03/11/15 S	107,849.8400	1.0000	0	107,870 *	107,870	0
03/12/15 S	28,759.8000	1.0000	0	28,760	28,760	0



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
03/13/15 S	63,160.9200	1.0000		63,161	63,161	0
03/16/15 S	98,151.1300	1.0000		98,151	98,151	0
03/17/15 S	75,652.3700	1.0000		75,652	75,652	0
03/18/15 S	77,372.4000	1.0000		77,372	77,372	0
03/25/15 S	83,999.4300	1.0000		83,999	83,999	0
03/26/15 S	75,520.2100	1.0000		75,520	75,520	0
03/27/15 S	82,725.0500	1.0000		82,725	82,725	0
03/30/15 S	69,442.7200	1.0000		69,443	69,443	0
03/31/15 S	106,368.9400	1.0000		106,369 *	106,369	0
04/01/15 S	10,088.8300	1.0000		10,088	10,088	0
04/02/15 S	11,485.4300	1.0000		11,485	11,485	0
04/07/15 S	21,330.8900	1.0000		21,330	21,330	0
04/08/15 S	104,5500	1.0000		105	105	0
04/08/15 S	27,375.1200	1.0000		27,375	27,375	0
04/16/15 S	57,835.7500	1.0000		57,836	57,836	0
04/15/15 S	59,954.3900	1.0000		59,954	59,954	0
04/16/15 S	54,177.4800	1.0000		54,177	54,177	0
04/17/15 S	32,728.0000	1.0000		32,728	32,728	0
04/22/15 S	65,632.9800	1.0000		65,633	65,633	0
04/24/15 S	44,296.5400	1.0000		44,297	44,297	0
04/28/15 S	52,517.7000	1.0000		52,518	52,518	0
04/29/15 S	78,053.7200	1.0000		78,054	78,054	0
04/30/15 S	57,284.9600	1.0000		57,285	57,285	0
05/01/15 S	14,469.9300	1.0000		14,470	14,470	0
05/06/15 S	18,938.7900	1.0000		18,939	18,939	0
05/08/15 S	17,9500	1.0000		18	18	0
05/11/15 S	32,874.3200	1.0000		32,874	32,874	0
05/12/15 S	13,771.3900	1.0000		13,771	13,771	0
05/14/15 S	37,832.3400	1.0000		37,832	37,832	0
05/18/15 S	14,461.6200	1.0000		14,462	14,462	0
05/20/15 S	49,517.5900	1.0000		49,518	49,518	0
05/22/15 S	28,904.5200	1.0000		28,905	28,905	0
05/26/15 S	46,511.7100	1.0000		46,512	46,512	0
05/27/15 S	44,711.7100	1.0000		44,712	44,712	0
05/29/15 S	22,355.3800	1.0000		22,355	22,355	0
06/01/15 S	41,529.4900	1.0000		41,529	41,529	0
06/02/15 S	37,955.7800	1.0000		37,956	37,956	0
06/03/15 S	52,617.8800	1.0000		52,618	52,618	0
06/04/15 S	7,989.2700	1.0000		7,989	7,989	0
06/08/15 S	31,0300	1.0000		31	31	0
06/08/15 S	31,249.3100	1.0000		31,249	31,249	0
06/10/15 S	46,675.9000	1.0000		46,676	46,676	0
06/11/15 S	27,959.4500	1.0000		27,959	27,959	0
06/12/15 S	15,337.5400	1.0000		15,338	15,338	0
06/15/15 S	23,608.0700	1.0000		23,608	23,608	0
06/18/15 S	23,607.6000	1.0000		23,608	23,608	0



