### 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

						inspection	
Part I		dentification Information					
For caler	ndar plan year 2016 or fis	scal plan year beginning 01/01/2016		and ending 12/31/2016	<u>i                                      </u>		
A This r	eturn/report is for:	X a multiemployer plan		oloyer plan (Filers checking this mployer information in accorda			ns.)
		a single-employer plan	a DFE (specify	y)			
<b>B</b> This r	eturn/report is:	the first return/report	the final return	n/report			
		an amended return/report	a short plan ye	ear return/report (less than 12 n	onths)	)	
C If the	plan is a collectively-barç	gained plan, check here				<b>▶</b> 🛛	
<b>D</b> Chec	k box if filing under:	X Form 5558	automatic exte	nsion	the	e DFVC program	
		special extension (enter description	n)				
Part II	Basic Plan Infor	mation—enter all requested informat	ion				
1a Nam	ie of plan ROAD EMPLOYEES NATIONAL	VISION PLAN			1b	Three-digit plan number (PN) ▶	509
					1c	Effective date of pl 01/01/1999	an
Mail	ng address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O. Box e, country, and ZIP or foreign postal cod		ructions)	2b	Employer Identifica Number (EIN) 52-1036399	ation
NATIONA	AL CARRIERS' CONFER	ENCE COMMITTEE			2c	Plan Sponsor's telenumber 571-336-7600	ephone
	TH STREET SOUTH SUITON, VA 22202	TE 750			2d	Business code (seinstructions) 482110	e
Caution	A penalty for the late of	or incomplete filing of this return/repo	ort will be assessed	unless reasonable cause is e	stablis	shed.	
		ner penalties set forth in the instructions well as the electronic version of this return					
SIGN HERE	Filed with authorized/val	id electronic signature.	10/12/2017	A. K. GRADIA			
HEKE	Signature of plan adm	inistrator	Date	Enter name of individual sign	ing as	plan administrator	
SIGN							
HERE	Signature of employer	r/plan sponsor	Date	Enter name of individual sign	ing as	employer or plan sp	onsor
		•				<u> </u>	
SIGN							
HERE	Signature of DFE		Date	Enter name of individual sign	ing as	DFE	
Preparer		ame, if applicable) and address (include				telephone number	

