

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report	<input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. <input checked="" type="checkbox"/>		
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN</u>	1b	Three-digit plan number (PN) ► <u>512</u>
		1c	Effective date of plan <u>01/01/2013</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u> <u>251 - 18TH STREET SOUTH SUITE 750</u> <u>ARLINGTON, VA 22202</u>	2b	Employer Identification Number (EIN) <u>52-1036399</u>
		2c	Plan Sponsor's telephone number <u>571-336-7600</u>
		2d	Business code (see instructions) <u>482110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2017	A. K. GRADIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 7169
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 7169 6a(2) 6300 6b 6c 6d 6300 6e 6f 6300 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 24

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

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

4A

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

UNITEDHEALTHCARE

185 ASYLUM STREET
HARTFORD, CT 06103

36-2739571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15	NONE	341125	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	36806	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN</u>	B Three-digit plan number (PN) ►	<u>512</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u>	D Employer Identification Number (EIN) <u>52-1036399</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)	31769	96875
(3) Other.....	1b(3)	75	657
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2519238	2868765
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	2551082 2966297
Liabilities			
g	Benefit claims payable	1g	211104 245003
h	Operating payables	1h	39299 40475
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	250403 285478
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2300679 2680819

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	908197
	(B) Participants	2a(1)(B)	10529391
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	11437588
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2139
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	2139
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11439727

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10678588	
(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)		10678588
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)	37206	
(2) Contract administrator fees.....	2i(2)	341125	
(3) Investment advisory and management fees.....	2i(3)	2668	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		380999
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11059587

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		380140
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: TMDG, LLC

(2) EIN: 03-0583064

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a	X		13855
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number



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, 2016 and 2015, 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, 2016, 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, 2016 and 2015, and for the year ended December 31, 2016 that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules, schedule of delinquent contributions, schedule of assets (held at end of year), and schedule of reportable transactions as of and for the year ended December 31, 2016, 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 11, 2017

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

Schedule of Assets (Held at End of Year)
December 31, 2016

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

EIN: 52-1036399

Plan Number: 512

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, <u>Or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, <u>Collateral, Par or Maturity</u>	<u>Cost</u>	Current <u>Value</u>
*	SunTrust Bank Account 70-04-102-7949279	Money market fund Federated Trsy Obligs MM-1 #68 FFS	<u>\$ 2,868,765</u>	<u>\$ 2,868,765</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, 2016

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

EIN: 52-1036399

Plan Number: 512

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



REPORTABLE TRANSACTIONS WORKSHEET

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ACCOUNT 7949279

RAILROAD EMPLOYEES NATIONAL FSA

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
BEGINNING MARKET VALUE				2,519,313.35		
COMPARATIVE VALUE (5%)				125,965.67		

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/21/16 S	141,065.6800	1.0000	0	141,066 *	141,066	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/23/16 S	175,268.8000	1.0000	0	175,269 *	175,269	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/08/16 B	146,854.9200	1.0000	0	-146,855 *	146,855	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/09/16 B	170,798.6700	1.0000	0	-170,799 *	170,799	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/23/16 B	230,027.5300	1.0000	0	-230,028 *	230,028	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/08/16 B	156,843.6400	1.0000	0	-156,844 *	156,844	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/12/16 B	144,941.7800	1.0000	0	-144,942 *	144,942	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/22/16 B	161,345.3200	1.0000	0	-161,345 *	161,345	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/05/16 B	204,570.7000	1.0000	0	-204,571 *	204,571	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/19/16 B	195,532.1100	1.0000	0	-195,532 *	195,532	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/23/16 B	148,716.2300	1.0000	0	-148,716 *	148,716	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/08/16 B	153,757.6600	1.0000	0	-153,758 *	153,758	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/22/16 B	140,647.1200	1.0000	0	-140,647 *	140,647	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/07/16 B	151,232.2300	1.0000	0	-151,232 *	151,232	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/21/16 B	158,698.7000	1.0000	0	-158,699 *	158,699	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
11/07/16 B	142,034.2500	1.0000	0	-142,034 *	142,034	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
11/10/16 B	188,957.9300	1.0000	0	-188,958 *	188,958	



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
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
11/25/16 B	168,589.2000	1.0000	0	-168,589 *	168,589	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/08/16 B	142,009.6800	1.0000	0	-142,010 *	142,010	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/22/16 B	138,872.2500	1.0000	0	-138,872 *	138,872	
GRAND TOTAL			0	3,260,766	3,260,766	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

01/05/16 B	75.4700	1.0000	0	-75	75
01/11/16 B	81,121.2900	1.0000	0	-81,121	81,121
01/15/16 B	114,010.1500	1.0000	0	-114,010	114,010
01/19/16 B	52,420.2000	1.0000	0	-52,420	52,420
01/22/16 B	107,124.3900	1.0000	0	-107,124	107,124
01/26/16 B	44,188.2100	1.0000	0	-44,188	44,188
02/02/16 B	215.9300	1.0000	0	-216	216
02/02/16 B	458.9100	1.0000	0	-459	459
02/05/16 B	118,763.3500	1.0000	0	-118,763	118,763
02/09/16 B	68,627.8900	1.0000	0	-68,628	68,628
02/18/16 B	82,573.1200	1.0000	0	-82,573	82,573
02/22/16 B	98,689.5400	1.0000	0	-98,690	98,690
03/02/16 B	191.3400	1.0000	0	-191	191
03/08/16 B	146,854.9200	1.0000	0	-146,855 *	146,855



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
03/17/16 B	4,446.0800	1.0000	0	-4,446	4,446	
03/21/16 B	60,569.9800	1.0000	0	-60,570	60,570	
03/24/16 B	83,526.2100	1.0000	0	-83,526	83,526	
04/01/16 B	357.2700	1.0000	0	-357	357	
04/04/16 B	71.4900	1.0000	0	-71	71	
04/04/16 B	1,019.7700	1.0000	0	-1,020	1,020	
04/05/16 B	60.8300	1.0000	0	-61	61	
04/06/16 B	70,918.6100	1.0000	0	-70,919	70,919	
04/08/16 B	28,011.2500	1.0000	0	-28,011	28,011	
04/11/16 B	125,169.2200	1.0000	0	-125,169	125,169	
04/12/16 B	40,491.5900	1.0000	0	-40,492	40,492	
04/15/16 B	48,214.3700	1.0000	0	-48,214	48,214	
04/19/16 B	56,351.5400	1.0000	0	-56,352	56,352	
04/22/16 B	98,946.2600	1.0000	0	-98,946	98,946	
04/28/16 B	29.1700	1.0000	0	-29	29	
04/29/16 B	115,522.5400	1.0000	0	-115,523	115,523	
05/03/16 B	12.4300	1.0000	0	-12	12	
05/04/16 B	2,538.3100	1.0000	0	-2,538	2,538	
05/09/16 B	170,798.6700	1.0000	0	-170,799 *	170,799	
05/10/16 B	51,041.5400	1.0000	0	-51,042	51,042	
05/16/16 B	0.4000	1.0000	0	0	0	
05/17/16 B	28,283.8100	1.0000	0	-28,284	28,284	
05/19/16 B	88,475.1800	1.0000	0	-88,475	88,475	
05/23/16 B	111,256.3400	1.0000	0	-111,256	111,256	
05/24/16 B	75,405.2100	1.0000	0	-75,405	75,405	
06/02/16 B	15.2100	1.0000	0	-15	15	
06/02/16 B	85,345.2400	1.0000	0	-85,345	85,345	
06/07/16 B	118,078.8200	1.0000	0	-118,079	118,079	
06/10/16 B	62,926.4000	1.0000	0	-62,926	62,926	
06/13/16 B	72,349.6400	1.0000	0	-72,350	72,350	
06/17/16 B	103,494.4800	1.0000	0	-103,494	103,494	
06/21/16 B	488.5400	1.0000	0	-489	489	
06/23/16 B	230,027.5300	1.0000	0	-230,028 *	230,028	
06/27/16 B	64,953.4600	1.0000	0	-64,953	64,953	
07/05/16 B	29.3000	1.0000	0	-29	29	
07/08/16 B	156,843.6400	1.0000	0	-156,844 *	156,844	
07/12/16 B	144,941.7800	1.0000	0	-144,942 *	144,942	
07/18/16 B	100,483.8300	1.0000	0	-100,484	100,484	
07/21/16 B	51,115.8300	1.0000	0	-51,116	51,116	
07/22/16 B	161,345.3200	1.0000	0	-161,345 *	161,345	
07/27/16 B	71,089.0300	1.0000	0	-71,089	71,089	
08/02/16 B	56.1600	1.0000	0	-56	56	
08/05/16 B	204,570.7000	1.0000	0	-204,571 *	204,571	
08/16/16 B	77,765.1900	1.0000	0	-77,765	77,765	
08/19/16 B	195,532.1100	1.0000	0	-195,532 *	195,532	
08/23/16 B	148,716.2300	1.0000	0	-148,716 *	148,716	