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DATE BOUGHT/ SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
06/19/15 \$	28,448.5800	1.0000		28,449	28,449	0
06/22/15 \$	21,054.0100	1.0000		21,054	21,054	0
06/24/15 \$	35,085.1600	1.0000		35,085	35,085	0
06/26/15 \$	29,220.7900	1.0000		29,221	29,221	0
06/29/15 \$	31,430.6700	1.0000		31,431	31,431	0
06/30/15 \$	50,728.9600	1.0000		50,729	50,729	0
07/01/15 \$	40,182.9700	1.0000		40,183	40,183	0
07/06/15 \$	61,548.6200	1.0000		61,549	61,549	0
07/08/15 \$	23.4700	1.0000		23	23	0
07/08/15 \$	32,884.9700	1.0000		32,885	32,885	0
07/09/15 \$	11,240.5400	1.0000		11,241	11,241	0
07/10/15 \$	23,191.1400	1.0000		23,191	23,191	0
07/13/15 \$	7,197.1100	1.0000		7,197	7,197	0
07/15/15 \$	30,020.5788	1.0000		30,021	30,021	0
07/16/15 \$	24,475.6200	1.0000		24,476	24,476	0
07/21/15 \$	17,437.8000	1.0000		17,437	17,437	0
07/23/15 \$	16,989.9200	1.0000		16,990	16,990	0
07/27/15 \$	17,696.7200	1.0000		17,697	17,697	0
07/29/15 \$	37,461.4600	1.0000		37,461	37,461	0
07/30/15 \$	21,528.7400	1.0000		21,529	21,529	0
07/31/15 \$	61,925.4000	1.0000		61,925	61,925	0
08/03/15 \$	18,410.6900	1.0000		18,411	18,411	0
08/04/15 \$	26,495.4300	1.0000		26,495	26,495	0
08/05/15 \$	26,119.3000	1.0000		26,119	26,119	0
08/06/15 \$	5,397.2500	1.0000		5,397	5,397	0
08/10/15 \$	48.6500	1.0000		49	49	0
08/11/15 \$	18,805.8100	1.0000		18,806	18,806	0
08/13/15 \$	16,321.3900	1.0000		16,321	16,321	0
08/14/15 \$	19,160.1800	1.0000		19,160	19,160	0
08/17/15 \$	18,215.4700	1.0000		18,215	18,215	0
08/18/15 \$	15,211.7200	1.0000		15,212	15,212	0
08/19/15 \$	20,689.5100	1.0000		20,690	20,690	0
08/24/15 \$	14,645.0900	1.0000		14,645	14,645	0
08/26/15 \$	1,372.6900	1.0000		1,372	1,372	0
08/27/15 \$	15,896.9100	1.0000		15,897	15,897	0
08/28/15 \$	15,844.6000	1.0000		15,845	15,845	0
08/31/15 \$	33,975.2100	1.0000		33,975	33,975	0
09/01/15 \$	20,196.3900	1.0000		20,196	20,196	0
09/02/15 \$	18,345.8200	1.0000		18,346	18,346	0
09/09/15 \$	104.7000	1.0000		105	105	0
09/09/15 \$	15,727.6500	1.0000		15,728	15,728	0
09/10/15 \$	17,961.1500	1.0000		17,961	17,961	0
09/11/15 \$	15,221.7800	1.0000		15,222	15,222	0
09/14/15 \$	4,243.6000	1.0000		4,243	4,243	0
09/15/15 \$	2,088.4200	1.0000		2,088	2,088	0
09/21/15 \$	13,516.5200	1.0000		13,517	13,517	0