Form 5500 (2016) Page **2** 

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	3a	Plan administrator's name and address X Same as Plan Sponsor		3b Administrator's EIN
Eth and the plan number from the last return/report:  a Sponsor's name  5 Total number of participants at the beginning of the plan year  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(2) 146647  6a(2) 146647  6a(2) 146647  6a(2) 146647  6a(2) 146647  6a(3) 146647  6a(4) 146647  6a(6) 6c  C Other retired or separated participants receiving benefits.  6b  GC Other retired or separated participants receiving benefits.  6c  G Usessed participants whose beneficiaries are receiving or are entitled to receive benefits.  6c  G Usessed participants whose beneficiaries are receiving or are entitled to receive benefits.  6c  Total. Add lines 6d and 6e  6c  G Usessed participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  6g  Number of participants with account balances as of the end of the plan year with accrued benefits that were less tien 100% vested.  6h  7 Interest of active participants with account balances are receiving or are entitled to receive benefits that were less tien 100% vested.  6h  7 Either the clain number of employees obligated to contribute to the plan year with accrued benefits that were less tien 100% vested.  6h  7 Either the clain number of employees obligated to contribute to the plan (only multiemployer plans complete this item).  7 4i  7 4i  7 4i  7 4i  7 8a  1 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  4E  9a  Plan funding arrangement (check all that apply)  (1)				•
Eth and the plan number from the last return/report:  a Sponsor's name  5 Total number of participants at the beginning of the plan year  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(2) 146647  6a(2) 146647  6a(2) 146647  6a(2) 146647  6a(2) 146647  6a(3) 146647  6a(4) 146647  6a(6) 6c  C Other retired or separated participants receiving benefits.  6b  GC Other retired or separated participants receiving benefits.  6c  G Usessed participants whose beneficiaries are receiving or are entitled to receive benefits.  6c  G Usessed participants whose beneficiaries are receiving or are entitled to receive benefits.  6c  Total. Add lines 6d and 6e  6c  G Usessed participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  6g  Number of participants with account balances as of the end of the plan year with accrued benefits that were less tien 100% vested.  6h  7 Interest of active participants with account balances are receiving or are entitled to receive benefits that were less tien 100% vested.  6h  7 Either the clain number of employees obligated to contribute to the plan year with accrued benefits that were less tien 100% vested.  6h  7 Either the clain number of employees obligated to contribute to the plan (only multiemployer plans complete this item).  7 4i  7 4i  7 4i  7 4i  7 8a  1 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  4E  9a  Plan funding arrangement (check all that apply)  (1)				
Total number of participants at the beginning 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	4		n/report filed for this plan, enter the name,	4b EIN
Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), a(1) Total number of active participants at the beginning of the plan year	а	Sponsor's name		4c PN
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(1) 15340; 6b, 6c, and 6d).  a(1) Total number of active participants at the beginning of the plan year	5	Total number of participants at the beginning of the plan year		<b>5</b> 153492
Retired or separated participants at the end of the plan year   Sa(2)   146547	6		d (welfare plans complete only lines 6a(1),	
b Retired or separated participants receiving benefits	a(1	) Total number of active participants at the beginning of the plan year		<b>6a(1)</b> 153492
C Other retired or separated participants entitled to future benefits	a(2	Total number of active participants at the end of the plan year		<b>6a(2)</b> 146547
d Subtotal. Add lines 6a(2), 6b, and 6c	b	Retired or separated participants receiving benefits		6b
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.  6e  f Total. Add lines 6d and 6e	С	Other retired or separated participants entitled to future benefits		6c
f Total. Add lines 6d and 6e	d	Subtotal. Add lines 6a(2), 6b, and 6c.		6d 146547
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	е	Deceased participants whose beneficiaries are receiving or are entitled to receive	ceive benefits	6e
complete this item)	f	Total. Add lines 6d and 6e.		<b>6f</b> 146547
less than 100% vested   Shape   Finter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)   7	g			6g
Ba 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:   4E     9a   Plan funding arrangement (check all that apply)	h			6h
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  4E  9a Plan funding arrangement (check all that apply) (1)	7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer plans complete this item)	7 41
(1)	b	If the plan provides welfare benefits, enter the applicable welfare feature cod 4E	des from the List of Plan Characteristics Codes	s in the instructions:
(2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor (4) General assets of the sponsor  10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)  a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) Trust (4) General assets of the sponsor  b General Schedules (1) H (Financial Information) (1) H (Financial Information – Small Plan) (3) A (Insurance Information) (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information)	эa			at apply)
(3) Trust (4) General assets of the sponsor (4) General assets of the sponsor  10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)  a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) R (Single-Employer Defined Benefit Plan Actuarial (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information)			I ==	insurance contracts
(4) General assets of the sponsor  10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)  a Pension Schedules (1) R (Retirement Plan Information)  (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) SB (Single-Employer Defined Benefit Plan Actuarial  (4) General assets of the sponsor  (4) General assets of the sponsor  (4) General assets of the sponsor  (5) General assets of the sponsor  (6) General assets of the sponsor  (7) Financial Information  (8) I (Financial Information – Small Plan)  (9) A (Insurance Information)  (1) C (Service Provider Information)  (2) D (DFE/Participating Plan Information)		```	I H	
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  (4) Financial Information - Small Plan)  (3) A (Insurance Information)  (4) C (Service Provider Information)  (5) D (DFE/Participating Plan Information)			I I I	ponsor
(1) R (Retirement Plan Information) (1) H (Financial Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) A (Insurance Information) (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information)	10		attached, and, where indicated, enter the numb	per attached. (See instructions)
(1) R (Retirement Plan Information) (1) H (Financial Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) A (Insurance Information) (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information)	а	Pansion Schodules	h General Schedules	
Purchase Plan Actuarial Information) - signed by the plan actuary  (3)  (4)  (5)  A (Insurance Information)  C (Service Provider Information)  D (DFE/Participating Plan Information)	u			nation)
(*)		Purchase Plan Actuarial Information) - signed by the plan	(3) 1 A (Insurance Infor	mation)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
	plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR .101-2.)
If "Ye	es" is checked, complete lines 11b and 11c.
<b>11b</b> Is the	e plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
Rece	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 ipt 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 ipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Rece	eipt Confirmation Code