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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
08/25/16 B	76,703.8200	1.0000	0	-76,704	76,704	
09/02/16 B	100.4700	1.0000	0	-100	100	
09/02/16 B	19,648.5000	1.0000	0	-19,649	19,649	
09/06/16 B	44,789.2000	1.0000	0	-44,789	44,789	
09/08/16 B	153,757.6600	1.0000	0	-153,758 *	153,758	
09/14/16 B	81,096.6500	1.0000	0	-81,097	81,097	
09/16/16 B	103,402.6500	1.0000	0	-103,403	103,403	
09/22/16 B	140,647.1200	1.0000	0	-140,647 *	140,647	
09/26/16 B	838.7500	1.0000	0	-839	839	
09/27/16 B	84,595.5200	1.0000	0	-84,596	84,596	
10/03/16 B	828.3400	1.0000	0	-828	828	
10/03/16 B	60,613.1100	1.0000	0	-60,613	60,613	
10/04/16 B	160.4900	1.0000	0	-160	160	
10/05/16 B	9,184.7800	1.0000	0	-9,185	9,185	
10/07/16 B	151,232.2300	1.0000	0	-151,232 *	151,232	
10/13/16 B	53,396.2000	1.0000	0	-53,396	53,396	
10/14/16 B	12,094.2900	1.0000	0	-12,094	12,094	
10/18/16 B	100,766.1000	1.0000	0	-100,766	100,766	
10/19/16 B	97,286.3300	1.0000	0	-97,286	97,286	
10/21/16 B	158,698.7000	1.0000	0	-158,699 *	158,699	
10/26/16 B	86,443.0600	1.0000	0	-86,443	86,443	
10/27/16 B	60,290.1300	1.0000	0	-60,290	60,290	
10/28/16 B	15,095.8200	1.0000	0	-15,096	15,096	
11/02/16 B	257.2300	1.0000	0	-257	257	
11/07/16 B	142,034.2500	1.0000	0	-142,034 *	142,034	
11/10/16 B	188,957.9300	1.0000	0	-188,958 *	188,958	
11/17/16 B	107,009.1200	1.0000	0	-107,009	107,009	
11/23/16 B	1,655.6100	1.0000	0	-1,656	1,656	
11/25/16 B	168,589.2000	1.0000	0	-168,589 *	168,589	
12/01/16 B	58,352.1700	1.0000	0	-58,352	58,352	
12/02/16 B	371.8900	1.0000	0	-372	372	
12/06/16 B	9,881.3500	1.0000	0	-9,881	9,881	
12/08/16 B	142,009.6800	1.0000	0	-142,010 *	142,010	
12/09/16 B	12,155.9600	1.0000	0	-12,156	12,156	
12/12/16 B	87,111.4900	1.0000	0	-87,111	87,111	
12/16/16 B	100,888.3800	1.0000	0	-100,888	100,888	
12/19/16 B	58,489.9100	1.0000	0	-58,490	58,490	
12/22/16 B	138,872.2500	1.0000	0	-138,872 *	138,872	
12/23/16 B	551.9200	1.0000	0	-552	552	
12/27/16 B	12,225.5000	1.0000	0	-12,226	12,226	
12/28/16 B	72,183.9400	1.0000	0	-72,184	72,184	
12/29/16 B	92,052.6200	1.0000	0	-92,053	92,053	
SUB-TOTAL OF BUYS # 102			0	7,132,318	7,132,318	
01/04/16 S	14,198.4500	1.0000	0	14,198	14,198	0



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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
01/05/16 S	20,179.6500	1.0000	0	20,180	20,180	0
01/06/16 S	57,404.9000	1.0000	0	57,405	57,405	0
01/07/16 S	80,584.6400	1.0000	0	80,585	80,585	0
01/08/16 S	102,003.8200	1.0000	0	102,004	102,004	0
01/11/16 S	474.0500	1.0000	0	474	474	0
01/12/16 S	78,809.6500	1.0000	0	78,810	78,810	0
01/13/16 S	109,784.0400	1.0000	0	109,784	109,784	0
01/14/16 S	53,721.5100	1.0000	0	53,722	53,722	0
01/20/16 S	62,681.5200	1.0000	0	62,682	62,682	0
01/21/16 S	141,065.6800	1.0000	0	141,066 *	141,066	0
01/25/16 S	78,232.9600	1.0000	0	78,233	78,233	0
01/27/16 S	90,424.6100	1.0000	0	90,425	90,425	0
01/28/16 S	52,944.0900	1.0000	0	52,944	52,944	0
01/29/16 S	102,661.7100	1.0000	0	102,662	102,662	0
02/01/16 S	49,190.9000	1.0000	0	49,191	49,191	0
02/03/16 S	98,400.1800	1.0000	0	98,400	98,400	0
02/04/16 S	74,601.7800	1.0000	0	74,602	74,602	0
02/08/16 S	482.5700	1.0000	0	483	483	0
02/08/16 S	72,209.6800	1.0000	0	72,210	72,210	0
02/10/16 S	73,523.4700	1.0000	0	73,523	73,523	0
02/11/16 S	70,304.9500	1.0000	0	70,305	70,305	0
02/12/16 S	82,337.9000	1.0000	0	82,338	82,338	0
02/16/16 S	77,117.4700	1.0000	0	77,117	77,117	0
02/17/16 S	125,169.6700	1.0000	0	125,170	125,170	0
02/19/16 S	28,463.4500	1.0000	0	28,463	28,463	0
02/23/16 S	175,268.8000	1.0000	0	175,269 *	175,269	0
02/24/16 S	25,406.1500	1.0000	0	25,406	25,406	0
02/25/16 S	23,333.2500	1.0000	0	23,333	23,333	0
02/26/16 S	8,312.7900	1.0000	0	8,313	8,313	0
02/29/16 S	123,277.2400	1.0000	0	123,277	123,277	0
03/01/16 S	73,820.6100	1.0000	0	73,821	73,821	0
03/02/16 S	94,050.2200	1.0000	0	94,050	94,050	0
03/03/16 S	26,490.6700	1.0000	0	26,491	26,491	0
03/04/16 S	101,797.4100	1.0000	0	101,797	101,797	0
03/07/16 S	80,913.2100	1.0000	0	80,913	80,913	0
03/08/16 S	333.8300	1.0000	0	334	334	0
03/09/16 S	115,117.8500	1.0000	0	115,118	115,118	0
03/10/16 S	68,900.7500	1.0000	0	68,901	68,901	0
03/11/16 S	85,459.3500	1.0000	0	85,459	85,459	0
03/14/16 S	69,879.2100	1.0000	0	69,879	69,879	0
03/15/16 S	96,633.5800	1.0000	0	96,634	96,634	0
03/16/16 S	101,525.4300	1.0000	0	101,525	101,525	0
03/18/16 S	63,862.6000	1.0000	0	63,863	63,863	0
03/22/16 S	87,249.7900	1.0000	0	87,250	87,250	0
03/23/16 S	103,671.7900	1.0000	0	103,672	103,672	0
03/28/16 S	71,196.6500	1.0000	0	71,197	71,197	0