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RAILROADS EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERTISA COST	ERTISA COST GAIN/LOSS
09/24/15 S	9,681.1500	1.0000	0	9,681	9,681	0
09/25/15 S	9,947.7500	1.0000	0	9,948	9,948	0
09/28/15 S	11,545.8500	1.0000	0	11,546	11,546	0
09/29/15 S	16,610.9600	1.0000	0	16,611	16,611	0
09/30/15 S	43,049.8700	1.0000	0	43,050	43,050	0
10/01/15 S	7,822.7600	1.0000	0	7,823	7,823	0
10/02/15 S	10,706.9900	1.0000	0	10,707	10,707	0
10/05/15 S	9,416.4200	1.0000	0	9,416	9,416	0
10/06/15 S	14,049.5400	1.0000	0	14,050	14,050	0
10/08/15 S	195.4800	1.0000	0	195	195	0
10/13/15 S	9,763.6100	1.0000	0	9,764	9,764	0
10/15/15 S	7,185.4700	1.0000	0	7,185	7,185	0
10/21/15 S	14,512.4800	1.0000	0	14,512	14,512	0
10/26/15 S	11,743.9600	1.0000	0	11,744	11,744	0
10/27/15 S	11,410.7300	1.0000	0	11,411	11,411	0
10/28/15 S	16,488.6300	1.0000	0	16,489	16,489	0
10/29/15 S	12,454.9800	1.0000	0	12,455	12,455	0
10/30/15 S	25,465.6100	1.0000	0	25,466	25,466	0
11/03/15 S	4,693.9700	1.0000	0	4,694	4,694	0
11/04/15 S	12,293.1100	1.0000	0	12,293	12,293	0
11/05/15 S	9,976.2300	1.0000	0	9,976	9,976	0
11/09/15 S	284.3400	1.0000	0	284	284	0
11/09/15 S	9,286.4600	1.0000	0	9,286	9,286	0
11/12/15 S	4,275.2800	1.0000	0	4,275	4,275	0
11/16/15 S	9,289.2700	1.0000	0	9,289	9,289	0
11/17/15 S	8,975.1600	1.0000	0	8,975	8,975	0
11/19/15 S	6,877.2800	1.0000	0	6,877	6,877	0
11/24/15 S	13,788.3600	1.0000	0	13,788	13,788	0
11/25/15 S	7,264.2400	1.0000	0	7,264	7,264	0
11/30/15 S	32,268.3700	1.0000	0	32,268	32,268	0
12/01/15 S	3,069.4700	1.0000	0	3,069	3,069	0
12/02/15 S	11,644.2300	1.0000	0	11,644	11,644	0
12/03/15 S	5,979.1300	1.0000	0	5,979	5,979	0
12/04/15 S	7,988.9200	1.0000	0	7,989	7,989	0
12/07/15 S	2,649.1500	1.0000	0	2,649	2,649	0
12/08/15 S	40.0100	1.0000	0	40	40	0
12/10/15 S	8,149.3200	1.0000	0	8,149	8,149	0
12/13/15 S	10,920.5800	1.0000	0	10,921	10,921	0
12/16/15 S	13,944.2700	1.0000	0	13,944	13,944	0
12/17/15 S	17,658.2100	1.0000	0	17,658	17,658	0
12/23/15 S	9,447.9600	1.0000	0	9,448	9,448	0
12/30/15 S	6,740.6400	1.0000	0	6,741	6,741	0
12/31/15 S	33,399.9600	1.0000	0	33,400	33,400	0
SUB-TOTAL OF SALES # 171				5,927,305	5,927,305	0



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
SUB-TOTAL		0	12,252,108	12,252,108	0	
GRAND TOTAL		0	12,252,108	12,252,108	0	

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



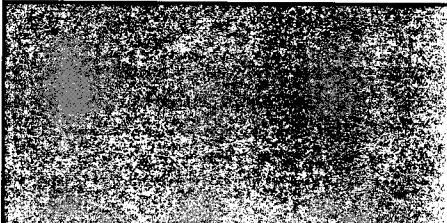
Form **5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

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


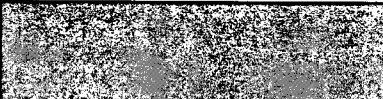
- A** This return/report is for: (1) ☒ a multiemployer plan; (3) ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or  
(2) ☐ a single-employer plan; (4) ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report 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**

<b>1 a</b> Name of plan <b>RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN</b>	<b>1b</b> Three-digit plan number (PN) . . . ▶ <b>512</b> <b>1c</b> Effective date of plan <b>01/01/2013</b>
<b>2 a</b> 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)  <b>NATIONAL CARRIERS' CONFERENCE COMMITTEE 251 - 18TH STREET, SOUTH, SUITE 750 ARLINGTON, VA 22202</b>	<b>2b</b> Employer Identification Number (EIN) <b>52-1036399</b> <b>2c</b> Plan Sponsor's telephone number <b>571-336-7600</b> <b>2d</b> Business code (see instructions) <b>482110</b> 

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

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

 <b>Signature of plan administrator</b>	<b>10/12/14</b> <b>Date</b>	<b>A. K. GRADIA</b> <b>Enter name of individual signing as plan administrator</b>
 <b>Signature of employer/plan sponsor</b>	 <b>Date</b>	 <b>Enter name of individual signing as employer or plan sponsor</b>
 <b>Signature of DFE</b>	 <b>Date</b>	 <b>Enter name of individual signing as DFE</b>
<b>Preparer's name (including firm name, if applicable) and address (include room or suite number)</b> <b>TIMOTHY A. HELLER, CPA TMDG, LLC. 500 E PRATT ST, STE 525 BALTIMORE MD 21202</b>		<b>Preparer's telephone number</b> <b>[443] 743-1277</b> 

**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:

a Sponsor's name

4b EIN

4c PN

5 Total number of participants at the beginning of the plan year ..... 5 6526

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) 6526

a(2) Total number of active participants at the end of the plan year ..... 6a(2) 5938

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 5938

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 26

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


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

4A									

9a Plan funding arrangement (check all that apply)

- (1) ☐ 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 \_\_\_\_\_