Form 5500 (2016)

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# SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### **Insurance 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.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

		pursuant to	ERISA section 103(a)(2)	).			Inspection
For calendar plan year 20	16 or fiscal pla	n year beginning 01/01/2016		and en	ding 12/3	1/2016	
A Name of plan THE RAILROAD EMPLOY	YEES NATION	AL VISION PLAN		<b>B</b> Three	e-digit number (Pl	N) •	509
C Plan sponsor's name a NATIONAL CARRIERS' C					oyer Identific 1036399	ation Number (	EIN)
		rning Insurance Contract. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca EYEMED VISION CARE	rrier						
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
43-0949844	71870	9859752	408289	)	01/01/2016	6	12/31/2016
2 Insurance fee and communication descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	brokers, and ot	her persons in
(a) Total a	amount of com	missions paid		<b>(b)</b> To	otal amount	of fees paid	
Persons receiving com		ees. (Complete as many entrie					
	(a) Name a	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	F <sub>1</sub>	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	е		(e) Organization code
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	F <sub>1</sub>	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	e		(e) Organization code
·							

Schedule A (Form 5500) 2	2016	Page <b>2 –</b> 1	
(a) Na	me and address of the agent, hi	roker, or other person to whom commissions or fees were paid	
(a) real	The and address of the agent, b	toker, or other person to whom commissions or rees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
<b>(a)</b> Na	me and address of the agent, be	roker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent. bu	roker, or other person to whom commissions or fees were paid	
(b) Amount of calca and base		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nai	me and address of the agent, but	roker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, b	roker, or other person to whom commissions or fees were paid	

Fees and other commissions paid

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

(e) Organization code

_		•
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ay		•

F	art					
		Where individual contracts are provided, the entire group of such indivithis report.	idual contra	cts with each carrier mag	y be treated	as a unit for purposes of
4	Curi	ent value of plan's interest under this contract in the general account at year	end		4	
5	Curi	ent value of plan's interest under this contract in separate accounts at year e	nd		5	
6	Con	tracts With Allocated Funds:				
	а	State the basis of premium rates				
					01:	
	b	Premiums paid to carrier			6b	
	۲ C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in co retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, o	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	tion guarantee		
		(3) guaranteed investment (4) other				
		(4) 🖺 344 4 444 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(2)7			70(0)	
	ч	(6)Total additions			7c(6) 7d	
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )  Deductions:	Γ		, ru	
	•	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		<b>&gt;</b>				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			7f	