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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
03/29/16 S	74,255.8600	1.0000	0	74,256	74,256	0
03/30/16 S	90,465.9300	1.0000	0	90,466	90,466	0
03/31/16 S	21,867.9000	1.0000	0	21,868	21,868	0
04/07/16 S	59,957.3300	1.0000	0	59,957	59,957	0
04/08/16 S	115.9800	1.0000	0	116	116	0
04/13/16 S	72,028.0400	1.0000	0	72,028	72,028	0
04/14/16 S	43,406.1200	1.0000	0	43,406	43,406	0
04/18/16 S	44,779.8400	1.0000	0	44,780	44,780	0
04/20/16 S	78,016.6900	1.0000	0	78,017	78,017	0
04/21/16 S	6,035.0700	1.0000	0	6,035	6,035	0
04/25/16 S	59,182.4200	1.0000	0	59,182	59,182	0
04/26/16 S	54,711.5700	1.0000	0	54,712	54,712	0
04/27/16 S	33,083.4700	1.0000	0	33,083	33,083	0
05/02/16 S	68,211.1200	1.0000	0	68,211	68,211	0
05/03/16 S	65,921.9200	1.0000	0	65,922	65,922	0
05/09/16 S	18.2000	1.0000	0	18	18	0
05/11/16 S	66,998.1600	1.0000	0	66,998	66,998	0
05/12/16 S	34,130.1300	1.0000	0	34,130	34,130	0
05/13/16 S	12,204.6600	1.0000	0	12,205	12,205	0
05/16/16 S	36,489.0200	1.0000	0	36,489	36,489	0
05/18/16 S	59,528.0400	1.0000	0	59,528	59,528	0
05/20/16 S	46,187.3000	1.0000	0	46,187	46,187	0
05/25/16 S	67,311.3100	1.0000	0	67,311	67,311	0
05/26/16 S	54,163.2500	1.0000	0	54,163	54,163	0
05/27/16 S	49,394.2200	1.0000	0	49,394	49,394	0
05/31/16 S	65,388.3700	1.0000	0	65,388	65,388	0
06/01/16 S	38,674.9900	1.0000	0	38,675	38,675	0
06/03/16 S	2,168.4200	1.0000	0	2,168	2,168	0
06/06/16 S	36,018.9800	1.0000	0	36,019	36,019	0
06/08/16 S	22.9500	1.0000	0	23	23	0
06/08/16 S	59,665.1100	1.0000	0	59,665	59,665	0
06/09/16 S	33,037.3600	1.0000	0	33,037	33,037	0
06/14/16 S	37,871.9100	1.0000	0	37,872	37,872	0
06/15/16 S	50,266.9700	1.0000	0	50,267	50,267	0
06/16/16 S	29,064.8100	1.0000	0	29,065	29,065	0
06/20/16 S	28,573.4900	1.0000	0	28,573	28,573	0
06/21/16 S	40,105.7400	1.0000	0	40,106	40,106	0
06/22/16 S	39,813.4200	1.0000	0	39,813	39,813	0
06/24/16 S	36,884.1300	1.0000	0	36,884	36,884	0
06/28/16 S	45,217.4100	1.0000	0	45,217	45,217	0
06/29/16 S	48,729.7900	1.0000	0	48,730	48,730	0
06/30/16 S	59,013.0000	1.0000	0	59,013	59,013	0
07/01/16 S	30,578.6100	1.0000	0	30,579	30,579	0
07/05/16 S	27,364.3800	1.0000	0	27,364	27,364	0
07/06/16 S	33,583.6300	1.0000	0	33,584	33,584	0
07/07/16 S	41,260.9200	1.0000	0	41,261	41,261	0



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
07/11/16 S	34.4300	1.0000	0	34	34	0
07/11/16 S	21,120.4800	1.0000	0	21,120	21,120	0
07/13/16 S	25,273.6800	1.0000	0	25,274	25,274	0
07/14/16 S	18,483.7500	1.0000	0	18,484	18,484	0
07/15/16 S	10,777.4200	1.0000	0	10,777	10,777	0
07/19/16 S	25,426.0700	1.0000	0	25,426	25,426	0
07/20/16 S	26,472.2700	1.0000	0	26,472	26,472	0
07/25/16 S	34,362.1200	1.0000	0	34,362	34,362	0
07/26/16 S	25,251.5900	1.0000	0	25,252	25,252	0
07/28/16 S	26,951.4200	1.0000	0	26,951	26,951	0
07/29/16 S	69,914.5000	1.0000	0	69,915	69,915	0
08/01/16 S	28,589.4300	1.0000	0	28,589	28,589	0
08/02/16 S	28,568.0400	1.0000	0	28,568	28,568	0
08/03/16 S	42,772.0300	1.0000	0	42,772	42,772	0
08/04/16 S	12,861.7800	1.0000	0	12,862	12,862	0
08/08/16 S	69.0100	1.0000	0	69	69	0
08/08/16 S	583.0500	1.0000	0	583	583	0
08/09/16 S	19,050.2700	1.0000	0	19,050	19,050	0
08/10/16 S	25,969.2500	1.0000	0	25,969	25,969	0
08/11/16 S	17,366.0500	1.0000	0	17,366	17,366	0
08/12/16 S	19,164.6900	1.0000	0	19,165	19,165	0
08/15/16 S	14,706.2300	1.0000	0	14,706	14,706	0
08/17/16 S	24,938.5100	1.0000	0	24,939	24,939	0
08/18/16 S	15,138.7000	1.0000	0	15,139	15,139	0
08/22/16 S	20,345.2900	1.0000	0	20,345	20,345	0
08/24/16 S	23,903.0500	1.0000	0	23,903	23,903	0
08/26/16 S	21,621.4500	1.0000	0	21,621	21,621	0
08/29/16 S	15,826.0200	1.0000	0	15,826	15,826	0
08/30/16 S	18,056.6300	1.0000	0	18,057	18,057	0
08/31/16 S	45,664.0700	1.0000	0	45,664	45,664	0
09/01/16 S	17,404.6600	1.0000	0	17,405	17,405	0
09/07/16 S	26,058.8100	1.0000	0	26,059	26,059	0
09/09/16 S	129.5900	1.0000	0	130	130	0
09/09/16 S	12,757.1400	1.0000	0	12,757	12,757	0
09/12/16 S	13,062.2700	1.0000	0	13,062	13,062	0
09/13/16 S	9,210.9300	1.0000	0	9,211	9,211	0
09/15/16 S	12,817.5600	1.0000	0	12,818	12,818	0
09/19/16 S	11,828.2400	1.0000	0	11,828	11,828	0
09/20/16 S	9,156.7300	1.0000	0	9,157	9,157	0
09/21/16 S	883.9000	1.0000	0	884	884	0
09/23/16 S	19,442.9000	1.0000	0	19,443	19,443	0
09/28/16 S	14,355.0600	1.0000	0	14,355	14,355	0
09/29/16 S	11,558.3200	1.0000	0	11,558	11,558	0
09/30/16 S	36,176.6700	1.0000	0	36,177	36,177	0
10/04/16 S	14,639.3100	1.0000	0	14,639	14,639	0
10/06/16 S	10,197.8500	1.0000	0	10,198	10,198	0



