Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor

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

OMB Nos. 1210-0110 1210-0089

2018

	Administration the instructions to the Form 5500.			500.					
Pension Benefit Guaranty Corporation					This Form is Open to Public Inspection				
Part I		entification Information							
For caler	ndar plan year 2018 or fisca	al plan year beginning 01/01/2018		and ending 12/31/20	018				
A This r	return/report is for:	a multiemployer plan	participating e	' '	his box must attach a list of dance with the form instruction	ns.)			
		a single-employer plan		a DFE (specify)					
B This r	return/report is:	the first return/report	the final return	•					
_		an amended return/report		ear return/report (less than 1	,				
C If the	C If the plan is a collectively-bargained plan, check here								
D Chec	k box if filing under:	Form 5558	automatic exte	nsion	the DFVC program				
special extension (enter description)					_				
Part II	Basic Plan Inforn	nation—enter all requested information	on						
	ne of plan				1b Three-digit plan	509			
THE RA	AILROAD EMPLOYEES NA	ATIONAL VISION PLAN			number (PN) ▶ 1c Effective date of pla 01/01/1999				
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)2b Employer Identification Number (EIN) 									
	TH STREET, SOUTH, SUIT TON, VA 22202	E 750 251 - 18TH STREET, SOUTH, SUITE 750 ARLINGTON, VA 22202			2d Business code (see instructions) 482110				
Caution	A penalty for the late or	incomplete filing of this return/report	t will be assessed	unless reasonable cause i	s established.				
		er penalties set forth in the instructions, lell as the electronic version of this return							
SIGN HERE	Filed with authorized/valid	electronic signature.	10/09/2019	BRENDAN M. BRANON					
HEKE	Signature of plan admir	nistrator	Date	Enter name of individual s	igning as plan administrator				
SIGN HERE									
	Signature of employer/p	olan sponsor	Date	Enter name of individual s	signing as employer or plan spo	onsor			
SIGN HERE									
IILIXL	Signature of DFE		Date	Enter name of individual s	igning as DFE				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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3a	Plan administrator's name and address 🗵 Same as Plan Sponsor	3b Admin	3b Administrator's EIN		
			3c Administrator's telephone number		
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plenter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:				
a c	Sponsor's name Plan Name	4d PN			
5	Total number of participants at the beginning of the plan year	5	139045		
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(6a(2), 6b, 6c, and 6d).				
a(1) Total number of active participants at the beginning of the plan year	6a(1)	139045		
a(2) Total number of active participants at the end of the plan year	6a(2)	133177		
b	Retired or separated participants receiving benefits	6b			
С	Other retired or separated participants entitled to future benefits	6c			
d	Subtotal. Add lines 6a(2), 6b, and 6c	6d	133177		
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e			
f	Total. Add lines 6d and 6e.	6f			
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g			
h	Number of participants who 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		42		
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 4E				
9a	(1) Insurance (1) Insurance	e(e)(3) insurance c	ontracts		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the	e number attached	. (See instructions)		
а	Pension Schedules b General Schedules				
	(1) R (Retirement Plan Information) (1) H (Financia	I Information)			
		Information – Sma	all Plan)		
	ructuase rian Actualian information) - signed by the plan	e Information)	nn)		
	(·) [• (contact	Provider Informatio	•		
	(b) SB (olligic-Employer Bernied Berleit Flam Actualita)	ticipating Plan Info I Transaction Sche	•		

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 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

2018

This Form is Open to Public Inspection

		parodant				l l	inspection	
For calendar plan year 20	18 or fiscal pla	an year beginning 01/01/2018		and en	ding 12/31/2018			
A Name of plan THE RAILROAD EMPLOYEES NATIONAL VISION PLAN				B Three	e-digit number (PN))	509	
C Plan sponsor's name a	ıs shown on liı	ne 2a of Form 5500		D Emplo	yer Identification N	umber (EIN)	
NATIONAL CARRIERS' C					1036399	,	,	
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:								
(a) Name of insurance ca EYEMED VISION CARE	rrier							
41 \ FIN	(c) NAIC	(d) Contract or	(e) Approximate nu		Poli	icy or co	ntract year	
(b) EIN	code	identification number	persons covered at policy or contract		(f) From		(g) To	
43-0949844	71870	9859752	374878		01/01/2018		12/31/2018	
2 Insurance fee and communication descending order of the		nation. Enter the total fees and t	total commissions paid. Li	st in line 3	the agents, brokers	s, and ot	her persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
		0					0	
3 Persons receiving com	missions and	fees. (Complete as many entri	es as needed to report all	persons).				
	(a) Name	and address of the agent, broke	er, or other person to whor	n commiss	ions or fees were pa	aid		
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pai	id	(c) Amount		(d) Purpose	e		(e) Organization code	
	(a) Name	and address of the agent, broke	er, or other person to whor	n commiss	ions or fees were pa	aid		
(b) Amount of sales ar	nd hase	F	ees and other commission	s paid				
commissions pai		(c) Amount		(d) Purpose	e		(e) Organization code	
				· ·				