P	an	_	Δ

Pa	ırt III	Welfare Benefit Contract Inform	ation				
		If more than one contract covers the same the information may be combined for repor employees, the entire group of such individual to the contract of the same that the contract covers the same the information of the contract covers the same the information of the contract covers the same the information of the covers the covers the covers the same the information of the covers the covers the covers the same the information of the covers the cov	ting purposes if such con	tracts are expe	erience-rated as a unit. Wh	ere contra	cts cover individual
8	Benefit	and contract type (check all applicable boxes)					
	a ∏ ⊦	Health (other than dental or vision)	<b>b</b> Dental	CX	Vision	d	Life insurance
		Femporary disability (accident and sickness)	f Long-term disabil	<u></u>	Supplemental unemploym	<u> </u>	Prescription drug
	. =				PPO contract	J.K	
	=	Stop loss (large deductible)	j  HMO contract		PPO contract	٠.	Indemnity contract
	m ∐ (	Other (specify)					
Λ -							
	•	nce-rated contracts:		0-(4)			
•		miums: (1) Amount received		9a(1)		$\rightarrow$	
	` '	Increase (decrease) in amount due but unpai Increase (decrease) in unearned premium res					
	` '	Earned ((1) + (2) - (3))			Q	a(4)	
	_ ` '	enefit charges (1) Claims paid				<sup>2</sup> ( <del>7</del> )	
		Increase (decrease) in claim reserves					
	` '	Incurred claims (add (1) and (2))			91	b(3)	
		Claims charged				b(4)	
	` '	emainder of premium: (1) Retention charges (				-	
		(A) Commissions	,	9c(1)(A)			
		(B) Administrative service or other fees		- (1)(T)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes					
		(F) Charges for risks or other contingencies					
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention	_			1)(H)	
	(2)	) Dividends or retroactive rate refunds. (These	e amounts were paid i	n cash, or 🔲 o	credited.) 90	c(2)	
	<b>d</b> Sta	atus of policyholder reserves at end of year: (*	<ol> <li>Amount held to provide</li> </ol>	benefits after	retirement 90	d(1)	
	(2)	) Claim reserves				d(2)	
	` '	Other reserves				d(3)	_
40		vidends or retroactive rate refunds due. (Do n	ot include amount entere	d in line <b>9c(2)</b> .	.)	9e	
10		xperience-rated contracts:				0-	45774070
	_	otal premiums or subscription charges paid to				0a	15771979
		the carrier, service, or other organization incur tention of the contract or policy, other than rep				0b	
:		nature of costs.	orted in Part I, line 2 abov	ve, report amo	Julit	UD	
Pa	ırt IV	Provision of Information					
11	Did th	e insurance company fail to provide any inforn	nation necessary to comp	lete Schedule	A? Yes	X	No
		answer to line 11 is "Yes," specify the informat			<u> </u>		

(Rev. August 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File Certain Employee Plan Returns For Privacy Act and Paperwork Reduction Act Notice, see instructions. Information about Form 5558 and its instructions is at www.irs.gov/form5558.

OMB No. 1545-0212

File With IRS Only

Name of filer, plan administrator, or plan sponsor (see instructions)					
, Francisco de Proposition de la Proposition de	B Filer's identifying nu Employer identification	mber (see instruction	ns). igits		
NATIONAL CARRIERS' CONFERENCE COMMITTEE	XX-XXXXXXXX				
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	→ 52-103				
ARLINGTON, VA 22202	Social security number	er (SSN) (9 digits XX	X-XX-XXX	X)	
	-		Dlans	year en	ding
Plan name		Plan number	MM	DD	YYYY
THE DATIDOAD EMDIOVERS NAMIONAL VISION I	T A AT	500	- 15		
1 THE RAILROAD EMPLOYEES NATIONAL VISION Part II Extension of Time To File Form 5500 Series, and/or Form		509	12	31	16
<ol> <li>Check this box if you are requesting an extension of time on line 2 to file the file Part 1, C above.</li> <li>I request an extension of time until 10/16/2017 to file Form 5500 ser Note. A signature IS NOT required if you are requesting an extension to file Form 5500 ser</li> </ol>	rst Form 5500 series retur	n/report for the p	olan liste	d in	
3 I request an extension of time until to file Form 8955-SSA Note. A signature IS NOT required if you are requesting an extension to file F  The application is automatically approved to the date shown on line 2 and/or line 3 (above).	(see instructions). Form 8955-SSA.	filed on or before	a the		
normal due date of Form 5500 series, and/or Form 8955-SSA for which this e 3 (above) is not later than the 15th day of the third month after the normal due art III Extension of Time To File Form 5330 (see instructions)	extension is requested, a	ind <b>(b)</b> the date	on line	2 and/	or line
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 I	Form 5330.			
	1 1				
a Enter the Code section(s) imposing the tax					
<b>b</b> Enter the payment amount attached		► b			
c For excise taxes under section 4980 or 4980F of the Code, enter the reversio	n/amendment date	> c			
5 State in detail why you need the extension:					
nder penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this f	form are true, correct, and comp	ete, and that I am a	uthorized to	o prenare	2
s application.	ioni, are true, correct, and comp	oto, and that I all a		- properc	
ignature >		Date			