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
10/11/16 S	215.4100	1.0000	0	215	215	0
10/11/16 S	10,093.3700	1.0000	0	10,093	10,093	0
10/12/16 S	28,965.2400	1.0000	0	28,965	28,965	0
10/17/16 S	12,597.5800	1.0000	0	12,598	12,598	0
10/20/16 S	11,170.3300	1.0000	0	11,170	11,170	0
10/24/16 S	10,765.6500	1.0000	0	10,766	10,766	0
10/25/16 S	14,542.0500	1.0000	0	14,542	14,542	0
10/31/16 S	50,375.1600	1.0000	0	50,375	50,375	0
11/01/16 S	16,293.0500	1.0000	0	16,293	16,293	0
11/02/16 S	18,890.6100	1.0000	0	18,891	18,891	0
11/03/16 S	8,589.1500	1.0000	0	8,589	8,589	0
11/04/16 S	9,795.5700	1.0000	0	9,796	9,796	0
11/08/16 S	328.1500	1.0000	0	328	328	0
11/08/16 S	12,964.1400	1.0000	0	12,964	12,964	0
11/09/16 S	16,767.3400	1.0000	0	16,767	16,767	0
11/14/16 S	8,938.5700	1.0000	0	8,939	8,939	0
11/15/16 S	16,624.2900	1.0000	0	16,624	16,624	0
11/16/16 S	14,116.5000	1.0000	0	14,117	14,117	0
11/18/16 S	14,816.1100	1.0000	0	14,816	14,816	0
11/21/16 S	9,556.3800	1.0000	0	9,556	9,556	0
11/22/16 S	11,863.1800	1.0000	0	11,863	11,863	0
11/28/16 S	16,415.4000	1.0000	0	16,415	16,415	0
11/29/16 S	2,782.2000	1.0000	0	2,782	2,782	0
11/30/16 S	28,742.5900	1.0000	0	28,743	28,743	0
12/02/16 S	12,559.6000	1.0000	0	12,560	12,560	0
12/05/16 S	5,072.9000	1.0000	0	5,073	5,073	0
12/07/16 S	13,717.7200	1.0000	0	13,718	13,718	0
12/08/16 S	444.4000	1.0000	0	444	444	0
12/13/16 S	12,528.5000	1.0000	0	12,529	12,529	0
12/14/16 S	20,993.8700	1.0000	0	20,994	20,994	0
12/15/16 S	8,897.2800	1.0000	0	8,897	8,897	0
12/20/16 S	10,070.0300	1.0000	0	10,070	10,070	0
12/21/16 S	46,856.2100	1.0000	0	46,856	46,856	0
12/30/16 S	31,261.7300	1.0000	0	31,262	31,262	0
SUB-TOTAL OF SALES # 173			0	6,782,794	6,782,794	0
SUB-TOTAL			0	13,915,112	13,915,112	0
GRAND TOTAL			0	13,915,112	13,915,112	0



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DATE
BOUGHT/SOLDSHARES
PAR VALUEUNIT
PRICEEXPENSE
INCURREDPRINCIPAL CASHERISA COSTERISA COST
GAIN/LOSS

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

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

FOOTNOTES

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

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

FINANCIAL REPORT

(Together with report of Independent Public Accountants)

December 31, 2016 and 2015

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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, 2016 and 2015, 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, 2016, 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, 2016 and 2015, and for the year ended December 31, 2016 that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules, schedule of delinquent contributions, schedule of assets (held at end of year), and schedule of reportable transactions as of and for the year ended December 31, 2016, 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 11, 2017

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

Statements of Net Assets Available for Benefits December 31, 2016 and 2015

	2016	2015
ASSETS		
Investments, at fair value	<u>\$ 2,868,765</u>	<u>\$ 2,519,238</u>
Receivables:		
Participants' contributions	96,875	31,769
Accrued interest	<u>657</u>	<u>75</u>
	<u>97,532</u>	<u>31,844</u>
Total assets	<u>2,966,297</u>	<u>2,551,082</u>
LIABILITIES		
Accounts payable	<u>40,475</u>	<u>39,299</u>
Total liabilities	<u>40,475</u>	<u>39,299</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,925,822</u></u>	<u><u>\$ 2,511,783</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, 2016

ADDITIONS

Investment income:	
Interest income	\$ 2,139
Less investment expenses	<u>(2,668)</u>
	<u>(529)</u>
Participants' contributions	10,389,490
Participating railroads' contributions	908,197
Participants' COBRA contributions	<u>139,901</u>
	<u>11,437,588</u>
Total additions	<u>11,437,059</u>

DEDUCTIONS

Benefits paid to or for participants, beneficiaries, and dependents:	
Claims paid	10,644,689
Administrative expenses	<u>378,331</u>
Total deductions	<u>11,023,020</u>
Net increase	414,039

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>2,511,783</u>
End of year	<u>\$ 2,925,822</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, 2016 and 2015

	2016	2015
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Claims payable	<u>\$ 245,003</u>	<u>\$ 211,104</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, 2016

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

Claims payable:

Balance at beginning of year	\$ 211,104
Claims reported and approved for payment	10,678,588
Claims paid	<u>(10,644,689)</u>
Balance at end of year	<u>\$ 245,003</u>

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

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

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

General

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

Benefits

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

Eligibility

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

Participant accounts

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

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

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (continued)

Experience gains

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

Vesting

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

Payment of benefits

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

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

Forfeitures

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

Period of coverage

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

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (continued)

Period of coverage (continued)

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

Funding

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

Tax status

The Plan has filed for a determination letter from the Internal Revenue Service regarding the Plan's qualification under the related trust's tax-exempt status under the provision of Section 501(c)(9) of the Code. 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, 2016 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 2. Significant Accounting Policies

Basis of accounting

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

Use of estimates

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

Valuation of investments and income recognition

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

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

Fair value of financial instruments

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

Payment of benefits

Claims expense is recorded when paid by the Plan.

Participant contributions and contributions receivable

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

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (continued)

Participants' COBRA contributions

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

Allowance for doubtful accounts

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

Claims Payable

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

Forfeitures

Forfeitures are recorded in the year in which they occur.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2017, the date the financial statements were available to be issued.

Note 3. Information Certified by the Plan's Trustee

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

	2016	2015
Money Market Fund*:		
Investments	\$ 2,868,765	\$ 2,519,238
Accrued interest	\$ 657	\$ 75
Interest income	\$ 2,139	\$ N/A

* Investments held as of December 31, 2016 and 2015 were in Federated Treasury Obligation MM-1 #68 FFS.

NOTES TO FINANCIAL STATEMENTS

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

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, 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.

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.