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid			code
(a) No	mo and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(a) Iva	The and address of the agent, broker	, of other person to whom commissions of 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, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(6) 1 2 1 2 2 1 1	(4)	code
/-> NI-			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Amount of color and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions and	(2)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(C) Amount	(a) Pulpose	code

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carrier	may be treated as a un	it for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.		6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	intained in separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*, 🗀 3*** *** * (, 🗀			
	b	Balance at the end of the previous year		7b	
	C	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)		
)	, , ,		
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).			
		Deductions:			
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		• Construction (Construction)			
				= /=`	
	_	(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

P	art III	Welfare Benefit Contract Inform					
		If more than one contract covers the same the information may be combined for repor employees, the entire group of such individual	rting purposes if such conf	tracts are expe	erience-rated as a unit. Wh	nere contracts cov	
8	Benefit a	and contract type (check all applicable boxes)			<u> </u>	·	
	_	ealth (other than dental or vision)	b Dental	cX	Vision	d ☐ Life i	nsurance
		emporary disability (accident and sickness)	f ☐ Long-term disabil		Supplemental unemploym		cription drug
	- =		=	· - <u>-</u>		=	
	=	top loss (large deductible)	j HMO contract	k _	PPO contract	I Inder	mnity contract
	m 📙 C	ther (specify)					
_	-	an anti-discretization					
9	•	ce-rated contracts:		00/4)			
		niums: (1) Amount received		· · · ·			
	` '	Increase (decrease) in amount due but unpai Increase (decrease) in unearned premium re		 			
		Earned ((1) + (2) - (3))				a(4)	
	- ' '	nefit charges (1) Claims paid			······	a(+)	
		ncrease (decrease) in claim reserves					
	. ,	ncurred claims (add (1) and (2))			9	b(3)	
		Claims charged				b(4)	
	` '	mainder 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					
		(E) Taxes					
		(F) Charges for risks or other contingencies.					
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention	_	_		(1)(H)	
		Dividends or retroactive rate refunds. (These	—	<u> </u>		c(2)	
	d Sta	tus of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement9	d(1)	
	(2)	Claim reserves				d(2)	
	` ,	Other reserves				d(3)	
4.0		idends or retroactive rate refunds due. (Do r	not include amount entere	d in line 9c(2)	.)	9e	
10		perience-rated contracts:				10-	
		al premiums or subscription charges paid to				10a	13697139
	rete	ne carrier, service, or other organization incurention of the contract or policy, other than repositure of costs	, ,		•	10b	
		nature of costs.					
	art IV	Provision of Information	mation peoples to comm	uloto Schodulo	A? \(\partial\) Yes	X No	
		insurance company fail to provide any inform		iete Schedule	ArYes	NO NO	
12	If the a	nswer to line 11 is "Yes," specify the information	tion not provided.				

(Rev. September 2018)

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

Department of the Treasury Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see instructions. ► Go to www.irs.gov/Form5558 for the latest information. Part I Identification

File With IRS Only

A	Name of filer, plan administrator, or plan sponsor (see instructions)	В	Filer's ident		-	•
	NATIONAL CARRIERS' CONFERENCE COMMITTEE		Employer identifi 52-103		EIN) (9 digits	XX-XXXXXXX)
	Number, street, and room or suite no. (If a P.O. box, see instructions)				-	
	251 - 18TH STREET, SOUTH, SUITE 750 City or town, state, and ZIP code		Social security n	umber (SSN) (9	digits XXX-X	X-XXXX)
	ARLINGTON, VA 22202					
<u> </u>	Plan name		Plan	Pl	an year e	nding -
C	Fian name		number	ММ	DD	YYYY
	THE RAILROAD EMPLOYEES NATIONAL VISION PLAN		509	12	31	2018
	art II Extension of Time To File Form 5500 Series, and/or Form 8955-	SSA			1	1 -0-0
1	Check this box if you are requesting an extension of time on line 2 to file the first Form in Part I, C above.	1 5500	series return	report for the	ne plan lis	ted
	in art, o above.					
2	I request an extension of time until10/15/2019 to file Form 5	500 s	eries. See inst	ructions.		
	Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series	s.				
3	I request an extension of time until to file Form 8	955-S	SA. See instru	ıctions.		
	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) due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; later than the 15th day of the 3rd month after the normal due date.) if (a) and (l	the Form 555 b) the date on	8 is filed on line 2 and/o	or before or line 3 (a	the normal bove) is not
Pa	art III Extension of Time To File Form 5330 (see instructions)					
4	I request an extension of time until to file Form 55					
	You may be approved for up to a 6-month extension to file Form 5330, after the normal due	date d	of Form 5330.			
_	Enter the Code section(s) imposing the tax			Г. Г		
b		data		b		
5	State in detail why you need the extension:	date		С		
-						
					W-74020	***
						-
	er penalties of perjury, I declare that to the best of my knowledge and belief, the statements m	nade o	n this form are	e true, corre	ct, and co	omplete,
	that I am authorized to prepare this application.		Data -			

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning

Pension Benefit Guaranty Corporation

Part I

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.