# Form **5500**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I

**Annual Report Identification Information** 

For calendar plan year 2016 or fiscal plan year beginning

## **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.

and ending

OMB Nos. 1210-0110 1210-0089

2016

This Form Is Open to Public Inspection

A This return/report is for: (1) X a multiem	ployer plan	``	multiple-employer plan (File articipating employer informating)	ers checking this box must attach a list of mation in accordance with the form
(2) a single-e	employer plan	(4) a	DFE (specify)	
' \ \—	eturn/report ded return/report	``'	ne final return/report short plan year return/report (les	ss than 12 months)
C If the plan is a collectively-bargained pla	an, check here			▶ X
<b>D</b> Check box if filing under: X Form 555	8		automa	atic extension; the DFVC program;
special ex	ktension (enter de	scription)		
Part II Basic Plan Information -	enter all requested	information		
1 a Name of plan THE RAILROAD EMPLOYEES NATIO	NAL VISION E	PLAN		1b Three-digit plan number (PN). ► 509
				1c Effective date of plan
				01/01/1999
2 a Plan sponsor's name (employer, if for a single-employ				2b Employer Identification Number (EIN)
Mailing address (include room, apt., suite no. and stre City or town, state or province, country, and ZIP or for		gn, see instruc	tions)	52-1036399
				2c Plan Sponsor's telephone number
				571-336-7600
			ļ.	2d Business code (see instructions)
				482110
NATIONAL CARRIERS' CONFERENCE				
251 - 18TH STREET, SOUTH, SUI ARLINGTON, VA 22202	ITE 750			
Caution: A penalty for the late or incomplete fili	ng of this return/re	oort will be	assessed unless reasonable	e cause is established.
Under penalties of perjury and other penalties set forth in the well as the electronic version of this return/report, and to the	instructions, I declare th best of my knowledge an	at I have exam nd belief, it is tr	nined this return/report, including ac rue, correct, and complete.	ccompanying schedules, statements and attachments, as
SIGN A.X. Huli	10/11/1	>	A. K. GRADIA	
Signature of plan administrator	Date		Enter name of individual signing	ig as plan auministrator
SIGN HERE				
Signature of employer/plan sponsor	Date		Enter name of individual signir	ng as employer or plan sponsor
SIGN HERE				
Signature of DFE	Date		Enter name of individual signing	ng as DFE
Preparer's name (including firm name, if applicable) and	address (include room	or suite numb	er)	Preparer's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:  a Sponsor's name  5 Total number of participants at the beginning of the plan year  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 beginning of the plan year  5 Total number of active participants at the beginning of the plan year  6a(1) 153492  a(2) Total number of active participants at the pand of the plan year  6a(2) 146547  b Retired or separated participants receiving benefits.  6 C Other retired or separated participants entitled to future benefits.  6 C Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.  6 C Deceased participants with account balances as of the end of the plan year (only defined contribution plans complete this item).  Number of participants with account balances as of the end of the plan year with accrued benefits that were less than 100% vested.  7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).  7 A 41  8 a if the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  4E   Plan funding arrangement (check all that apply)  (1)   X   Insurance  (2)   Code section 412(e)(3) insurance contracts
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(3) Trust
(4) General assets of the sponsor  (4) General assets of the sponsor  (5) 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)  b General Schedules
a Pension Scriedules  (1) H (Financial Information)
(1) R (Retirement Flam information) Small Plan)
(2) MB (Multiemployer Defined Benefit Plan and Certain  Money Purchase Plan Actuarial Information) — signed by  (3) X 1 A (Insurance Information)
Money Purchase Plan Actually Information)
the plan actuary
(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) – signed by the plan actuary  (6) G (Financial Transaction Schedules)

Form	5500	(2016)
1 01111	2200	(2010)

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Part	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.)
	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) .
	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