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (continued)

The valuation methodology used for assets measured at fair value as of December 31, 2016 and 2015 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, 2016 and 2015 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 31st for the preceding Plan year, December 31st. Forfeitures related to uncashed benefit checks amount to approximately \$83,055 and \$64,362 as of and for the years ended December 31, 2016 and 2015, respectively. Forfeitures related to unused participant account balances amounted to approximately \$122,345 and \$103,500 as of March 31, 2017 and 2016, which related to the years ending December 31, 2016 and 2015, respectively. These forfeitures were used to defray reasonable administrative costs of the Plan

Note 6. Concentration of Participants of Participating Railroads

There are approximately 24 railroads participating in the Plan, of which participants of four railroads comprised approximately 88% of the total Plan participant population as of and for the years ended December 31, 2016 and 2015, respectively, as depicted in the following table:

Railroad	Percentage of Total Plan Activity	
	2016	2015
A	33.8%	32.3%
B	23.3%	23.4%
C	16.0%	16.1%
D	15.1%	16.2%

NOTES TO FINANCIAL STATEMENTS

Note 7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2016 and 2015 financial statements to the Form 5500.

	2016	2015
Net assets available for benefits as reported within the financial statements	\$ 2,925,822	\$ 2,511,783
Benefit obligations currently payable	<u>(245,003)</u>	<u>(211,104)</u>
Net assets available for benefits as reported within the Form 5500	<u>\$ 2,680,819</u>	<u>\$ 2,300,679</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, 2016.

Benefits paid to participants as reported within the financial statements	\$ 10,644,689
Add: Current benefit obligations, end of year	245,003
Less: Current benefit obligations, beginning of year	<u>(211,104)</u>
Benefits paid to participants as reported within the Form 5500	<u>\$ 10,678,588</u>

Benefit obligations currently payable to or for participants are recorded on the Form 5500 for obligations which arise as of December 31st but are 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 Bank, 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 2016, an aggregate of \$7,313 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, 2016. To correct these failures, the Plan Administrator deposited these withholdings, along with contributions for lost earnings, to the Plan on or prior to October 11, 2017.

NOTES TO FINANCIAL STATEMENTS

Note 9. Prohibited Transactions (continued)

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 DOL's regulations. These withholdings are included in the participants' contributions receivable balance as of December 31, 2015. To correct this failure, the Plan Administrator deposited the withholdings, along with contributions for lost earnings, to the Plan on or prior to October 12, 2016.

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, 2016 and 2015, there were \$83,055 and \$64,362, 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, 2016 and 2015 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.

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, 2016

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 VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments Are Included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
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	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -
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	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -

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

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments Are Included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
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	\$ -	\$ 182	\$ -	\$ -
	\$ -	\$ 182	\$ -	\$ -
	\$ -	\$ 182	\$ -	\$ -
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	\$ -	\$ 409	\$ -	\$ -
	\$ -	\$ 409	\$ -	\$ -
	\$ -	\$ 154	\$ -	\$ -
	\$ -	\$ 77	\$ -	\$ -
	\$ -	\$ 3,536	\$ -	\$ -

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

Schedule of Assets (Held at End of Year) December 31, 2016

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 Obligs MM-1 #68 FFS	<u>\$ 2,868,765</u>	<u>\$ 2,868,765</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, 2016

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

EIN: 52-1036399

Plan Number: 512

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



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RAILROAD EMPLOYEES NATIONAL FSA

1/1/16 THROUGH 12/31/16

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
<p>CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE</p> <p>ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68</p>						
01/21/16 S	141,065.6800	1.0000		141,066 *	141,066	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/23/16 S	175,268.8000	1.0000		175,269 *	175,269	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/08/16 B	146,854.9200	1.0000		-146,855 *	146,855	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/09/16 B	170,799.6700	1.0000		-170,799 *	170,799	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/23/16 B	230,027.5300	1.0000		-230,028 *	230,028	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/08/16 B	156,843.6400	1.0000		-156,844 *	156,844	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/12/16 B	144,941.7800	1.0000		-144,942 *	144,942	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/22/16 B	161,345.3200	1.0000		-161,345 *	161,345	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/05/16 B	204,570.7000	1.0000		-204,571 *	204,571	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/19/16 B	195,532.1100	1.0000		-195,532 *	195,532	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/23/16 B	148,716.2300	1.0000		-148,716 *	148,716	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/08/16 B	153,757.6600	1.0000		-153,758 *	153,758	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/22/16 B	140,647.1200	1.0000		-140,647 *	140,647	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/07/16 B	151,232.2300	1.0000		-151,232 *	151,232	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/21/16 B	158,698.7000	1.0000		-158,699 *	158,699	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
11/07/16 B	142,034.2500	1.0000		-142,034 *	142,034	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
11/10/16 B	188,957.9300	1.0000		-188,958 *	188,958	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/16 THROUGH 12/31/16

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
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
11/25/16 B	168,589.2000	1.0000	0	-168,589 *	168,589	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/08/16 B	142,009.6800	1.0000	0	-142,010 *	142,010	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/22/16 B	138,872.2500	1.0000	0	-138,872 *	138,872	
GRAND TOTAL				3,260,766	3,260,766	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

01/05/16 B	75.4700	1.0000	0	-75	75	
01/11/16 B	81,121.2900	1.0000	0	-81,121	81,121	
01/15/16 B	114,010.1500	1.0000	0	-114,010	114,010	
01/19/16 B	52,420.2000	1.0000	0	-52,420	52,420	
01/22/16 B	107,124.3900	1.0000	0	-107,124	107,124	
01/26/16 B	44,188.2100	1.0000	0	-44,188	44,188	
02/02/16 B	215.9300	1.0000	0	-216	216	
02/02/16 B	458.9100	1.0000	0	-459	459	
02/05/16 B	118,763.3500	1.0000	0	-118,763	118,763	
02/09/16 B	68,627.8900	1.0000	0	-68,628	68,628	
02/18/16 B	82,573.1200	1.0000	0	-82,573	82,573	
02/22/16 B	98,689.5400	1.0000	0	-98,690	98,690	
03/02/16 B	191.3400	1.0000	0	-191	191	
03/08/16 B	146,854.9200	1.0000	0	-146,855 *	146,855	