01/01/2018

and ending

OMB Nos. 1210 - 0110 1210 - 0089

2018

This Form is Open to Public Inspection

12/31/2018

A This return/report is for: X a multiemployer p		a multiple-employer plan (Filers checking this box must attach a list of				
			rmation in accordance with the form instr.)			
B This return/report is: a single-employer the first return/rep	· —	DFE (specify)	-			
·	-	e final return/report				
an amended retur C If the plan is a collectively-bargained plan, check her		snort plan year return/rep	oort (less than 12 months) ▶X			
D Check box if filing under: X Form 5558		tomatic sytematics				
special extension	_	tomatic extension	the DFVC program			
Part II Basic Plan Information - enter all r	equested information					
1a Name of plan THE RAILROAD EMPLOYEES NATIO		PLAN	1b Three-digit plan number (PN) ► 509			
			1c Effective date of plan 01/01/1999			
2a Plan sponsor's name (employer, if for a single-employer p Mailing address (include room, apt., suite no. and street, o	•		2b Employer Identification Number (EIN) 52-1036399			
City or town, state or province, country, and ZIP or foreign NATIONAL CARRIERS' CONFERENC						
			2d Business code (see instructions) 482110			
251 - 18TH STREET, SOUTH, SU	ITE 750					
ARLINGTON VA	22202					
Ocation Association to the first transfer of the fill						
Caution: A penalty for the late or incomplete filing of t	<u> </u>					
Under penalties of perjury and other penalties set forth in the instructions, I as the electronic version of this return/report, and to the best of my knowled	declare that I have examined the ge and belief, it is true, correct	his return/report, including accom t, and complete.	npanying schedules, statements and attachments, as well			
SIGN HERE Brush M. Broven	10/9/2019	BRENDAN M. E	BRANON			
Signature of plan administrator	Date	Enter name of individua	l signing as plan administrator			
SIGN HERE						
Signature of employer/plan sponsor	Date	Enter name of individua	l signing as employer or plan sponsor			
SIGN						
HERE Signature of DFE	Date	Enter name of individua	l signing as DFE			
For Paperwork Reduction Act Notice, see the Instruct	ions for Form 5500.		Form 5500 (2018)			

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Form 5500 (2018) Page 2							
32	Plan administrator's name and address X Same as Plan Sponsor		3b Adminis	trator's F	=1N1		
oa	Administration is marile and address 22 Same as Fian Sponsor			trators	ator's EIN		
		3c Administrator's telephone number					
4	If the name and/or EIN of the plan sponsor or the plan name has chan	ged since the last return/repo	ort filed for this	plan,	4b EIN		
	enter the plan sponsor's name, EIN, the plan name and the plan numb	er from the last return/report	:				
	Sponsor's name				4d PN		
С	Plan Name						
5	Total number of participants at the beginning of the plan year			5	139,045		
6	Number of participants as of the end of the plan year unless otherwise	stated (welfare plans compl	ete only lines				
	6a(1), 6a(2), 6b, 6c, and 6d).		•				
	(1) Total number of active participants at the beginning of the plan yea			6a(1)	139,045		
	(2) Total number of active participants at the end of the plan year			6a(2)	133,177		
b	Patired or separated participants receiving benefits						
C	Other retired or separated participants entitled to future benefits			6c 6d	122 177		
d	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits				133,177		
f							
J	complete this item)	6g					
h	Number of participants who terminated employment during the plan y						
	less than 100% vested			6h			
7	Enter the total number of employers obligated to contribute to the planthis item)	, , , ,	•	7	42		
8a	If the plan provides pension benefits, enter the applicable pension fea			1			
b 4E	If the plan provides welfare benefits, enter the applicable welfare featu	re codes from the List of Plar	n Characteristic	s Codes	s in the instructions:		
9a	Plan <u>fu</u> nding arrangement (check all that apply)	9b Plan benefit arranger	ment (check all	that app	oly)		
	(1) X Insurance	(1) X Insurance					
	(2) Code section 412(e)(3) insurance contracts	I	on 412(e)(3) inst	urance c	ontracts		
	(3) Trust	(3) Trust					
10	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedule:	· · · · · · · · · · · · · · · · · · ·	ets of the spor		or attached		
10	(See instructions)	s are attached, and, where in	ulcateu, enter t	ne num	der attached.		
а	Pension Schedules	b General Schedules					
	(1) R (Retirement Plan Information)	(1) 📗 н	(Financial Inf	ormation	n)		
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	,		r - Small Plan)		
	Purchase Plan Actuarial Information) - signed by the plan	(3) 🛛 <u>1</u> A	(Insurance In	nformatic	on)		
	actuary	(4) C	(Service Prov				
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) D		•	an Information)		
	Information) - signed by the plan actuary	(6) ∐ G	(Financial Tra	ansactio	n Schedules)		

Form 5500 (2018)		m 5500 (2018) Page 3				
Parl	rt III Form M-1 Compliance Information (to be completed by welfare benefit plans)					
1	CFR 2	plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See in 2520.101-2.) Yes No s' is checked, complete lines 11b and 11c.	nstructions a	nd 29		
11b	ls the	plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)	Yes	No		
11c	Enter enter	the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 For the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing reter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)				

Receipt Confirmation Code