REPORTABLE TRANSACTIONS WORKSHEET

1/1/16 THROUGH 12/31/16

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
03/17/16 B	4,446.0800	1.0000	0	-4,446	4,446	
03/21/16 B	60,569.9800	1.0000	0	-60,570	60,570	
03/24/16 B	83,526.2100	1.0000	0	-83,526	83,526	
04/01/16 B	357.2700	1.0000	0	-357	357	
04/04/16 B	71.4900	1.0000	0	-71	71	
04/04/16 B	1,019.7700	1.0000	0	-1,020	1,020	
04/05/16 B	60.8300	1.0000	0	-61	61	
04/06/16 B	70,918.6100	1.0000	0	-70,919	70,919	
04/08/16 B	28,011.2500	1.0000	0	-28,011	28,011	
04/11/16 B	125,169.2200	1.0000	0	-125,169	125,169	
04/12/16 B	40,491.5900	1.0000	0	-40,492	40,492	
04/15/16 B	48,214.3700	1.0000	0	-48,214	48,214	
04/19/16 B	56,351.5400	1.0000	0	-56,352	56,352	
04/22/16 B	98,946.2600	1.0000	0	-98,946	98,946	
04/28/16 B	29.1700	1.0000	0	-29	29	
04/29/16 B	115,522.5400	1.0000	0	-115,523	115,523	
05/03/16 B	12.4300	1.0000	0	-12	12	
05/04/16 B	2,538.3100	1.0000	0	-2,538	2,538	
05/09/16 B	170,798.6700	1.0000	0	-170,799 *	170,799	
05/10/16 B	51,041.5400	1.0000	0	-51,042	51,042	
05/16/16 B	0.4000	1.0000	0	0	0	
05/17/16 B	28,283.8100	1.0000	0	-28,284	28,284	
05/19/16 B	88,475.1800	1.0000	0	-88,475	88,475	
05/23/16 B	111,256.3400	1.0000	0	-111,256	111,256	
05/24/16 B	75,405.2100	1.0000	0	-75,405	75,405	
06/02/16 B	15.2100	1.0000	0	-15	15	
06/02/16 B	85,345.2400	1.0000	0	-85,345	85,345	
06/07/16 B	118,078.8200	1.0000	0	-118,079	118,079	
06/10/16 B	62,926.4000	1.0000	0	-62,926	62,926	
06/13/16 B	72,349.6400	1.0000	0	-72,350	72,350	
06/17/16 B	103,494.4800	1.0000	0	-103,494	103,494	
06/21/16 B	488.5400	1.0000	0	-489	489	
06/23/16 B	230,027.5300	1.0000	0	-230,028 *	230,028	
06/27/16 B	64,953.4600	1.0000	0	-64,953	64,953	
07/05/16 B	29.3000	1.0000	0	-29	29	
07/08/16 B	156,843.6400	1.0000	0	-156,844 *	156,844	
07/12/16 B	144,941.7800	1.0000	0	-144,942 *	144,942	
07/18/16 B	100,483.8300	1.0000	0	-100,484	100,484	
07/21/16 B	51,115.8300	1.0000	0	-51,116	51,116	
07/22/16 B	161,345.3200	1.0000	0	-161,345 *	161,345	
07/27/16 B	71,089.0300	1.0000	0	-71,089	71,089	
08/02/16 B	56.1600	1.0000	0	-56	56	
08/05/16 B	204,570.7000	1.0000	0	-204,571 *	204,571	
08/16/16 B	77,765.1900	1.0000	0	-77,765	77,765	
08/19/16 B	195,532.1100	1.0000	0	-195,532 *	195,532	
08/23/16 B	148,716.2300	1.0000	0	-148,716 *	148,716	



REPORTABLE TRANSACTIONS WORKSHEET

1/1/16 THROUGH 12/31/16

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
08/25/16 B	76,703.8200	1.0000		-76,704	76,704	
09/02/16 B	100.4700	1.0000		-100	100	
09/02/16 B	19,648.5000	1.0000		-19,649	19,649	
09/06/16 B	44,789.2000	1.0000		-44,789	44,789	
09/08/16 B	153,757.6600	1.0000		-153,758 *	153,758	
09/14/16 B	81,096.6500	1.0000		-81,097	81,097	
09/16/16 B	103,402.6500	1.0000		-103,403	103,403	
09/22/16 B	140,647.1200	1.0000		-140,647 *	140,647	
09/26/16 B	838.7500	1.0000		-839	839	
09/27/16 B	84,595.5200	1.0000		-84,596	84,596	
10/03/16 B	828.3400	1.0000		-828	828	
10/03/16 B	60,613.1100	1.0000		-60,613	60,613	
10/04/16 B	160.4900	1.0000		-160	160	
10/05/16 B	9,184.7800	1.0000		-9,185	9,185	
10/07/16 B	151,232.2300	1.0000		-151,232 *	151,232	
10/13/16 B	53,396.2000	1.0000		-53,396	53,396	
10/14/16 B	12,094.2900	1.0000		-12,094	12,094	
10/18/16 B	100,766.1000	1.0000		-100,766	100,766	
10/19/16 B	97,286.3300	1.0000		-97,286	97,286	
10/21/16 B	158,698.7000	1.0000		-158,699 *	158,699	
10/26/16 B	86,443.0600	1.0000		-86,443	86,443	
10/27/16 B	60,290.1300	1.0000		-60,290	60,290	
10/28/16 B	15,095.8200	1.0000		-15,096	15,096	
11/02/16 B	257.2300	1.0000		-257	257	
11/07/16 B	142,034.2500	1.0000		-142,034 *	142,034	
11/10/16 B	188,957.9300	1.0000		-188,958 *	188,958	
11/17/16 B	107,009.1200	1.0000		-107,009	107,009	
11/23/16 B	1,655.6100	1.0000		-1,656	1,656	
11/25/16 B	168,589.2000	1.0000		-168,589 *	168,589	
12/01/16 B	58,352.1700	1.0000		-58,352	58,352	
12/02/16 B	371.8900	1.0000		-372	372	
12/06/16 B	9,881.3500	1.0000		-9,881	9,881	
12/08/16 B	142,009.6800	1.0000		-142,010 *	142,010	
12/09/16 B	12,155.9600	1.0000		-12,156	12,156	
12/12/16 B	87,111.4900	1.0000		-87,111	87,111	
12/16/16 B	100,888.3800	1.0000		-100,888	100,888	
12/19/16 B	58,489.9100	1.0000		-58,490	58,490	
12/22/16 B	138,872.2500	1.0000		-138,872 *	138,872	
12/23/16 B	551.9200	1.0000		-552	552	
12/27/16 B	12,225.5000	1.0000		-12,226	12,226	
12/28/16 B	72,183.9400	1.0000		-72,184	72,184	
12/29/16 B	92,052.6200	1.0000		-92,053	92,053	
SUB-TOTAL OF BUYS # 102				7,132,318	7,132,318	
01/04/16 S	14,198.4500	1.0000		14,198	14,198	0



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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
01/05/16 S	20,179.6500	1.0000	0	20,180	20,180	0
01/06/16 S	57,404.9000	1.0000	0	57,405	57,405	0
01/07/16 S	80,584.6400	1.0000	0	80,585	80,585	0
01/08/16 S	102,003.8200	1.0000	0	102,004	102,004	0
01/11/16 S	474.0500	1.0000	0	474	474	0
01/12/16 S	78,809.6500	1.0000	0	78,810	78,810	0
01/13/16 S	109,784.0400	1.0000	0	109,784	109,784	0
01/14/16 S	53,721.5100	1.0000	0	53,722	53,722	0
01/20/16 S	62,681.5200	1.0000	0	62,682	62,682	0
01/21/16 S	141,065.6800	1.0000	0	141,066 *	141,066	0
01/25/16 S	78,232.9600	1.0000	0	78,233	78,233	0
01/27/16 S	90,424.6100	1.0000	0	90,425	90,425	0
01/28/16 S	52,944.0900	1.0000	0	52,944	52,944	0
01/29/16 S	102,661.7100	1.0000	0	102,662	102,662	0
02/01/16 S	49,190.9000	1.0000	0	49,191	49,191	0
02/03/16 S	98,400.1800	1.0000	0	98,400	98,400	0
02/04/16 S	74,601.7800	1.0000	0	74,602	74,602	0
02/08/16 S	482.5700	1.0000	0	483	483	0
02/08/16 S	72,209.6800	1.0000	0	72,210	72,210	0
02/10/16 S	73,523.4700	1.0000	0	73,523	73,523	0
02/11/16 S	70,304.9500	1.0000	0	70,305	70,305	0
02/12/16 S	82,337.9000	1.0000	0	82,338	82,338	0
02/16/16 S	77,117.4700	1.0000	0	77,117	77,117	0
02/17/16 S	125,169.6700	1.0000	0	125,170	125,170	0
02/19/16 S	28,463.4500	1.0000	0	28,463	28,463	0
02/23/16 S	175,268.8000	1.0000	0	175,269 *	175,269	0
02/24/16 S	25,406.1500	1.0000	0	25,406	25,406	0
02/25/16 S	23,333.2500	1.0000	0	23,333	23,333	0
02/26/16 S	8,312.7900	1.0000	0	8,313	8,313	0
02/29/16 S	123,277.2400	1.0000	0	123,277	123,277	0
03/01/16 S	73,820.6100	1.0000	0	73,821	73,821	0
03/02/16 S	94,050.2200	1.0000	0	94,050	94,050	0
03/03/16 S	26,490.6700	1.0000	0	26,491	26,491	0
03/04/16 S	101,797.4100	1.0000	0	101,797	101,797	0
03/07/16 S	80,913.2100	1.0000	0	80,913	80,913	0
03/08/16 S	333.8300	1.0000	0	334	334	0
03/09/16 S	115,117.8500	1.0000	0	115,118	115,118	0
03/10/16 S	68,900.7500	1.0000	0	68,901	68,901	0
03/11/16 S	85,459.3500	1.0000	0	85,459	85,459	0
03/14/16 S	69,879.2100	1.0000	0	69,879	69,879	0
03/15/16 S	96,633.5800	1.0000	0	96,634	96,634	0
03/16/16 S	101,525.4300	1.0000	0	101,525	101,525	0
03/18/16 S	63,862.6000	1.0000	0	63,863	63,863	0
03/22/16 S	87,249.7900	1.0000	0	87,250	87,250	0
03/23/16 S	103,671.7900	1.0000	0	103,672	103,672	0
03/28/16 S	71,196.6500	1.0000	0	71,197	71,197	0



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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
03/29/16 S	74,255.8600	1.0000	0	74,256	74,256	0
03/30/16 S	90,465.9300	1.0000	0	90,466	90,466	0
03/31/16 S	21,867.9000	1.0000	0	21,868	21,868	0
04/07/16 S	59,957.3300	1.0000	0	59,957	59,957	0
04/08/16 S	115.9800	1.0000	0	116	116	0
04/13/16 S	72,028.0400	1.0000	0	72,028	72,028	0
04/14/16 S	43,406.1200	1.0000	0	43,406	43,406	0
04/18/16 S	44,779.8400	1.0000	0	44,780	44,780	0
04/20/16 S	78,016.6900	1.0000	0	78,017	78,017	0
04/21/16 S	6,035.0700	1.0000	0	6,035	6,035	0
04/25/16 S	59,182.4200	1.0000	0	59,182	59,182	0
04/26/16 S	54,711.5700	1.0000	0	54,712	54,712	0
04/27/16 S	33,083.4700	1.0000	0	33,083	33,083	0
05/02/16 S	68,211.1200	1.0000	0	68,211	68,211	0
05/03/16 S	65,921.9200	1.0000	0	65,922	65,922	0
05/09/16 S	18.2000	1.0000	0	18	18	0
05/11/16 S	66,998.1600	1.0000	0	66,998	66,998	0
05/12/16 S	34,130.1300	1.0000	0	34,130	34,130	0
05/13/16 S	12,204.6600	1.0000	0	12,205	12,205	0
05/16/16 S	36,489.0200	1.0000	0	36,489	36,489	0
05/18/16 S	59,528.0400	1.0000	0	59,528	59,528	0
05/20/16 S	46,187.3000	1.0000	0	46,187	46,187	0
05/25/16 S	67,311.3100	1.0000	0	67,311	67,311	0
05/26/16 S	54,163.2500	1.0000	0	54,163	54,163	0
05/27/16 S	49,394.2200	1.0000	0	49,394	49,394	0
05/31/16 S	65,388.3700	1.0000	0	65,388	65,388	0
06/01/16 S	38,674.9900	1.0000	0	38,675	38,675	0
06/03/16 S	2,168.4200	1.0000	0	2,168	2,168	0
06/06/16 S	36,018.9800	1.0000	0	36,019	36,019	0
06/08/16 S	22.9500	1.0000	0	23	23	0
06/08/16 S	59,665.1100	1.0000	0	59,665	59,665	0
06/09/16 S	33,037.3600	1.0000	0	33,037	33,037	0
06/14/16 S	37,871.9100	1.0000	0	37,872	37,872	0
06/15/16 S	50,266.9700	1.0000	0	50,267	50,267	0
06/16/16 S	29,064.8100	1.0000	0	29,065	29,065	0
06/20/16 S	28,573.4900	1.0000	0	28,573	28,573	0
06/21/16 S	40,105.7400	1.0000	0	40,106	40,106	0
06/22/16 S	39,813.4200	1.0000	0	39,813	39,813	0
06/24/16 S	36,884.1300	1.0000	0	36,884	36,884	0
06/28/16 S	45,217.4100	1.0000	0	45,217	45,217	0
06/29/16 S	48,729.7900	1.0000	0	48,730	48,730	0
06/30/16 S	59,013.0000	1.0000	0	59,013	59,013	0
07/01/16 S	30,578.6100	1.0000	0	30,579	30,579	0
07/05/16 S	27,366.3800	1.0000	0	27,364	27,364	0
07/06/16 S	33,583.6300	1.0000	0	33,584	33,584	0
07/07/16 S	41,260.9200	1.0000	0	41,261	41,261	0



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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
07/11/16 S	34.4300	1.0000	0	34	34	0
07/11/16 S	21,120.4800	1.0000	0	21,120	21,120	0
07/13/16 S	25,273.6800	1.0000	0	25,274	25,274	0
07/14/16 S	18,483.7500	1.0000	0	18,484	18,484	0
07/15/16 S	10,777.4200	1.0000	0	10,777	10,777	0
07/19/16 S	25,426.0700	1.0000	0	25,426	25,426	0
07/20/16 S	26,472.2700	1.0000	0	26,472	26,472	0
07/25/16 S	34,362.1200	1.0000	0	34,362	34,362	0
07/26/16 S	25,251.5900	1.0000	0	25,252	25,252	0
07/28/16 S	26,951.4200	1.0000	0	26,951	26,951	0
07/29/16 S	69,914.5000	1.0000	0	69,915	69,915	0
08/01/16 S	28,589.4300	1.0000	0	28,589	28,589	0
08/02/16 S	28,568.0400	1.0000	0	28,568	28,568	0
08/03/16 S	42,772.0300	1.0000	0	42,772	42,772	0
08/04/16 S	12,861.7800	1.0000	0	12,862	12,862	0
08/08/16 S	69.0100	1.0000	0	69	69	0
08/08/16 S	583.0500	1.0000	0	583	583	0
08/09/16 S	19,050.2700	1.0000	0	19,050	19,050	0
08/10/16 S	25,969.2500	1.0000	0	25,969	25,969	0
08/11/16 S	17,366.0500	1.0000	0	17,366	17,366	0
08/12/16 S	19,164.6900	1.0000	0	19,165	19,165	0
08/15/16 S	14,706.2300	1.0000	0	14,706	14,706	0
08/17/16 S	24,938.5100	1.0000	0	24,939	24,939	0
08/18/16 S	15,138.7000	1.0000	0	15,139	15,139	0
08/22/16 S	20,345.2900	1.0000	0	20,345	20,345	0
08/24/16 S	23,903.0500	1.0000	0	23,903	23,903	0
08/26/16 S	21,621.4500	1.0000	0	21,621	21,621	0
08/29/16 S	15,826.0200	1.0000	0	15,826	15,826	0
08/30/16 S	18,056.6300	1.0000	0	18,057	18,057	0
08/31/16 S	45,664.0700	1.0000	0	45,664	45,664	0
09/01/16 S	17,404.6600	1.0000	0	17,405	17,405	0
09/07/16 S	26,058.8100	1.0000	0	26,059	26,059	0
09/09/16 S	129.5900	1.0000	0	130	130	0
09/09/16 S	12,757.1400	1.0000	0	12,757	12,757	0
09/12/16 S	13,062.2700	1.0000	0	13,062	13,062	0
09/13/16 S	9,210.9300	1.0000	0	9,211	9,211	0
09/15/16 S	12,817.5600	1.0000	0	12,818	12,818	0
09/19/16 S	11,828.2400	1.0000	0	11,828	11,828	0
09/20/16 S	9,156.7300	1.0000	0	9,157	9,157	0
09/21/16 S	883.9000	1.0000	0	884	884	0
09/23/16 S	19,442.9000	1.0000	0	19,443	19,443	0
09/28/16 S	14,355.0600	1.0000	0	14,355	14,355	0
09/29/16 S	11,558.3200	1.0000	0	11,558	11,558	0
09/30/16 S	36,176.6700	1.0000	0	36,177	36,177	0
10/04/16 S	14,639.3100	1.0000	0	14,639	14,639	0
10/06/16 S	10,197.8500	1.0000	0	10,198	10,198	0



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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
10/11/16 S	215.4100	1.0000	0	215	215	0
10/11/16 S	10,093.3700	1.0000	0	10,093	10,093	0
10/12/16 S	28,965.2400	1.0000	0	28,965	28,965	0
10/17/16 S	12,597.5800	1.0000	0	12,598	12,598	0
10/20/16 S	11,170.3300	1.0000	0	11,170	11,170	0
10/24/16 S	10,765.6500	1.0000	0	10,766	10,766	0
10/25/16 S	14,542.0500	1.0000	0	14,542	14,542	0
10/31/16 S	50,375.1600	1.0000	0	50,375	50,375	0
11/01/16 S	16,293.0500	1.0000	0	16,293	16,293	0
11/02/16 S	18,890.6100	1.0000	0	18,891	18,891	0
11/03/16 S	8,589.1500	1.0000	0	8,589	8,589	0
11/04/16 S	9,795.5700	1.0000	0	9,796	9,796	0
11/08/16 S	328.1500	1.0000	0	328	328	0
11/08/16 S	12,964.1400	1.0000	0	12,964	12,964	0
11/09/16 S	16,767.3400	1.0000	0	16,767	16,767	0
11/14/16 S	8,938.5700	1.0000	0	8,939	8,939	0
11/15/16 S	16,624.2900	1.0000	0	16,624	16,624	0
11/16/16 S	14,116.5000	1.0000	0	14,117	14,117	0
11/18/16 S	14,816.1100	1.0000	0	14,816	14,816	0
11/21/16 S	9,556.3800	1.0000	0	9,556	9,556	0
11/22/16 S	11,863.1800	1.0000	0	11,863	11,863	0
11/28/16 S	16,415.4000	1.0000	0	16,415	16,415	0
11/29/16 S	2,782.2000	1.0000	0	2,782	2,782	0
11/30/16 S	28,742.5900	1.0000	0	28,743	28,743	0
12/02/16 S	12,559.6000	1.0000	0	12,560	12,560	0
12/05/16 S	5,072.9000	1.0000	0	5,073	5,073	0
12/07/16 S	13,717.7200	1.0000	0	13,718	13,718	0
12/08/16 S	444.4000	1.0000	0	444	444	0
12/13/16 S	12,528.5000	1.0000	0	12,529	12,529	0
12/14/16 S	20,993.8700	1.0000	0	20,994	20,994	0
12/15/16 S	8,897.2800	1.0000	0	8,897	8,897	0
12/20/16 S	10,070.0300	1.0000	0	10,070	10,070	0
12/21/16 S	46,856.2100	1.0000	0	46,856	46,856	0
12/30/16 S	31,261.7300	1.0000	0	31,262	31,262	0
SUB-TOTAL OF SALES # 173				6,782,794	6,782,794	0
SUB-TOTAL				13,915,112	13,915,112	0
GRAND TOTAL				13,915,112	13,915,112	0



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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

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

FOOTNOTES

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

**Application for Extension of Time To
File Certain Employee Plan Returns**

OMB No. 1545-0212

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

File With IRS Only**Part I Identification****A** Name of filer, plan administrator, or plan sponsor (see instructions)**NATIONAL CARRIERS' CONFERENCE COMMITTEE**

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

251 - 18TH STREET, SOUTH, SUITE 750

City or town, state, and ZIP code

ARLINGTON, VA 22202**B** Filer's identifying number (see instructions).Employer identification number (EIN) (9 digits
XX-XXXXXXX)► **52-1036399**☐ Social security number (SSN) (9 digits XXX-XX-XXXX)**C**

Plan name

Plan number

Plan year ending

MM

DD

YYYY

1 RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE**512****12****31****16****Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA**

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

- 2** I request an extension of time until **10/16/2017** to file Form 5500 series (see instructions).

Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

- 3** I request an extension of time until _____ to file Form 8955-SSA (see instructions).

Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4** I request an extension of time until _____ to file Form 5330.

You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

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

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

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

Signature ►**Date** ►

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan**This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 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**2016****This Form Is Open to
Public Inspection****Part I Annual Report Identification Information****For calendar plan year 2016 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)
- (2) ☐ a single-employer plan (4) ☐ a DFE (specify) _____
- B** This return/report is: (1) ☐ the first return/report (3) ☐ the final return/report
- (2) ☐ an amended return/report (4) ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ► ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information — enter all requested information

1 a Name of plan RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN		1b Three-digit plan number (PN).... ► 512
		1c Effective date of plan 01/01/2013
2 a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		2b Employer Identification Number (EIN) 52-1036399
		2c Plan Sponsor's telephone number 571-336-7600
		2d Business code (see instructions) 482110
NATIONAL CARRIERS' CONFERENCE COMMITTEE 251 - 18TH STREET, SOUTH, SUITE 750 ARLINGTON, VA 22202		

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

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

SIGN HERE	<i>A. K. Gradia</i>	10/16/17	A. K. GRADIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice, see the instructions for Form 5500.Form **5500** (2016)
v.160205

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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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
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5 Total number of participants at the beginning of the plan year	5	7169
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)	7169
a(2) Total number of active participants at the end of the plan year	6a(2)	6300
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	6300
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	6300
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	24

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 _____

THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2016

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 VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments Are Included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 479	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -
	\$ -	\$ 83	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -

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

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments Are Included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 15	\$ -	\$ -
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	\$ -	\$ 15	\$ -	\$ -
	\$ -	\$ 182	\$ -	\$ -
	\$ -	\$ 182	\$ -	\$ -
	\$ -	\$ 182	\$ -	\$ -
	\$ -	\$ 182	\$ -	\$ -
	\$ -	\$ 182	\$ -	\$ -
	\$ -	\$ 182	\$ -	\$ -
	\$ -	\$ 409	\$ -	\$ -
	\$ -	\$ 409	\$ -	\$ -
	\$ -	\$ 409	\$ -	\$ -
	\$ -	\$ 409	\$ -	\$ -
	\$ -	\$ 409	\$ -	\$ -
	\$ -	\$ 409	\$ -	\$ -
	\$ -	\$ 154	\$ -	\$ -
	\$ -	\$ 77	\$ -	\$ -
	\$ -	\$ 3,536	\$ -	\$ -